February-April 2014 Summary of Changes

Chapter	Passage	Summary
200	**0240.0107**	Updated the passage, incorporating, language that provides an additional personal need allowance for court-ordered child support.
600	**0610.0101, 0620.0101, 0630.0101, 0640.0101, 0650.0101, 0660.0101**	Added language to clarify the date of application for paper application and verification. Deleted text that no longer applies to public assistance programs.
1400	**1410.1711, 1420.1711, 1430.1711, 1440.1711**	Added exceptions to ending CSE sanctions without CSE notification to passages
	1430.0310, 1440.0310, 1450.0310, 1460.0310	Amends the policy for temporary absence from the state.
	1440.0311, 1440.0312 1450.0311, 1450.0312 1460.0311, 1460.0312	Deleted from the manual.
	1420.1904	Revised passage to reflect new automated work registration process and eliminate references to referring applicants to work register to an interview.
	1420.1906.05	Revised passage to clarify that client statement of providing care is sufficient to establish the exemption when the disability is verified. Also clarified that a disabled parent needing care could not also be exempted to care for another disabled family member.
2400	**2410.0344**	Revised passage to include new food assistance policy that requires receipt of an annual LIHEAP payment of greater than $20 to receive the SUA.
2600	**2610.0407 2610.0408.01**	Added language to clarify the procedure to calculate the monthly income of contracted employees. Deleted text that was not clear in explaining how to calculate the monthly income of contracted employees.
	2640.0118	Updated the passage, incorporating, language that provides an additional personal need allowance for court-ordered child support.

Technical changes and changes in non-substantive information may be excluded from this summary.

0240.0107 Institutional Care Program (MSSI)

This program provides Medicaid benefits, which includes payment to nursing homes and certain other facilities, for aged and disabled individuals who are in need of institutional care. Once eligible, all of an individual's monthly income, except ~~$35~~ for an allowance for personal needs, ~~must be paid to the facility for his cost of care. If there is~~ a maintenance need allowance for a spouse~~,~~ (or a spouse and family members or dependents with no spouse) living in the community, ~~some of the income may be diverted to the spouse~~ and a deduction for unreimbursed medical expenses must be paid to the facility for patient responsibility. An individual must meet all of the technical requirements as well as the following:

1. Income Limit: 300% of the SSI Federal Benefit Rate

   Note: Applicants or recipients whose income exceeds 300% of the SSI FBR may establish an income trust in order to qualify for Medicaid.
2. Asset Limit:

   a. Individual: $2000 (special asset rules apply when there is a spouse living in the community)
   b. Couple: $3000 (transfer of asset provision applies)

3. Special Criteria: Level of Care: Must be in need of institutional care as determined by CARES.

4. Placement: Must be appropriately placed in a Medicaid facility able to provide the level of care needed.

0610.0101 Date of Application (FS)

For all SFUs in which the PIP is a member (except sponsors), or is acting as an authorized representative, the date of application is the date the Department ~~or authorized community partner site~~ receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

0620.0101 Date of Application (TCA)

For all SFUs in which the PIP is a member (except sponsors), or is acting as an authorized representative, the date of application is the date the Department ~~or an authorized community partner site~~ receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

0630.0101 Date of Application (MFAM)

For all households in which the PIP is a member (except sponsors), or is acting as a designated representative, the date of application is the date the Department receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If the Department receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

The date the federally qualified health center or disproportionate share hospital receives and date-stamps a signed application is the official date of application for Medicaid. In the absence of a date stamp, the application date is the date the applicant signs and dates it.

0640.0101 Date of Application (MSSI, SFP)

For all SFUs in which the PIP is a member (except sponsors), or is acting as a designated representative, the date of application is the date the Department ~~or an authorized community partner site~~ receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

The date the federally qualified health center or disproportionate share hospital receives and date-stamps a signed application is the official date of application for Medicaid. In the absence of a date stamp, the application date is the date the applicant signs and dates it.

0650.0101 Date of Application (CIC)

The date of application is the date the Department ~~or authorized community partner site~~ receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or a facsimile application after normal business hours, establish the first business day following receipt as the application date.

0660.0101 Date of Application (RAP)

For all SFUs in which the PIP is a member or is acting as an authorized representative, the date of application is the date the Department ~~or an authorized community partner site~~ receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

The official date of application for Medicaid is the date the federally qualified health center or disproportionate share hospital receives and date stamps the signed

application. In the absence of a date stamp, the application date is the date the individual signs and dates the application.

1410.1711 Ending Sanction (FS)

Eligibility staff must:

1. Remove ~~remove~~ the sanction upon Child Support Enforcement's request that the individual complied.
2. Add ~~add~~ the individual back into the food stamp assistance group (must meet all other factors of eligibility).
3. Not ~~not~~ require an application unless the entire food stamp assistance group is closed.

Remove CSE imposed sanctions for noncooperation without CSE approval in the following situations:

1. When the last child subject to cooperation leaves the home.
2. When the last child subject to cooperation turns 18.
3. When the absent parent, based on established legal paternity, moves into the home and
4. When a non-legal parent moves into the home and completes the DH 432 acknowledging paternity and staff forwards the completed DH 432 to CSE or the Department of Health State Office of Vital Statistics.

The effective date for adding the sanctioned individual is the first month following the date of compliance.

1420.1711 Ending Sanction (TCA)

Eligibility staff must:

1. Remove ~~remove~~ the sanction upon Child Support Enforcement's request that the individual complied.
2. Open ~~open~~ the Temporary Cash Assistance group (must meet all other factors of eligibility).
3. Not ~~not~~ require an application if compliance is within 30 calendar days from the effective date of the sanction. Provide benefits back to the date of compliance.
4. Require ~~require~~ an application if compliance is more than 30 calendar days from the effective date of the sanction. Provide benefits based on date of eligibility policy.

Remove CSE imposed sanctions for noncooperation without CSE approval in the following situations:

1. When the last child subject to cooperation leaves the home.

2. When the last child subject to cooperation turns 18.
3. When the absent parent, based on established legal paternity, moves into the home and
4. When a non-legal parent moves into the home and completes the DH 432 acknowledging paternity and staff forwards the completed DH 432 to CSE or the Department of Health State Office of Vital Statistics.

1420.1904 Determination of Participation Status (TCA)

The eligibility specialist must determine the participation status (mandatory, exempt, or volunteer) of each individual in the assistance group. The eligibility specialist must review each exemption and allow the individual the opportunity to claim an exemption for any member of the assistance group. Exempt individuals are not required to participate. The eligibility specialist must encourage exempt individuals who are able to work, to volunteer.

Participation status must be determined during the initial application, each eligibility review, or upon receipt of information that a change in participation status may have occurred.

Applicants:

All applicants for Temporary Cash Assistance who do not meet one of the exemptions will be referred to the RWB/or designee. For clarification, the term "applicant" refers to an individual who signs and dates the application. The referral to the RWB/or designee must occur immediately after ~~upon~~ completion of an interview, or after adding a new individual, when staff identify a mandatory work participant who must work register. ~~the Department's receipt of the application.~~ Individuals subject to work registration must be informed that they must complete the Department of Economic Opportunity online work registration process or report to the local RWB/or designee for work registration and an overview of the basic options and services available. This must be completed prior to authorization of benefits.

Verification of work registration and the overview must be received prior to authorization of benefits.~~, and the individual may provide this verification to the eligibility specialist at the eligibility interview.~~ Acceptable verification of work registration and the overview is an automated response on the FLORIDA AGPI screen or a completed RWB Work Registration Referral form signed by both the participant and the RWB/or designee.

Applicants subject to work registration ~~Applications~~ must be placed in pending status to complete ~~if verification of~~ work registration and overview ~~is not provided at the interview~~. If the customer does not complete the registration process ~~verification is not received~~ within applicable time standards, Temporary Cash Assistance will be denied.

Recipients:

All recipients previously determined exempt, who subsequently no longer meet an exemption, must be referred to the local RWB/or designee. These individuals will be referred through the FLORIDA system and will be provided a Participation and Information Notice. Verification of work registration and the overview, prior to authorization of continued benefits, is not a requirement for these individuals.

1420.1906.05 Care of a Disabled Family Member (TCA)

An individual is exempt from participation in work activities when the individual is required to be in the home to provide for the personal care of a family member with a disability. The individual is not subject to time limits during the allowed exemption period.

The care given may include such things as supervision, arranging services, transportation and such tasks that are typically completed during the family member's waking hours. The caregiver's statement of their need to provide care in the home for the disabled individual is sufficient to establish the exemption. Verification of the family member's disability ~~and the need for personal care~~ is required. Statement of Need for Care, CF-ES 2094, can be used to verify the ~~both~~ disability and get the caregiver's statement.~~need for care.~~ A verbal statement from the caregiver to the questions in Part A of this form may substitute for the caregiver completing this section. A disabled family member is any person related by blood or marriage and who resides in the home with the caregiver. The individual in need of care need not be a member of the assistance group/standard filing unit (AG/SFU) and may be either an adult or child. The caregiver may self-declare to the lack of alternative care, including lack of alternative care from other family members, for the disabled individual.

A family member is considered disabled if receiving temporary or permanent disability benefits issued by a government or a private source, or if a statement from a physician or licensed certified psychologist indicates that the family member is disabled. The age of the family member is not a factor in the need for care.

The need for care of the disabled individual must be reviewed annually to evaluate whether or not the TCA recipient still qualifies for this exemption. When the family member requiring care is temporarily disabled, the disability verification is valid until the temporary disability is expected to end or one year, whichever is earlier. If the disability is total and permanent, there is no need to re-verify the family member's disability. In either case, the department must annually require a verbal or written statement explaining~~verification~~ the caregiver provides personal care for the disabled individual in their home.

When one disabled individual lives in a two-parent AG, only one parent may be exempted from work requirements due to caring for the disabled individual. Unless otherwise exempt, the other adult in the two-parent AG is required to participate in

employment and training activities. The responsibility for the caregiver of a disabled family member may be moved from one adult in the case to another adult in the case at any time, if requested by the AG. If this occurs, verbal statement from the new caregiver or an updated Part A section on the Statement of Need for Care (CF-ES-2094) is required. The request should be granted unless the adult who was required to comply with work activities is facing penalties for noncompliance. When more than one disabled member lives in a two-parent AG, both parents may meet the need for care exemption, provided no alternative care exists and the parents ~~a physician~~ indicate~~s~~ ~~that~~ each parent is responsible for the care of a different disabled household member. If a parent is in need of care, they cannot claim an exemption to care for another household member. ~~The physician's statement regarding the need for care should be included on the "Statement of Need for Care" (CF-ES 2094).~~

Note: If the physician states the disability is "temporary", then the need for care exemption can only be approved for the period determined by the physician.

1430.0310 Temporary Absence from the State (MFAM)

An individual may be temporarily absent from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined the individual is a resident there for purposes of Medicaid.

~~Residency is not affected during temporary absences. Temporary absence exists when a visit is made out of the state and the intent is to return to Florida. For Medicaid a reasonable period of time is two months.~~

~~If the visit lasts more than two months, the individual must provide the eligibility specialist with:~~

~~1. The reason(s) the visit has been prolonged (e.g., medical treatment),~~
~~2. Plans to return to the state, and~~
~~3. The date the individual intends to return to the state.~~

~~Temporary absence does not exist and therefore residency is not established if:~~

~~1. Another state has determined that the individual is a resident of their state for public assistance purposes.~~
~~2. The individual leaves the U.S. with the intent to establish permanent residence outside the U.S.~~

1430.1711 Ending Sanction (MFAM)

Eligibility staff must:

1. Remove the sanction upon CSE's request that the individual complied.

2. Add the individual back to Medicaid assistance (must meet all other factors of eligibility).
3. Not require an application.

Remove CSE imposed sanctions for noncooperation without CSE approval in the following situations:

1. When the last child subject to cooperation leaves the home.
2. When the last child subject to cooperation turns 18.
3. When the absent parent, based on established legal paternity, moves into the home and
4. When a non-legal parent moves into the home and completes the DH 432 acknowledging paternity and staff forwards the completed DH 432 to CSE or the Department of Health State Office of Vital Statistics.

The effective date for adding the sanctioned individual is retroactive to the first day of the month of compliance.

1440.0310 Temporary Absence from the State (MSSI)

An individual may be temporarily absent from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined the individual is a resident there for purposes of Medicaid.

~~Residency is not affected during temporary absences. The individual must inform the eligibility specialist of any temporary absence from the state prior to departure.~~

~~Temporary absence exists when a visit for a reasonable time period is made out of the state and the intent is to return to Florida. For food stamp purposes, a reasonable period of time is less than one calendar month. For all other programs, reasonable period of time is two months.~~

~~Refer to passage 1440.0311 for extended absences.~~

~~**1440.0311 Extended Absences (MSSI, SFP)**~~

~~If the visit lasts more than a reasonable period of time, the individual must provide the eligibility specialist with the following information:~~

1. ~~the reason(s) the visit has been prolonged (e.g., medical treatment),~~
2. ~~plans to return to the state, and~~
3. ~~the date the individual intends to return to the state so that a redetermination can be made regarding the continuance of residency.~~

~~**1440.0312 Residency Does Not Exist (MSSI, SFP)**~~

~~Temporary absence does not exist and therefore residency is not established if any of the following conditions exist:~~

1. ~~another state has determined that the individual is a resident of their state for public assistance purposes, or~~
2. ~~the individual leaves the U.S. with the intent to establish permanent residence outside the U.S.~~

~~Questionable cases should be cleared with the Region or Circuit Program Office.~~

1440.1711 Ending Sanction (MSSI)

Eligibility staff must:

1. Remove ~~remove~~ the sanction upon Child Support Enforcement's request that the individual complied.
2. Add ~~add~~ the individual back to Medicaid assistance (must meet all other factors of eligibility).
3. Not ~~not~~ require an application.

Remove CSE imposed sanctions for noncooperation without CSE approval in the following situations:

1. When the last child subject to cooperation leaves the home.
2. When the last child subject to cooperation turns 18.
3. When the absent parent, based on established legal paternity, moves into the home and
4. When a non-legal parent moves into the home and completes the DH 432 acknowledging paternity and staff forwards the completed DH 432 to CSE or the Department of Health State Office of Vital Statistics.

The effective date for adding the sanctioned individual is retroactive to the first day of the month of compliance.

1450.0310 Temporary Absence from the State (CIC)

An individual may be temporarily absent from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined the individual is a resident there for purposes of Medicaid.

~~Residency is not affected during temporary absences. The individual must inform the eligibility specialist of any temporary absence from the state prior to departure.~~

~~Temporary absence exists when a visit for a reasonable time period is made out of the state and the intent is to return to Florida. For food stamp purposes, a reasonable period of time is less than one calendar month. For all other programs, reasonable period of time is two months.~~

~~Refer to passage 1450.0311 for extended absences.~~

~~1450.0311 Extended Absences (CIC)~~

~~If the visit lasts more than a reasonable period of time, the individual must provide the eligibility specialist with the following information:~~

1. ~~the reason(s) the visit has been prolonged (e.g., medical treatment),~~
2. ~~plans to return to the state, and~~
3. ~~the date the individual intends to return to the state so that a redetermination can be made regarding the continuance of residency.~~

~~1450.0312 Residency Does Not Exist (CIC)~~

~~Temporary absence does not exist and therefore residency is not established if any of the following conditions exist:~~

1. ~~another state has determined that the individual is a resident of their state for public assistance purposes, or~~
2. ~~the individual leaves the U.S. with the intent to establish permanent residence outside the U.S.~~

~~Questionable cases should be cleared with the Region or Circuit Program Office.~~

1460.0310 Temporary Absence from the State (RAP)

An individual may be temporarily absent from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined the individual is a resident there for purposes of Medicaid.

~~Residency is not affected during temporary absences. The individual must inform the eligibility specialist of any temporary absence from the state prior to departure.~~

~~Temporary absence exists when a visit for a reasonable time period is made out of the state and the intent is to return to Florida. For food stamp purposes, a reasonable period of time is less than one calendar month. For all other programs, reasonable period of time is two months.~~

~~Refer to passage 1460.0311 for extended absences.~~

~~**1460.0311 Extended Absences (RAP)**~~

~~If the visit lasts more than a reasonable period of time, the individual must provide the eligibility specialist with the following information:~~

1. ~~the reason(s) the visit has been prolonged (e.g., medical treatment),~~
2. ~~plans to return to the state, and~~
3. ~~the date the individual intends to return to the state so that a redetermination can be made regarding the continuance of residency.~~

~~**1460.0312 Residency Does Not Exist (RAP)**~~

~~Temporary absence does not exist and therefore residency is not established if any of the following conditions exist:~~

1. ~~another state has determined that the individual is a resident of their state for public assistance purposes, or~~
2. ~~the individual leaves the U.S. with the intent to establish permanent residence outside the U.S.~~

~~Questionable cases should be cleared with the Region or Circuit Program Office.~~

2410.0344 Standard Utility Allowance (FS)

The standard utility allowance (refer to Appendix A-1) is available only to assistance groups who:

1. incur a heating or cooling expense separate and apart from their rent or mortgage;
2. receive direct or indirect assistance greater than $20 annually under the Low Income Home Energy Assistance Act (LIHEAP); or
3. live in private rental housing and are billed by their landlords on the basis of individual usage or are charged a flat rate separately from their rent for heating or cooling.

An assistance group, which incurs a heating or cooling expense on an irregular basis, may continue to use the standard utility allowance between billing periods. For example, an assistance group who heats with electricity three months a year is allowed the standard utility allowance year-round. An assistance group who buys fuel oil once a year to heat is allowed the standard utility allowance year-round.

A cooling expense is a verifiable utility expense related to the operation of air conditioning systems or room air conditioners.

Note: If the assistance group has only one utility expense and that utility is for heating and cooling, they may receive the SUA.

2610.0407 Contract Employment of Less Than One Year (FS)

Income received under an employment contract of less than one year will be prorated over the months it is intended to cover. The income is prorated to show the actual contracted time of employment for the individual.

~~**Example** A farm worker is contracted over seven months to work a farm at a stated price of $5,000. The monthly income shall be prorated at $714.~~

2610.0408.01 Income from School Employee Contract (FS)

Income from a school employee contract will be considered as compensation for the period ~~for a full year regardless of the frequency of payments as~~ stipulated in the terms of the contract, as determined at the convenience of the employer, or as determined at the wish of the employee. The school employee's contracted length of employment must be verified to calculate the monthly pay rate, the verification must state the frequency of pay for the contract. Some school employees are contracted for a 10-month period and others for a 12-month period, and ~~when the school employee is contracted for 10 months~~ their pay will be calculated based on the number of months contracted. If the employee receives income on other than an hourly or piece rate basis, they are considered under contract whether it is written or implied.

Annual income received by assistance group members from the contractual employment described above will be averaged over the contracted number of months ~~a 12 month period~~ to determine the individual's ~~individual~~ average monthly income. To determine assistance group eligibility, all other monthly income for this individual and other assistance group members will be added to this averaged monthly income. Income exclusions and disregards are applied in the normal manner. It is possible to have months of eligibility as well as months of ineligibility within the year. The net income computed in the eligibility determination will be used to determine basis of issuance.

2640.0118 Personal Needs Allowance (MSSI)

The amount of the individual's income which is designated as a personal needs allowance (PNA) varies by program.

For ICP and institutionalized MEDS-AD, the personal needs allowance is $35 as follows:

1. If the individual has less than $35 total countable income, a supplemental payment must be authorized through the Supplemental Payment System (SPS). The personal needs allowance supplement (PNAS) cannot exceed $5 a month.

2. Single veterans (and surviving spouses) in nursing homes who receive a VA $90 pension (disregarded as income in both eligibility and patient responsibility computations) are also entitled to the $35 PNA.

3. Single veterans (and surviving spouses) with no dependents who reside in state Veterans Administration nursing homes may keep $90 of their veterans payments, including payments received for aid and attendance and unreimbursed medical expenses, for their personal needs. Any amount exceeding $90 will be part of their patient responsibility to the facility. These individuals are also entitled to the $35 PNA.

For community Hospice, the PNA is equal to the Federal Poverty Level.

For institutionalized Hospice, the PNA is $35. There is no provision to supplement this PNA.

For the Assisted Living waiver, the PNA is equal to the current OSS rate plus OSS personal needs allowance.

For the Cystic Fibrosis, Family Supported Living and iBudget Florida waivers, the PNA is equal to 300% of the federal benefit rate. Because the PNA is the same as the HCBS income limit, only those individuals who become eligible using an income trust will have a patient responsibility.

For the Long Term Care Community Diversion Waiver and the Program for All-Inclusive Care for the Elderly (PACE), the personal needs allowance is as follows:

1. For an individual residing in the community (not an ALF), the PNA is 300% of the Federal Benefit Rate.
2. For an individual residing in an ALF, the PNA is computed using the ALF basic monthly rate (three meals per day and a semi-private room), plus 20% of the Federal Poverty Level. The ALF basic monthly rate will vary depending on the facility's actual room and board charges.
3. For an individual residing in a nursing home, the PNA is $35.

For the Familial Dysautonomia Waiver the personal needs allowance is equal to the individual's gross income, including amounts that may be placed in an income trust.

For individuals in the above programs who earn therapeutic wages, an additional amount equal to one half of the therapeutic wages, up to $111, can be deducted or protected for personal needs. The total amount of income to be protected as therapeutic wages cannot exceed $111. (This is in addition to the $35 personal needs allowance.)

For individuals in the above programs who have a court order to pay child support, an additional PNA equal to the court-ordered child support amount be deducted for personal needs. (This is in addition to the $35 personal needs allowance.)

Listing of Amended Passages