May-December 2015 Summary of Changes

Chapter	Passage	Summary
0600	**0610.0400**	Deleted text to clarify policy for application time standards when processing expedited cases.
	0620.0700	Change clarifies that child only cases exempt from time limits does not include cases where the standard filing unit includes a sanctioned or disqualified parent.
	0650.0100	Changed “Family Safety” and “FS” to “Child Welfare” and “CW” and removed references to “DJJ”.
0800	**0850.0100**	Changed “Family Safety” and “FS” to “Child Welfare” and “CW” and removed references to “DJJ”, changed “review” to “renewal”, updated language regarding when to begin the review period to assign a renewal, and added language that continuous Medicaid applies when a child leaves the care of the Department.
	0850.0104	Added language.
	0860.0100	Revised RAP eligibility review policy to eliminate the six month eligibility review requirement. Replaced with eight month review from date of entry into U.S. or date asylum status is granted.
1410	**1410.1800**	Deleted text and added language to clarify ABAWD status when the customer is time-limited. Deleted text about waiver which no longer applies to the program
	1410.1801	Deleted text about program no longer available for customers to participate in for eligibility purpose. Added new dates for countable months for time-limited customers. Added language about the date of new ABAWD clock. Deleted text and added language to clarify ABAWD status when the customer is time-limited. Added text about reporting requirements
	1410.1802	Deleted text to clarify requirements of exceptions for the ABAWD provision about physically or mentally unfit for employment. Deleted text and added language to clarify ABAWD status when the customer is time-limited
	1410.1806	Deleted text about program no longer available for

		customers to participate in for eligibility purposes. Deleted text and added language to clarify ABAWD status when the customer is time-limited
1410	**1410.1906**	Deleted the text about RAP or Match Grant as an exemption, because this is not the work requirements under Title IV of the Social Security Act. Deleted the text about VISTA or AmeriCorps VISTA Volunteers, the exemption is covered in the working 30 hours or employment program. Arranged exemptions in the order of the regulations out of 273.7 work provisions
	1410.1906.01	Deleted the word "for."
	1410.1906.04	Deleted the text about receiving temporary or permanent disability benefits issued by governmental or private sources, because this does not align with code of federal regulations 273.7, which states the food assistance program must not be any less restrictive than the Temporary Cash Assistance when determining disability.
	1410.1906.10	Deleted the text about receipt or participation for RAP or Match Grant as an exemption, because this is not the work requirements under Title IV of the Social Security Act.
	1410.1906.11	Deleted the text about the Regional Workforce Board and added the new name CareerSource.
	1410.1906.12	Deleted the sections on School Employees under Contract and VISTA or AmeriCorps VISTA Volunteers, because this is a part of the 30 hours per week of employment and is not a separate exemption. These kinds of income are already discussed in the policy manual in 2610.0400 and 1810.0900.
1430	**1430.0710**	Added passage regarding joint custody.
	1430.0805	Removed incorrect language and correct manual reference.
1600	**1640.0543.02**	Deleted the language that pertain to interstate residency agreements.
		Amended the language to explain the criteria for excluding an out-of-state home based on intent to return.
1800	**1830.0000**	Modified language to clarify the passage is about

		Family-Related Medicaid eligibility determinations, deleted extra space and corrected punctuation.
	1830.0101	Deleted extra space, added “unemployment” and removed “worker’s compensation” and “and Social Security Disability Income” from taxable unearned income list.
	1830.0116	Deleted extra space.
	1830.0122	Modified language to clarify verification of income policy.
	1830.0200	Deleted “and” and replaced other language with “and”, changed “Peace Corp” to “Peace Corps”.
	1830.0300	Capitalized first word of each item in numbered list and corrected punctuation.
	1830.0302	Capitalized reference to Internal Revenue Code, reorganized introduction to list and capitalized the first word of each item in numbered list.
	1830.0306	Revised passage to explain farming and fishing income is earned income.
	1830.0316	Revised language to specify the passage is about rental income and capitalized the first word of each item in a numbered list.
	1830.0400	Added what WIA stands for, deleted “or anticipated to be received” and capitalized the first word of each item in a numbered list.
	1830.0700	Deleted language that does not apply.
	1830.0800	Capitalized the first letters of a federal program and removed “OASDI payment” from list of excluded unearned income.
	1830.0900	Add a note to refer to section 2230.0403 of the manual for exceptions to counting a child or tax dependent’s Social Security and Railroad Retirement income and deleted “or anticipated to be received”.
	1830.1303	Corrected use of “and/or” in passage.
	1830.1400	Corrected language listing income types as lump sums from a list of countable income.
2000	**2030.0203**	Updated text to clarify eligibility policy for Transitional Medical Assistance.
	2030.1300	Deleted passage from chapter.
2200	**2230.0000**	Updated passage to explain what SFU means and deleted language that does not apply.
	2230.0200	Deleted language that does not apply and

		explained income will be “based on MAGI budgeting methodologies”.
	2230.0400	Modified language to clarify how a Family-Related Medicaid SFU is determined.
	2230.0401	Modified language to clarify a child is not married.
	2230.0402	Modified language to clarify that a parent or other caretaker relative must have a child in the home to derive eligibility and to include the individual’s income in the eligibility determination.
	2230.0403	Change the name of passage to “Children and Tax Dependents” and modified language to explain when to include countable income of a child or tax dependent.
	2230.0403.01	Deleted passages from chapter.
	2230.0404	Modified language to explain the number of expected unborns are included in the SFU when a pregnant woman is in the SFU.
2600	**2610.0408.01**	Deleted text about calculating benefits on the number of months contracted. Added language to clarify income must be budgeted over 12 months.
	2610.0408.02	Deleted entire passage
	2630.0202.01, 2630.0202.02, 2630.0202.03, 2630.0202.04, 2630.0202.08	Fix the duplication on the Knowledge Bank
	2620.0412	Added language to clarify how to budget income from a contracted school employee.
	2630.0412	Added language to clarify how to budget income from a contracted school employee.
	2630.0400, 2630.0413.02, 2630.0415,	Fix the duplication on the Knowledge Bank
	2630.0506.05	Fix the duplication on the Knowledge Bank
	2640.01116	Removed references to prior program names and added/updated current program names.
	2640.0117	Updated list of programs with a patient responsibility, clarified that institutionalized individuals receive a therapeutic wage deduction and removed reference to prior program name.
	2640.0117.01	Added passage regarding Home and Community Based Waivers (HCBS) without a patient responsibility.
	2640.0118	Updated the personal needs allowance for institutionalized individuals from $35 to $105, updated program name and clarified information

		that applies to institutionalized individuals.
	2640.0119.01, 2640.0120.01	Updated program and allowance name.
	2640.0119.02, 2640.0119.03, 2640.0120.02	Updated allowance name.
	2640.0121, 2640.0123	Updated program name.
	2640.0122	Updated allowance name.
	2640.0125.01	Updated program name and clarified language regarding uncovered medical expenses.
	2640.0116, 2640.0117, 2640.0118, 2640.0119.01, 2640.0120.01, 2640.0121, 2640.0122, 2640.0123	Capitalized Institutional or Community as appropriate to describe long-term care programs.
3200	**3210.0111.02**	Updated the EBT provider, and the address for correspondence for customer service concerns. Deleted previous provider and address information.
3400	**3430.0500**	Remove the glossary from the passage on the Knowledge Bank.

0610.0400 APPLICATION TIME STANDARDS (FS)

The time standard begins upon receipt of a signed application. Begin counting processing days the day following the date of application.

Application time standards apply to initial applications and to untimely reapplications. An untimely reapplication is one received from the 16th day of the last month of the certification period through 30 days after the end of the certification period.

If an AG is eligible, the Department must provide assistance no later than 30 days after the date of application ~~receipt~~.

Process applications and make a determination of eligibility or ineligibility within the following time frames:

Non-expedited:

1. If an individual does not have an Electronic Benefits Transfer (EBT) card, authorize food stamps by the 26th day.
2. If an individual has an EBT card, authorize food stamps by the 29th day.

Expedited:

1. If an individual does not have an EBT card, authorize food stamps no later than 11:00 AM EST on the 4th day.
2. If an individual has an EBT card, authorize food stamps by the end of the sixth day.

Screen for and if eligible provide expedited services for untimely recertifications for households that apply after the end of the certification period. Households that apply for recertification anytime during the certification period are not eligible for expedited services even if staff process the recertification after the end of the certification period.

If prescreening fails to identify an eligible SFU as eligible for expedited services because the applicant household made an error or failed to provide complete information on the application, provide expedited services upon discovery of the error ~~and calculate the processing standard from the date of discovery~~.

0620.0700 TIME LIMITS (TCA)

Time limits apply to applicants and recipients of TCA beginning with the first non-prorated benefit issued on or after 10/96.

An individual is limited to a cumulative lifetime total of 48 months as an adult, unless granted a hardship exemption. Count months of cash assistance received in another state toward the 48-month lifetime limit.

The following are exempt from time limits:

1. Child only cases. (This does not include cases where the standard filing unit includes a sanctioned or disqualified parent.)
2. SSI or SSDI recipients.
3. An Individual who receives cash assistance while living on an Indian reservation or in an Alaskan native village, if at least 1,000 individuals were living on the reservation or in the village, and at least 50 percent of adults were unemployed.
4. A minor child.
5. An individual responsible for the care of a disabled family member when the need is verified, and no alternative care is available.

0650.0100 APPLICATION FOR ASSISTANCE (CIC)

The Child Welfare~~Family Safety~~/Community Based Care (CW~~FS~~/CBC) counselor, private agency counselor or ~~DJJ~~ representative is the PIP for all CIC cases and is responsible for filing an application on behalf of the child in care. An application will be either Medicaid only or Title IV-E and Medicaid. The CW~~FS~~/CBC counselor, private agency counselor or ~~DJJ~~ representative must make all contacts with the family, child, or foster parent.

0850.0100 ELIGIBILITY RENEWALS~~REVIEWS~~ (CIC)

The Child Welfare~~Family Safety~~/Community Based Care (CW~~FS~~/CBC) counselor, private agency counselor or ~~DJJ~~ representative is the PIP for all CIC cases and is responsible for filing the eligibility renewal~~review~~ form on behalf of the child in care. The CW~~FS~~/CBC counselor or private agency counselor or ~~DJJ~~ representative must make all contacts with the family, child or foster parent~~ representative~~.

An eligibility renewal~~review~~ reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. Deprivation must continue to exist for the child to remain eligible for Title IV-E. If ineligibility or reduction in the funding rate occurs in any month, notify~~ the~~ CW~~FS~~/CBC, even if notification is retroactive.

At renewal, assign a 12-month review from the month following the month of disposition.~~Assign a 12-month review period from the month of disposition of an application or review.~~ For Medically Needy cases, evaluate the child for reenrollment prior to the expiration of the current enrollment period.

0850.0104 When a Child Leaves Foster Care (CIC)

If a child leaves foster care to return to the home from which he was removed, he is no longer in foster care status, even if the Department maintains a supervisory role. If the child leaves foster care to live with a relative, determine if the child remains in foster care status or whether the home of the relative is now considered to be the child's own home, regardless of interruptions in the foster care status.

In the event a child returns home but is later placed in foster care, conduct a new determination of the family's eligibility based on circumstances at the time of the new court action or voluntary placement.

If the child leaves the foster home and is placed in a state training school (for medical or behavioral issues) for a temporary period, the court order of removal is still in effect. There is no need for a new determination of the family's eligibility when the child returns to the foster home. If a child has been in runaway status for more than 30 days, Medicaid eligibility no longer exists.

When a child leaves the care of the Department, Continuous Medicaid policy applies.

0860.0100 ELIGIBILITY REVIEWS (RAP)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. ~~If there are multiple AGs in the case, use the earliest review date of any AG in the case to review all AGs. Each eligibility review requires a new application form.~~ An acceptable application must have the name, address and signature of the individual or authorized representative and may be submitted in person, by mail or facsimile or on the web.

Schedule a review eight months ~~Assign a six-month review period~~ from the refugee's date of entry (for refugees) or date of status (for asylees). Assistance groups having members with different eligibility periods will be assigned an eligibility period based on the member with the later eligibility expiration. ~~month of disposition of the application or review. In order to align a household's certification period with its food stamp simplified reporting certification period, a review period of less than, or greater than, six months may be assigned.~~

Regardless of the eligibility review period, no individual may receive more than eight months of RAP cash or Medicaid.

Timely Reviews: An application received on or before the 15th day of the last month of the eligibility period is a timely review. Process the application by the end of the current eligibility period if the household completes the interview and provides all verifications within the last month of the eligibility period. If the AG is eligible, benefits begin the first day of the month following the end of the current eligibility period.

Untimely Reviews: An application received on the 16th day of the last month of the eligibility period and through the end of the eligibility period is an untimely review.

Reapplication: An Untimely Review in which the household submits the request within 30 days after the end of the eligibility period. Process the application using the application process but apply interview and verification procedures of the review. For example, if the review is passive, do not require an interview.

If the household submits an application during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, deny the application:

1. If the household provides the verifications during the month following the month the review is due, process the review by the 30th day after the last month of the eligibility period.
2. Do not prorate the benefit.

1410.1800 ABLE-BODIED ADULT WITHOUT DEPENDENTS (FS)

Able-bodied adults without dependents (ABAWDs) are persons 18 through 49 years of age, who do not have dependent children and who do not meet a food stamp employment and training (FSET) exemption. "Time-Limited""~~Vulnerable"~~ ABAWDs are individuals who are not otherwise exempt from ~~food stamp employment and training~~ (FSET) work registration and participation and do not meet an exception to the ABAWD time limits~~, or do not reside in a Labor Surplus Area (LSA)~~.

1410.1801 ABAWD Provisions (FS)

"Time-Limited""~~Vulnerable"~~ ABAWDs are not eligible to participate in the Food Stamp Program if, during the 36-month period preceding ~~proceeding~~ the month of application, the individual received food stamps for any three months in which the individual was not:

1. Working 20 hours or more per week*; or
2. Participating in ~~and complying with a Workforce Investment Act (WIA), Trade Act, or~~ an Employment program that includes work, on the job training, volunteer work, and job search less than 20 hours a week~~ and Training Program, other than job search or job search training 20 or more hours per week~~*; or
3. Participating for 20 hours or more per week*, in a combination of work and work program activities~~; or~~
4. ~~Participating and complying with requirements of a Workfare Program.~~

ABAWDs are required to report whenever their work hours fall below the 20 hours per week threshold. Staff must encourage all customers who meet an FSET exemption to

report when hours fall below 20 hours per week. The customer will become a time-limited ABAWD the month the hours drop below 20 hours per week.

Note: * For purposes of this provision, 20 hours per week averaged monthly means 80 or more hours per month.

"Time-Limited" ~~"Vulnerable"~~ Able-Bodied Adults Without Dependents who have exhausted their time limit (3 months in a 36-month period) to receive food stamps will be treated as technically ineligible (Prorated) individuals for food stamps. *The first 36-month period is January 1, 2016 ~~was December 1, 1996~~ through December 31, 2018.~~November 30, 1999~~. A new 36-month period will begin ~~began~~ January 1, 2019 ~~December 1, 1999~~ and expire~~d~~ December 31, 2021~~November 30, 2002~~. ~~The third 36-month period began~~ ~~January 1,2022~~ ~~December 1, 2002 and will end~~ ~~December 31,2024~~ ~~November 30, 2005.~~ New 36-month periods begin every third year on January 1~~December 1~~ and end three years later on December 31 ~~November 30~~.

Note: * The Department will begin a new 36-month period beginning January 1, 2016.

1410.1802 Exceptions from ABAWD Provisions (FS)

The time limit does not apply and the individual is not a "time-limited" ~~"vulnerable"~~ ABAWD if he or she meets any of the following exceptions to the ABAWD time limits or FSET exemptions:

1. Is under 18 years of age or over 49 years of age. A person is considered 50 on their 50th birthday.

2. ~~Is determined to be medically certified as~~ Physically or mentally unfit for employment. An individual is ~~medically certified as~~ physically or mentally unfit for employment if he or she:

    a. Is receiving temporary or permanent disability benefits issued by governmental or private sources. This includes persons receiving Social Security Disability, Supplemental Security Income (SSI) due to disability, and 100% disability through the Veterans Administration.

    b. Is obviously mentally or physically unfit for employment as determined by the eligibility specialist. Individuals are obviously unable to participate due to a physical or mental incapacity only if the physical or mental impairment(s) are of such severity that the individual is not only unable to do their previous work but cannot, considering education and work experience, engage in any other kind of substantial gainful work which exists in the national/state/local economy. The eligibility specialist is to record observations used to determine unfitness on CLRC.

c. If the unfitness is not obvious, it must be verified with a written or verbal statement from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, a licensed or certified psychologist, a social worker, or other medical personnel indicating, the individual is physically or mentally unfit for employment.

3. Is a parent (natural, adoptive, or step) or other member of the food stamp standard filing unit (SFU) with a child under age 18 in the standard filing unit, even if the member who is under 18 is not eligible for food stamps.

4. Is residing in an SFU where an SFU member is under age 18, even if the SFU member who is under 18 is not himself eligible for food stamps.

5. Is pregnant.

1410.1806 Regaining Eligibility under the ABAWD Provisions (FS)

The eligibility specialist will discuss the process of regaining eligibility with all applicants and recipients who meet the ABAWD criteria. Months in which an individual receives food stamps for the full benefit month but did not meet the work requirements, or was not exempt, count toward the three-month time limit. During the first three time-limited months, "time-limited" ~~"vulnerable"~~ ABAWDs that are sanctioned when they fail to comply with the work requirements may regain their eligibility if during any month they comply or become exempt. The minimum sanction period must be served. There is no limit as to how many times an individual may regain eligibility and subsequently maintain eligibility by complying with the work requirement.

Individuals denied eligibility for food stamps after receiving benefits for 3 of the last 36 months without meeting an exemption may regain eligibility for food stamps if during a 30-day period, the individual does one of the following:

1. works 80 hours or more; or
2. participates in and complies with the requirements of a work program for 80 hours or more~~; or~~
~~3. participates in and complies with a Workfare Program.~~

An individual required to comply with the able-bodied provisions who regains eligibility, and then no longer meets the requirements under this provision, shall remain eligible for a consecutive three-month period beginning with the date the individual notifies the eligibility specialist of the change in their circumstances or reapplies. The receipt of a second three-month food stamp period is allowed only once during a 36-month period.

Note: The individual must have fully exhausted their three months of benefits before the one-time extension provision applies.

An individual who regains eligibility for food stamps shall remain eligible, as long as the recipient continues to meet the able-bodied adult without dependents work provisions, or they meet an exemption.

1410.1906 Exemptions from Work Requirements (FS)

Individuals meeting one or more of the following conditions are exempt from work requirements:

1. Under age 16 or age 60 or older; age 16 or 17 who is not the payee/head of a household, or who is attending school, or is enrolled in an Employment and Training Program at least half-time;
2. Physically or mentally unable to work;
3. ~~responsible for an incapacitated individual;~~ Complying with TCA work requirements;
4. Responsible for care of a dependent child under age six~~;~~ or responsible for an incapacitated individual;
5. Applying for or receiving unemployment compensation;
6. Drug and/or Alcohol Treatment and rehabilitation Program participant (not Alcoholics Anonymous or Narcotics Anonymous);
7. Working a minimum of 30 hours a week or receiving earnings equal to or greater than the federal minimum wage multiplied by 30 hours; migrant and seasonal farm workers who are under agreement with an employer or crew chief to begin employment within the next 30 days;
8. A student enrolled at least half-time in any recognized school (high school, training program, or an institution of higher education)
9. ~~complying with TCA, RAP or Match Grant work requirements;~~
10. ~~applying for or receiving unemployment compensation;~~
11. ~~working a minimum of 30 hours a week or receiving earnings equal to or greater than the federal minimum wage multiplied by 30 hours;~~
12. ~~school employees under contract;~~
13. ~~VISTA or AmeriCorps VISTA Volunteers; or~~
14. ~~migrant and seasonal farm workers who are under agreement with an employer or crew chief to begin employment within the next 30 days.~~

1410.1906.01 Individuals under 16 Years of Age (FS)

Individuals under 16 are exempt from work requirements. Individuals whose 16th birthday occurs during the certification period must comply with work requirements starting at the next recertification, unless ~~for~~ the individual meets another exemption. Accept the individual's statement of age unless questionable.

1410.1906.04 Physically or Mentally Unfit for Employment (FS)

Individuals physically or mentally unfit for employment are exempt from work requirements. An individual is physically or mentally unfit for employment if he or she is:

1. Receiving disability benefits issued by the government (Supplemental Security Income or Social Security Disability)
2. ~~receiving temporary or permanent disability benefits issued by governmental or private sources, or~~
2. ~~Obviously mentally or physically unfit for employment as determined by the Department. Individuals are obviously unable to participate due to a physical or mental incapacity if the physical or mental impairment(s) is of such severity that the individual is not only unable to do their previous work but cannot, considering education and work experience , engage in any other kind of substantial gainful work which exists in the national/state/local economy.~~

~~If the unfitness is not obvious, verify the unfitness with a written or verbal statement from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, a licensed or certified psychologist, a social worker, or other medical personnel indicating the individual is physically or mentally unfit for employment.~~

~~DCF staff must assist the individual in obtaining verification. Verification may consist of a statement that the individual is unable to work due to the specific illness, and for what length of time, or a receipt of temporary or permanent disability benefits issued by government or private sources.~~

~~Receipt of benefits for partial or marginal disability may indicate only that the individual is not suitable for certain jobs. Other jobs may exist that the individual is physically and mentally capable of handling. In this situation, the individual is not automatically exempt. Make a determination for an exemption or good cause deferral on a case-by-case basis in these instances.~~

1410.1906.10 Complying with Work Requirements for TCA~~/RAP/Match Grant~~ (FS)

Individuals subject to and complying with any work requirement under Title IV-A of the Social Security Act (TCA participants)~~, or under Title IV of the Immigration and Nationality Act (RAP) and Refugee Resettlement Match Grant Program participants~~ are exempt from work requirements.

Evaluate individuals sanctioned for failure to comply with any TCA work requirements to determine if they meet a food stamp exemption. If they meet a food stamp exemption, do not apply a sanction to the food stamp benefits. If they do not meet a food stamp exemption, apply a sanction according to food stamp work requirements.

1410.1906.11 Receiving Unemployment Compensation (FS)

FSET considers individuals receiving unemployment compensation to be participating in a work activity and exempt from work requirements. An individual who has applied for, but is not receiving unemployment compensation, is exempt if the individual must

register for work with~~,~~ ~~the~~ CareerSource ~~Regional Workforce Board~~ as part of the unemployment compensation application process.

1410.1906.12 Working Minimum of 30 Hours Weekly (FS)

Individuals are exempt from work requirements if they are employed or self-employed and meet one of the following criteria:

1. working a minimum of 30 hours per week;
2. receiving earnings equal to or greater than the federal minimum wage multiplied by 30 hours; or
3. migrant or seasonal farm workers under contract or similar agreement with an employer to begin work within 30 days.

When determining whether a self-employed individual is exempt, use the following information:

1. Income alone may be sufficient.

2. The self-employment enterprise must require 30 hours per week or an average of 30 hours per week on an annual basis. If the income does not indicate full-time employment (30 hours per week), but the individual claims full-time self-employment, the individual must cooperate to establish if the volume of work and income claimed justifies the self-employment as full-time employment.

Individuals who are working but not being paid, in exchange for expenses or for in-kind services such as working to pay their rent, meet this exemption if they are working 30 hours per week or the amount of the expense is equal to or greater than the federal minimum wage multiplied by 30 hours.

~~**School Employees under Contract:**~~

~~Employees under contract with the school system are exempt during the nonwork season if they meet one of the following conditions:~~

1. ~~if total annual wages equal the federal hourly minimum wage multiplied by 1560 (52 X 30) hours, or~~
2. ~~if the total number of hours worked equals or exceeds 1,560 (52 weeks times 30 hrs.).~~

~~**VISTA or AmeriCorps VISTA Volunteers:**~~

~~VISTA and AmeriCorps VISTA receive funds under the Domestic Volunteer Act (DVSA) of 1973, as amended. AmeriCorps State/National Programs receive funds under the National and Community Service Act of 1990, as amended.~~

~~Participants in VISTA Programs are volunteers, even though they receive payment for the hours they work. VISTA volunteers, enrolled for full-time service as volunteers, are not to have services or assistance under any governmental programs interrupted because of their failure or refusal to register for, seek, or accept employment or training during the time they are VISTA volunteers.~~

~~AmeriCorps State/National Program participants are not exempt from sanctions for failure or refusal to register for, seek, or accept employment or training, but will have their hours of work activities counted toward their work participation requirement.~~

1430.0710 Joint Custody

When parents of a child have joint custody and there is question regarding which parent has custody, staff must determine with whom the child resides based on the parent granted primary custody via a court order or binding separation agreement, divorce or custody agreement or with whom the child spends the most nights. The Department will follow the order of a legally binding court order unless no order exists.

1430.0805 Definition of Living in the Home (MFAM)

The child must live on a continual basis in the home of the parent or specified relative. In cases where both parents are awarded joint custody ~~and visitation provides for partial residence with each parent~~, living in the home may exist if the conditions as outlined in 1430.0710~~1430.0719~~ are met. A home need not be a fixed dwelling. The home is considered the family setting shared by the parent/relative. This "home" may include a group facility such as a drug treatment center, spouse abuse center or maternity home. The parent/relative must assume and continue to take day-to-day care and responsibility for the child in this family setting. The type of facility, length of stay, setting for the child in the facility and responsibility for the child's supervision and care must be carefully evaluated.

Individuals are not considered to be in a family setting or to be "living in the home" and are ineligible for assistance if they are:

1. inmates, prisoners, detainees, or convicts under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or psychiatric facility or institution; or
2. in a licensed maternity home where their care is being paid for by the state.

Note: For Medicaid eligibility policy for children under 18 and residents of an Institute of Mental Diseases (IMD), please see passage 1430.1103.

1640.0543.02 Individuals with Homes in Another State (MSSI)

Individuals who meet Florida residency requirements solely because they are institutionalized in a Title XIX Medicaid facility in Florida, but who have a home in another state, may have that home excluded as an asset if:

1. the individual's spouse or dependent relative resides in the home; or

2. the individual expresses an intent to return to that home (that is, the home continues to be the individual's principal place of residence). ~~and the State of Florida has an interstate agreement with the individual's home state to provide reciprocal care to Florida residents needing institutional care while in that state.~~

Statements of intent to return or allegations of dependency are accepted without further development (unless questionable) from the individual, designated representative, and the dependent relative if the individual is incapable of providing such information.

~~**Alabama, Arkansas, California, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, New Jersey, New Mexico, North Dakota, Ohio, South Dakota, Tennessee, Texas and West Virginia have interstate agreements with Florida.**~~

1830.0000 Family-Related Medicaid

This chapter discusses ~~income~~ policy for individuals whose income must be considered when completing a Family-Related Medicaid eligibility determination. Modified Adjusted Gross Income (MAGI) is an Internal Revenue Service (IRS) method for counting income that aligns financial eligibility across all Insurance Affordability Programs (IAP). Adjusted Gross Income (AGI) is gross income minus casualty losses, charitable contributions, medical and dental expenses, qualified retirement contributions and other miscellaneous itemized deductions. MAGI is equal to Adjusted Gross Income plus foreign earned income, employer contribution plans, and~~,~~ tax exempt interest accrued during the taxable year. ~~If income tax information is unavailable, C~~current point in time income will be used in the eligibility determination process when available.

Income is money received from any source such as wages, benefits, contributions, and rentals. If income is taxable, it is counted.

1830.0101 Income (MFAM)

Taxable Earned income is the receipt of wages, salary, commission, or profit from an individual's performance of work or services or a self-employment enterprise.

Taxable Unearned income is income for which there is no performance of work or services. Taxable unearned income may include:

1. rRetirement, disability payments, unemployment ~~unemployment/workers' compensation, etc.~~;
2. aAnnuities, pensions, and other regular payments;
3. aAlimony and spousal support payments;
4. dDividends, interest, and royalties;
5. pPrizes and awards; or
6. Social Security income~~and Social Security Disability Income~~.

Excluded income is income (earned or unearned) that is not counted when determining eligibility.

1830.0116 Structured Settlements (MFAM)

Structured settlements are settlements of tort claims involving physical injuries or physical sickness under which settlement proceeds take the form of periodic payments, including scheduled lump sum payments. The full amount of each periodic payment, including the amount attributable to earnings under the annuity contract, is excludable from the settlement recipient's income.

1830.0122 Verification of Income (MFAM)

To determine eligibility for Medicaid, verification of income will be performed by data exchange when available. An applicant's or recipient's self attestation of income is accepted if the amount stated on the application or renewal~~redetermination form~~ is reasonably compatible with information obtained by the Department through electronic sources. Reasonably compatible means both self attestation and electronic sources are below the applicable income standard or when the difference between both amounts is ten percent (10%) or less without regard to the income standard~~within ten percent above or below the information received through data exchange. If an individual attests to income below the applicable standard and data sources indicate income above the applicable standard, and the difference between the two is 10% or less, accept the attestation.~~ If the difference is more than 10%, first ask for a reasonable explanation and, if necessary, paper documentation from the individual.~~ When the individual attests to income above the applicable income standard and the data source indicates income below the standard, the Department will accept the self attestation, make the person ineligible for full Medicaid (and enroll the person in Medically Needy) and forward the application to the Federally Facilitated Marketplace or Florida KidCare, if applicable.~~

When income cannot be verified by data exchange, such as for individuals with no SSN or who have self-employment income, income must be verified by other acceptable means such as pay stubs, CF-ES 2620, etc.

1830.0200 EARNED INCOME (MFAM)

Earned income includes all gross (before taxes or other deductions) wages and salaries including income derived from the sale of blood or plasma, tips from performance of

work, wages deferred that are beyond the individual's control, Federal Work Study, ~~and~~ National and Community Services Trust Act living allowances through the Peace CorpsCorp, VISTA, Americorps, Foster Grandparent Program, Service Corps of Retired Executives, and other volunteer programs. Wages are included as income at the time they are received rather than when earned.

Wages are considered earned income even when withheld at the request of the employee or provided as an income advance on income expected to be earned at a future date.

An individual is considered employed when engaged in a business, occupation or service and ~~for cash~~ paid by another person, group of persons or company. Wages or paid salaries received after employment has ended, such as accrued vacation time, are considered earned income except for severance pay, which is unearned income.

Employer-provided sick pay is earned income as long as the individual plans to return to work after recovering and is still considered an employee. Sick pay is a continuation of salary with normal payroll deductions.

1830.0300 SELF-EMPLOYMENT (MFAM)

An individual who owns a business or otherwise engages in a private enterprise is considered self-employed. Income derived from self-employment is considered earned income.

This includes but is not limited to:

1. childcare;~~,~~
2. sales from a franchise company;~~,~~
3. picking up and selling cans;~~,~~
4. farming and fishing self-employment;~~,~~ ~~or~~
5. selling newspapers;~~,~~
6. i~~I~~ncome from an *S* corporation~~.~~ (The income, losses deductions, or credits are based on a partnership agreement and passed on to shareholders based on a pro rata share.); or
7. i~~I~~ncome from rental property.

1830.0302 Costs of Self-Employment Income (MFAM)

Net earned income from self-employment is the total gross income derived from all trades and businesses as computed under the Internal Revenue Code, less deductions allowable under the C~~c~~ode, attributable to such trades or businesses. It includes the individual's share of ordinary net income (or loss) from partnerships even though the partnership profits have not been distributed yet.

The assistance group is required to keep a record of business expenses incurred.
Allowable costs of producing self-employment income include, but are not limited to, the following expenses:~~. The assistance group is required to keep a record of the expenses incurred in the production of this income:~~

1. identifiable costs of labor (salaries, employer's share of Social Security, group medical insurance, employee reimbursements, etc.);
2. stock, raw materials, seed and fertilizer, and feed for livestock;
3. rent and cost of normal building maintenance;
4. business telephone costs and utility expenses;
5. costs of operating a motor vehicle when required in connection with the operation of the business;
6. interest paid on debts related to the business property;
7. insurance premiums related to the business;
8. depreciation costs for owned property used in business or held to produce income;
9. travel meals, lodging and entertainment expenses away from home;
10. legal and professional fees; or
11. pension plans.

1830.0306 Earned Income from Farming and Fishing (MFAM)

Farming and fishing for profit is self employment. Profits from farming and fishing are earned ~~gross~~ income.

Individuals who farm and fish for self employment must provide their most recent income tax return. If there is no tax return, or the tax return is not representative of the current net income, the individual must provide bills and receipts or any other records of sales and expenses.

1830.0316 Rental Income (MFAM)

Rental income is any payment for using real estate or personal property less allowable expenses. Examples of rental income ~~rent~~ include payments for the use of:

1. land;
2. buildings;
3. an apartment, room, or house; or
4. machinery or equipment.

Income received from the rental of real estate is considered earned income from self employment.

1830.0400 WAGES RECEIVED FROM TRAINING PROGRAMS (MFAM)

When the individual participates in a work or on-the-job training program that involves work for payment, the payment is included as income, unless specifically excluded in the following passages. Training allowances from Vocational and Rehabilitative Programs recognized by a government agency are also included income, unless excludable as a reimbursement.

All earned income received ~~or anticipated to be received~~ directly from an employer through participation in the Workforce Innovation and Opportunity Act (WIOA) ~~WIA~~ Program is included. This includes earned income paid directly by an employer through the WIA on-the-job training program.

Unearned income from WIA is excluded. Types of payments the individual may receive that would qualify as unearned income include:

1. need based payments~~;~~,
2. cash assistance~~;~~, ~~and~~ ~~or~~
3. compensation instead of wages and allowances (this includes payments received for classroom training).

A child's unearned income from WIA is excluded.

1830.0700 SUPPORT PAYMENTS (MFAM)

Support payments are funds paid by a non-custodial parent or spouse intended for the support or maintenance of a member of the household.

Support paid by a non-custodial parent is considered child support to the child for whom the payment is intended and is excluded.

All child support received, ~~or anticipated to be received for any member of the~~ including delinquency or arrearages, is excluded unearned income.

Payments received for a child no longer in the home is considered a contribution and is also excluded.

Spousal support or alimony is an amount of money allocated from one spouse to another by the court as a result of a divorce or separation agreement. The amount of alimony received ~~or anticipated to be received~~ must be counted as unearned income minus any collection fees charged.

1830.0800 ASSISTANCE FROM GOVERNMENT AGENCIES (MFAM)

Assistance payments are benefits based on applicant or recipient need.

Payments excluded as unearned income are:

1. eEnergy assistance such as Low Income Home Energy Assistance Program (LIHEAP)and Home Eenergy Aassistance (HEA)
2. aAcross-the-board rebates from utility companies
3. pPayments from the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration (FmHA) used to offset rent or mortgage or utility payments
4. dDisaster assistance payments
5. cCash Severance payments, upfront diversion payments and state relocation payments
6. tTemporary Cash Assistance and Relative Caregiver payments
7. Supplemental Security Income (SSI) and OASDI payments
8. Emergency Financial Assistance for Housing Program (EFAHP) payments
9. Home Care for the Elderly and Home Care for Disabled Adult payments are excluded when not specifically identified for a member of the assistance group
10. bBenefits withheld to recover an overpayment
11. aAdoption -subsidies and foster care payments
12. pPayments from a state fund for the victims of crimes

1830.0900 BENEFITS (MFAM)

The gross benefit amount received, or anticipated to be received, is considered unearned income. Benefits are owned by the individual for whom they are intended unless the individual is not in the home and the benefits are not redirected.

Benefits excluded as unearned income are:

1. vVeterans' benefits including disability compensation and pension payments for disabilities paid either to veterans or their families.
2. Workers' Compensation payments designated for medical expenses paid or deducted at the source and not controlled by the individual.
3. Holocaust Victims Restitution payments made as a result of persecution, mental disability, or sexual orientation. This includes compensation for property losses.
4. pPayments from federal income taxes for earned income tax credit and child tax credit, including any retroactive payments.
5. cCompensation received for permanent loss or loss of use of a part or function of your body, or for permanent disfigurement.
6. fFunds received by a member of the Passamaquoddy Indian Tribe, the Penobscot Nation, or the Houlton Band of Maliseet Indians pursuant to the Maine Indian Claims Settlement Act of 1980.
7. American Indian and Alaska Native distributions and payments: dDistributions from Alaska Native Corporations and Settlement Trusts; dDistributions from any

property held in trust, subject to Federal restrictions, located within the most recent boundaries of a prior Federal reservation, or otherwise under the supervision of the Secretary of the Interior; dDistributions and payments from rents, leases, rights of way, royalties, usage rights, or natural resource extraction and harvest; dDistributions resulting from real property ownership interests related to natural resources and improvements; pPayments resulting from ownership interests in or usage rights to items that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable Tribal Law or custom; sStudent financial assistance provided under the Bureau of Indian Affairs education programs.

Benefits included as unearned income are:

1. rRailroad retirement payments including retirement, survivor, unemployment, sickness and strike benefits (Refer to the policy passage titled Children and Tax Dependents, within the Standard Filing Unit Chapter, for exceptions regarding when to count a child or tax dependent's income)
2. Unemployment Compensation Benefit payments
3. sSeverance pay
4. Social Security Administration Benefits including Title II Social Security benefits (Refer to the policy passage titled Children and Tax Dependents, within the Standard Filing Unit Chapter, for exceptions regarding when to count a child or tax dependent's income)
5. aAnnuities, pensions, retirement or disability payments

1830.1303 Trusts (MFAM)

Monies that are withdrawn from a trust fund by the assistance group are to be considered income in the month of receipt. Dividends and/or and or interest from the trust, which the assistance group has the option to receive or reinvest in the trust, are included as income.

1830.1400 LUMP SUM PAYMENTS (MFAM)

Lump sum payments are received as non-recurring amounts of money and include but are not limited to: income tax returns, rebates or credits, retroactive payments from Social Security, earned income tax credit, child tax credits, public assistance, railroad retirement benefits, insurance settlements, and refunds of security deposits on rental property and utilities. These payments are counted as income in the month received.

2030.0203 Transitional Coverage (MFAM)

Transitional coverage provides extended coverage for up to 12 months, beginning with the month of ineligibility. Changes during this period, other than the child turning 18 or loss of state residence, do not affect the transitional Medicaid period. An ex parte

determination must be completed prior to cancellation at the end of the transitional period.

Conditions that must be met:

1. The ~~parents and other caretaker relatives'~~ assistance group must be ineligible for Medicaid based on initial receipt of earned income or receipt of increased earned income by the parent or caretaker relative. The initial income budgeted for the assistance group must have been below the parent/other caretaker relative income limit (MA R- previously referred to as 1931 Medicaid). If more than one budget change is being acted on at the same time, a test budget(s) will be necessary to determine if the change in earned income is the sole cause of ineligibility.

2. At least one ~~member of the~~ assistance group in the household was eligible for and received Medicaid with income below the parent/other caretaker relative income limit (MA R- previously referred to as 1931 Medicaid) in at least three of the preceding six months. The three months can include ~~one~~a month in which Medicaid was received in another state, or a retroactive month. ~~All SFU members are eligible, even if they were not a part of the original assistance group.~~All assistance groups (except individuals previously requesting not to receive Medicaid and children ages 18 to 21) in which the parent or other caretaker relative with new or increased earned income is a counted or eligible member are eligible for transitional coverage, provided all requirements are met.

Note: ~~While all SFU members are eligible for Transitional Medicaid,~~ I~~t~~ is not necessary to change a child's coverage group to Transitional Medicaid if they remain eligible for Medicaid as a child. If the initial receipt or increase in earned income does not cause ineligibility for other SFU members, do not change those individuals' Medicaid coverage.

Example: A parent reports increased income over the Parent and Other Caretaker Relative income limit (19% federal poverty level(FPL)), but the increased earned income does not go over the income limit for Children Under Age 19 (133% FPL).

~~2030.1300 BREAST AND CERVICAL CANCER TREATMENT PROGRAM (MFAM)~~

~~A special Medicaid Program is available for women needing treatment for breast and cervical cancer.~~

~~To be eligible, a woman must:~~

1. be screened and diagnosed for breast or cervical cancer by the Department of Health (DOH) under the Center for Disease Control (CDC) Screening Program in Florida,
2. need treatment for the disease,
3. be uninsured or have health coverage that does not cover the necessary treatment,
4. not be eligible under a Medicaid group (excluding Medically Needy),
5. be under age 65, and
6. be a citizen or qualified noncitizen.

Exception: Apply EMA policy for noncitizens who meet all technical requirements, except citizenship.

Complete an ex parte when a woman becomes ineligible, unless she moves out of state or dies.

Refer women who do not meet the above qualifications to the toll-free DOH information line at 800-451-2229.

2230.0000 Family-Related Medicaid

The program specific sections will discuss policy on members of the Standard Filing Unit (SFU) SFU, whose needs must be included and whose income must be included or excluded based on Modified Adjusted Gross Income (MAGI) policy. The individual's statement as to the members of the SFU is accepted.

2230.0200 ASSISTANCE GROUPS (MFAM)

The assistance group is the individual for whom Medicaid eligibility is being determined. An assistance group member will always be an SFU member; however, an SFU member is not always a member of the assistance group. Eligibility of the assistance group is based on a review of the total countable income of all counted individuals in the SFU based on MAGI budgeting methodologies. Assistance groups will consist of only one eligible individual.

2230.0400 STANDARD FILING UNIT (MFAM)

The SFU is determined for each individual by following one of three rules based on intended tax filing status for the upcoming tax year as reported by the applicant/recipient. For tax filers, the Standard Filing Unit (SFU) is the tax filing group for the tax year in which eligibility is being determined. Eligibility is determined by each individual using the tax filing group's income. Individuals cannot receive Medicaid benefits under more than one assistance coverage group, but can have their income included in more than one assistance groupSFU.

Filer Rule: If the individual being tested for eligibility expects to file a tax return for the tax year in which eligibility is being determined and does not expect to be claimed as a tax dependent by someone else, the SFU includes the:

1. individual,
2. individual's spouse, if any, even if the individual and the individual's spouse are living separately and filing a joint tax return, and
3. all claimed tax dependents of the individual living inside or outside of the household.

Tax Dependent Rule: If the individual being tested for eligibility expects to be claimed as a tax dependent for the tax year in which eligibility is being determined, the SFU includes the:

1. individual,
2. individual's spouse, even if the individual and the individual's spouse are living separately and filing a joint return,
3. tax filer,
4. tax filer's spouse, if any, even if the tax filer and tax filer's spouse are living separately and filing a joint return, and
5. all claimed tax dependents of the tax filer living inside or outside of the household.

Note: If one of the following exceptions apply, the individual's SFU will be determined based on non-filer rules:

1. the individual is claimed as a tax dependent by someone other than a parent or their spouse.
2. the individual is a child living with both parents who expect to file separate tax returns.
3. the individual is a child claimed as a tax dependent by a non-custodial parent.

Non-Filer Rule: If the individual being tested for eligibility is an adult that does not expect to file a tax return and does not expect to be claimed as a tax dependent by someone else, the SFU includes the:

1. individual,
2. individual's spouse, if any, living in the household, and
3. individual's children (biological, adopted and step) living in the household that are under the age of 19, or age 19 or 20 enrolled in school full-time.

If the individual being tested for eligibility is a child that does not expect to file a tax return and does not expect to be claimed as a tax dependent by someone else, the SFU includes the:

1. individual,
2. individual's parents (biological, adopted and step) living in the household, and
3. individual's siblings (biological, adopted, step and half) living in the household that are under the age of 19, or age 19 or 20 enrolled in school full-time.

~~For individuals who neither file a federal tax return nor are claimed as a tax dependent (non-filers), the Standard Filing Unit consists of the individual and, if living with the individual, their spouse, their natural, adopted, and step children under age 19, or 19 and 20 if in school full-time.~~

~~SSI recipients in the household are included in the Standard Filing Unit, but their SSI income is excluded. If they have any other income, it is included, subject to tax rules.~~

A tax filer and tax dependent's standard filing unit may contain a member(s) who is a tax dependent who does not reside inside the household of those applying for Family-Related Medicaid~~with other family members~~, but will be counted as part of the SFU based on tax rules. This individual is referred to as an outside of the household (OOTH) member. Individuals who are tax dependent and living outside of the household will not have an option to receive~~select~~ benefits as part of the application, but their needs and countable income will be included. The system will allow customers to define tax relationships between individuals on the application, including those individuals who are living outside of the household (OOTHs).

SSI recipients in the household are included in the Standard Filing Unit, but their SSI income is excluded. If the SSI recipient has any other income, it is included, subject to tax rules.

2230.0401 Definition of Terms (MFAM)

1. A child is an individual under the age of 21, who has never been emancipated, is not married or whose marriage was annulled, and whose eligibility is being determined.
2. A child (for parents or other caretaker relatives who derive eligibility for themselves) is an individual under the age of 18, who has never been emancipated, is not married or whose marriage was annulled.
3. Parent or other caretaker relatives includes mother, father, adoptive mother and adoptive father, grandmother, grandfather, stepfather, stepmother, siblings (including natural, adopted, step, and half), uncle, aunt, first cousin (including first cousin once removed), nephew or niece and individuals of preceding generations as denoted by prefixes of, great, great-great, or great-great-great. Include the spouse of such parent or relative even after the marriage is terminated by death or divorce.

2230.0402 Parents and Other Caretaker Relatives (MFAM)

A parent or other caretaker relative must live with a child to derive their Medicaid eligibility. The child does not have to be a tax dependent of the adult parent or other caretaker relative to be potentially eligible. Include all countable income of the parent or other caretaker relative when they are a member of the SFU.

Note: A parent or other caretaker relative who is ineligible for Medicaid because of having been sanctioned due to failure to comply with CSE requirements or other technical factors must have their income included.
~~If the parent or caretaker expects to file taxes for the tax year in which eligibility is being determined and does not expect to be claimed as a tax dependent by someone else, their SFU contains themself, their spouse (if living in the home or separated filing taxes jointly), and their claimed tax dependents (living in and outside of the household) as counted individuals.~~

~~If non-married parents each expect to file taxes for the tax year in which eligibility is being determined and do not expect to be claimed as a tax dependent by someone else, each parent would be an excluded individual in each others SFU. Mutual children of the non-married parents are counted individuals in the SFU of the person who claims them as a tax dependent. Non-mutual children are not included in the non-married parents SFU of the person who does not claim them as a tax dependent.~~

~~If the individual does not expect to file taxes for the tax year in which eligibility is being determined and does not expect to be claimed as a tax dependent by someone else, the SFU is the individual, and if living with the individual, their spouse and their children (natural, adopted, step).~~

2230.0403 Children and Tax Dependents~~Under Age 21~~ (MFAM)

The MAGI-based income of an individual who is included in the household of their parent (biological, adopted or step) and is not expected to be required to file a tax return for the tax year, is not included in household income no matter if the individual decides to file a tax return.
~~In determining the child's eligibility and SFU's countable income include the parent's countable income if the parent claims the child as a tax dependent.~~

The MAGI-based income of a tax dependent (does not have to be a child) who is not expected to be required to file a tax return for the tax year, is not included in the household income of the tax-filer (or other dependents) no matter if the individual decides to file a tax return.
~~Children, natural, adoptive or step, living in the home or meeting the conditions of temporary absence, must be included in the AG and the SFU based on the tax filing group.~~

~~For a child who expects to be claimed as a tax dependent for the tax year in which eligibility is being determined, the SFU is the child, the parent or other caretaker relative claiming the child, their spouse (if married) and other claimed tax dependents.~~

~~If the child does not expect to be claimed as a tax dependent, the SFU is the child, their parents (natural, adopted, step) and their siblings (natural, adopted, step).~~

~~If the child is claimed as a tax dependent by someone other than the spouse or parent (natural, adopted, step) or if the child is living with both parents not filing a joint return or if the child is being claimed by a non-custodial parent, the SFU is the child, their parents (natural, adopted, step) and their siblings (natural, adopted, step).~~

~~Note: A parent or other caretaker relative whose needs cannot be included in the SFU because of having been sanctioned due to failure to comply with CSE requirements or other technical factors must have their income included in determining the child's eligibility and SFU's countable income.~~

~~2230.0403.01 Siblings (MFAM)~~

~~Siblings (biological, adopted and step) living with the child for whom assistance is requested or if away from home, meeting the conditions of temporary absence, must be counted based on the tax filing group.~~

~~Siblings are those brothers or sisters through 18, or through age 21 if a full time student, who have never been emancipated, married or whose marriage was annulled. The needs of siblings (biological, adopted, and step) must be counted if the sibling is less than age 19 or 19 and 20 if in school full time.~~

2230.0404 Pregnant Women (MFAM)

When a pregnant woman is included in the ~~The~~ SFU, the number of expected unborns must also be included.~~of the pregnant woman is based on the tax filing group.~~

~~If the individual expects to file taxes for the tax year in which eligibility is being determined and does not expect to be claimed as a tax dependent by someone else, the SFU contains the pregnant woman, all her claimed tax dependents, the unborn(s) and the spouse if living in the home.~~

~~If the individual does not expect to file taxes for the tax year in which eligibility is being determined and does not expect to be claimed as a tax dependent by someone else, the SFU is the individual, their unborn child(ren), their spouse (if married) and siblings of the unborn child (natural, adopted, step) that live in the home with the pregnant woman.~~

~~The countable income of a pregnant woman is included. The income of the pregnant woman's husband, if living in the home or separated but filing taxes jointly is considered available to the pregnant woman~~.

2610.0408.01 Income from School Employee Contract (FS)

~~Income from a school employee contract will be considered as compensation for the period 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, their pay will be calculated based on the number of months contracted.~~ If the school employee receives income ~~on~~ other than on 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 school employment ~~described above will~~ must be averaged over 12 months. ~~the contracted number of months to determine the individual's 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.~~

~~**2610.0408.02 Contract Renewal of School Employees (FS)**~~

~~The contract renewal process may involve a signing of a new contract each year, be automatically renewable, or as in cases of school tenure, rehire rights may be implied and thus preclude the use of a written contract.~~

~~The fact that such a contract is in effect for an entire year does not necessarily mean that the contract will stipulate work every month of the year. Rather, there may be certain predictable nonwork periods or vacations, such as the summer break between school years.~~

2620.0412 Seasonal/Contractual Earned Income (TCA)

Income received by individuals on a contractual basis can, at the option of the individual, be:

1. prorated over the period of the contract; or

   Note: The standard earned income disregard is allowed for each month of the contract.

2. counted as received.

If the school employee receives income other than on 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 school employment must be averaged over 12 months.

2630.0202.01 Noncitizens Sponsored On or After 12/19/97 (MFAM)

Noncitizens whose sponsor signed an Affidavit of Support, USCIS Form I-864, on or after December 19, 1997, will have all of the income and assets of the sponsor and the sponsor's legal spouse considered in the eligibility determination for Medicaid. The income and assets of the sponsor and the sponsor's spouse will continue to be counted until the noncitizen:

1. becomes a naturalized citizen,
2. leaves the country,
3. dies,
4. can be credited with 40 qualifying work quarters (refer to Chapter 1430)
5. the sponsor dies and there is no joint sponsor.

Note: The income and assets of the sponsor's spouse will not be counted when the spouse does not reside in the home of the sponsor. Exceptions to this policy are found in listed below.

2630.0202.02 Exemptions From Sponsored Deeming (MFAM)

Noncitizens whose sponsor signed an Affidavit of Support, USCIS Form I-864, on or after December 19, 1997, are exempt from having the income or assets of the sponsor or the sponsor's spouse included in their eligibility determination in the following situations:

1. a noncitizen sponsored by an organization or group rather than an individual;
2. a noncitizen sponsored prior to December 19, 1997;
3. a noncitizen not required to have a sponsor under the Immigration and Nationality Act (INA), such as a refugee, a parolee, one granted asylum, a Cuban/Haitian entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980, or resident noncitizen who previously held a refugee status;
4. a noncitizen who meets battered noncitizen criteria (see Chapter 1430) may be exempt for periods of up to 12 months total from the date of the battered noncitizen determination which is renewable annually for 12 months at the time;
5. a noncitizen who meets indigent criteria (see passage below) may be exempt for periods of up to 12 months total from the date of the indigent determination which is renewable annually for 12 months at the time; and
6. The individual is applying for Emergency Medicaid for Aliens (EMA).

2630.0202.03 Indigent Criteria for Sponsored Noncitizens (MFAM)

Noncitizens sponsored on or after December 19, 1997, and who are determined to be indigent, are not subject to the inclusion of the income and assets of the sponsor or the sponsor's spouse in the eligibility determination for a total period of 12 months beginning with the date of the indigent determination.

A sponsored noncitizen may be considered indigent if the amount of income actually received from the sponsor or the sponsor's spouse, the noncitizen's income, and all other assistance from other sources, when added together, are less than the food stamp gross income limit or 130% of the federal poverty level for the number of individuals in the assistance group.

2630.0202.04 Deeming for Noncitizens Sponsored On or After 12/19/97 (MFAM)

To determine the amount of income and assets to be deemed when determining eligibility for noncitizens sponsored on or after December 19, 1997, follow these steps:

Step 1 - Total the monthly earned and unearned income of the sponsor and the sponsor's spouse (if they live together). Include all gross income except excluded income such as vendor and in-kind payments to the sponsor, the cost of producing self-employment income and other sources of excludable income.

Step 2 - Enter the result as unearned income in the noncitizen's budget.

Step 3 - Total the amount of assets for the sponsor and the sponsor's spouse (if they live together). Include the full amount in the asset determination.

Money given to a noncitizen by their sponsor or their sponsor's spouse will not be considered as income to the noncitizen unless the amount given exceeds the amount calculated above. The amount given in excess of the deemed amount would be considered income in addition to the amount deemed to the noncitizen.

2630.0202.08 Documentation/Verification of Sponsor Income (MFAM)

The individual sponsor's and the sponsor's spouse's statement concerning their income is accepted unless questionable. When questioned, the noncitizen will be required to provide documentation. Eligibility for the noncitizen and other sponsored members of the assistance group cannot be established when required documentation is not provided. Verification is not required of a noncitizen who self-declares non-support from the sponsor.

2630.0400 SPECIAL INCOME CIRCUMSTANCES (MFAM)

The following sections discuss circumstances that require special budgeting methods.

2630.0412 Seasonal/Contractual Earned Income (MFAM)

Income received by individuals on a contractual basis can, at the option of the individual, be:

1. prorated over the period of the contract; or

2. counted as received.

If the school employee receives income other than on 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 school employment must be averaged over 12 months.

2630.0413.02 Computation of Farming Income (MFAM)

The amount of farm income budgeted is the total cash anticipated to be received minus operating costs.

2630.0415 Lump Sum Income (MFAM)

A lump sum is a nonrecurring payment of earned or unearned income.

Types of lump sums include:

1. accrued benefits such as Social Security or VA Pensions (even though the pension itself will be regular income);
2. one-time contributions, windfalls, special bonus or holiday paychecks; and

personal loans or insurance settlements which are not a result of an asset conversion or are intended (and used) to pay costs related to the death of the insured.

2630.0506.05 Global Prenatal Bills (MFAM)

The individual has the option of using her total global prenatal bill, whether paid or unpaid, to meet her share of cost during a specified month (including month of delivery) or prorating it to cover several months during her pregnancy. This is because the pregnant woman has not received all prenatal services covered by the bill until the baby is born.

It is usually more advantageous to average the global prenatal bill to cover the latter months of pregnancy. As most visits occur in the last months of pregnancy, using the global prenatal bill in the last months of pregnancy will provide maximum reimbursement for the physician if the required number of visits for a "package" is not met. This will also allow the physician to be reimbursed in the event the hospital bill for the first day does not meet the share of cost.

2640.0116 Eligibility Tests (MSSI)

The policy in passage 2640.0116 through 2640.0125.04 applies only to ICP, I~~i~~nstitutionalized MEDS, Hospice, Institutional Hospice, Community Hospice and

HCBS~~the Assisted Living waiver~~. Specific policy may only apply to one or several of the above programs and will be so noted in the appropriate sections.

Any Medicaid eligible individual (except Medically Needy) who meets additional Medicaid institutional criteria is eligible for institutional care services. Eligibility for ICP, I~~i~~nstitutionalized MEDS, Institutionalized Hospice, Community Hospice, or HCBS ~~Assisted Living waiver~~ entitles the individual to the appropriate additional Medicaid services of institutional vendor payment, Hospice, and HCBS~~payment of the Medicare coinsurance for skilled care, provided the cost of care is not met from other sources~~.

The policy in passage 2640.0126 applies to MEDS-AD, QMB, SLMB, QI1 and Working Disabled. The policy in passages 2640.0127 through 2640.0129 applies to Protected Medicaid.

2640.0117 Patient Responsibility Computation (MSSI)

The following policy applies to ICP, I~~i~~nstitutionalized MEDS, I~~i~~nstitutionalized Hospice, Community Hospice, PACE and the following HCBS Waiver Programs:

1. ~~Assisted Living,~~
2. ~~Long-Term Care Diversion,~~
3. ~~Cystic Fibrosis,~~
4. ~~Family and Supported Living, and~~
5. ~~iBudget Florida.~~

1. Cystic Fibrosis,
2. iBudget Florida,
3. Statewide Medicaid Managed Care Long-Term Care (SMMC LTC)

After the individual is determined eligible, the amount of monthly income to be applied to the cost of care (patient responsibility) is computed as follows:

Step 1 - Deduct the personal needs allowance and one half of the gross therapeutic wages up to the maximum of $111 for institutionalized individual only, if applicable. Refer to 2640.0118 for information regarding the personal needs allowance.

Step 2 - Deduct the community spouse income allowance, family member allowance, or the dependent's allowance, if applicable.

Step 3 - Consider protection of income policies for the month of admission or the month of discharge, if appropriate (refer to 2640.0123) for the following programs:

1. Institutional Care Programs, (including I~~i~~nstitutionalized MEDS and I~~i~~nstitutionalized Hospice) - the month of admission to and discharge from a nursing facility,

2. PACE and SMMC LTC - the month of admission or discharge from a nursing facility or from an assisted living facility.~~Assisted Living Waiver - the month of admission to and discharge from an ALF,~~
3. ~~PACE and Long-Term Care Diversion - the month of admission or discharge from a nursing home facility or from an assisted living facility.~~

Step 4 - Deduct uncovered medical expenses as discussed in passages 2640.0125.01 through 2640.0125.04.

The balance is the amount of the patient responsibility.

Note: The following individuals have no patient responsibility:

1. ICP children (aged 3-17 years) in ICF/DDs.
2. QMB individuals (with income 100% or less of the federal poverty level) while in a nursing home under Medicare coinsurance period, and
3. SSI recipients who have no other source of income and are only entitled to a $30 SSI payment.

2640.0117.01 Home and Community Based Services Waiver Programs with no Patient Responsibility

The following HCBS programs have no patient responsibility:

1. Familial Dysautonomia,
2. Model,
3. Project Aids Care (PAC), and
4. Traumatic Brain and Spinal Cord Injury.

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 I~~i~~nstitutionalized MEDS-AD, the personal needs allowance is $105 ~~$35~~ as follows:

1. If the individual has less than $105 ~~$35~~ total countable income, a supplemental payment must be authorized through the Supplemental Payment System (SPS). The personal needs allowance supplement (PNAS) cannot exceed $75 ~~$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 $105 ~~$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 $105 ~~$35~~ PNA.

For C~~c~~ommunity Hospice, the PNA is equal to the Federal Poverty Level.

For I~~i~~nstitutionalized Hospice, the PNA is $105~~$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 Statewide Medicaid Managed Long-Term Care (SMMC LTC) program ~~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 $105~~$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 institutional care ~~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 $105 ~~$35~~ personal needs allowance.)

For individuals in institutional care ~~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 $105 ~~$35~~ personal needs allowance.)

2640.0119.01 Community Spouse Income Allowance (MSSI)

The following policy applies to the ICP, I~~i~~nstitutionalized MEDS, I~~i~~nstitutionalized Hospice, SMMC LTC~~Long Term Care Diversion~~, or PACE~~, and the Assisted Living Waiver~~ Programs. When an institutionalized individual has a community spouse whose gross income is less than the state's minimum monthly maintenance needs ~~income~~ allowance (MMMNA) ~~(MMMIA)~~ plus the CS excess shelter expense costs, a portion of the individual's income may be allocated to meet the needs of his community spouse.

A community spouse who refuses to make his assets available to his institutionalized spouse is not entitled to a community spouse income allowance (refer to Chapter 1600).

2640.0119.02 Community Spouse's Monthly Income Allowance (MSSI)

A community spouse's monthly income allowance depends on the amount of monthly income available to the community spouse and the amount of excess shelter costs the community spouse must pay.

The actual community spouse monthly income allowance is equal to how much the state's MMMNA ~~MMMIA~~ plus the community spouse's excess shelter costs exceed the community spouse's income.

Note: The community spouse income allowance is included as income to the community spouse during the hearing process when determining if the community spouse qualifies for an increase in the community spouse resource allowance.

2640.0119.03 Formula for Community Spouse Income Allowance (MSSI)

The following is the formula used to determine the community spouse's income allowance:
(State's MMMNA ~~MMMIA~~ + community spouse's excess shelter costs) - (the community spouse's total gross income) = (the community spouse's income allowance.)

The community spouse's income allowance is the total amount that can be allotted to the community spouse from the institutionalized individual.

The state's MMMNA ~~MMMIA~~ plus CS excess shelter cost cannot exceed the state's cap on CS income allowance (see Appendix A-9).

The institutionalized individual's personal needs allowance and deduction for therapeutic wages is deducted prior to deducting the community spouse's income allowance.

The community spouse can refuse all or part of the allowance. The total amount of the community spouse allowance is always included in the budget for the community spouse during the hearing process when determining if the community spouse qualifies for an increase in the community spouse resource allowance.

If there is court ordered support against an institutionalized spouse (for monthly support income for the community spouse), the community spouse's monthly income allowance cannot be less than the amount ordered.

2640.0120.01 Family Allowance (MSSI)

For ICP, I~~i~~nstitutionalized MEDS, I~~i~~nstitutionalized Hospice, ~~Long Term Care Diversion,~~ PACE, and the SMMC LTC ~~Assisted Living Waiver~~ Programs, when the eligible individual has dependent relatives living with his community spouse, each family member whose income is less than the state's MMMNA ~~MMMIA~~ may receive a portion of the individual's monthly income.

Family members include minor or dependent children, dependent parents, or dependent siblings of the institutionalized individual or community spouse who are residing with the community spouse. The children must be the natural or adopted children of either spouse.

If there is a community spouse, but the dependent family members do not reside with the community spouse, no family allowance can be authorized. If the institutionalized individual has a dependent child under the age of 21 or a disabled adult child living in the home, but no community spouse, refer to passage 2640.0121.

Dependency for the family allowance may be of any kind, such as financial or medical. Accept the individual's or dependent relative's statement unless it is questionable.

2640.0120.02 Computation of Family Allowance (MSSI)

The following is the formula to determine the family allowance.

Step 1 - Subtract the family member's income from the minimum monthly maintenance income allowance (MMMNA)~~(MMMIA)~~.

Step 2 - Divide the total from above by three, and the result is the family member allowance.

Each dependent family member allowance must be separately computed and then added together to determine the total family allowance.

2640.0121 Dependent Allowance (MSSI)

For ICP, MEDS-ICP, I~~i~~nstitutional Hospice, ~~Long Term Care Diversion,~~ PACE, and SMMC LTC ~~the Assisted Living Waiver~~ Programs when the eligible individual does not have a community spouse but does have a dependent unmarried child under the age of 21 or a disabled adult child living at home, the dependent is entitled to a portion of the individual's income equal to the TCA Consolidated Needs Standard minus the dependent's income. (Refer to Appendix A-5 for the CNS.)

For C~~c~~ommunity Hospice, if the individual has only a spouse, the spouse is entitled to a portion of the individual's income equal to the SSI federal benefit rate (FBR) minus the spouse's income. If the individual has both a spouse and dependents, they are entitled to a portion of the individual's income equal to the TCA Consolidated Needs Standard minus the spouse and dependent's income.

2640.0122 Minimum Monthly Maintenance Needs ~~Income~~ Allowance (MSSI)

The following policy applies to ICP, ICP-MEDS, and I~~i~~nstitutional Hospice.

This income allowance is the basic monthly allowance the state recognizes for a community spouse whose spouse was institutionalized on or after 9/30/89. The state's minimum monthly maintenance income allowance (MMMNA)~~(MMMIA)~~, is based on 150% of the poverty level for two individuals. Refer to the TMEP Reference Table on FLORIDA.

If either spouse establishes that the community spouse income allowance is inadequate due to exceptional instances of significant financial duress, the hearing officer may establish a higher income allowance (above the established MMMNA~~MMMIA~~) through the fair hearing process.

2640.0123 Protecting Income - Month of Admission/Discharge (MSSI)

The following policy applies to ICP, I~~i~~nstitutionalized MEDS-AD, I~~i~~nstitutionalized Hospice (for nursing care facilities), SMMC LTC,~~and to the Assisted Living waiver (for ALFs), Long-Term Care Diversion,~~ and the Program for All-Inclusive Care for the Elderly (PACE).

The individual’s income may be “protected” for the month of admission to and the month of discharge from a facility if the individual is obligated to pay for the cost of food and/or shelter outside of the facility. This means that income is not considered as available for patient responsibility for the month of admission to or discharge from a facility, when the individual’s income for that month is directly obligated to meet the cost of food and/or shelter for the individual for that month.

The individual’s statement of obligation may be accepted. If the individual’s statement is questionable, obtain verification.

For ICP, I~~i~~nstitutionalized MEDS-AD, I~~i~~nstitutional Hospice, SMMC LTC~~Long-Term Care Diversion~~, and PACE in a nursing facility, the obligation for food and/or shelter includes:

1. cost of room and board for foster care in the community, and
2. cost of room and board for residing in an Assisted Living Facility (ALF).

For SMMC LTC ~~the Assisted Living waiver~~ and PACE in an assisted living facility, the obligation for food and/or shelter includes:

1. Cost of room and board for residing in a nursing care facility.
2. If the month of admission to the nursing home is the same as the month of discharge from an assisted living facility:
   a. there would be no patient responsibility for the nursing home in the month of ~~that~~ admission to the nursing home. This is because the individual paid for his room and board in the ALF for that particular month.
   b. there would be a patient responsibility for room and board for the Assisted Living waiver since the nursing home will be paid in full. The individual has no other obligation for room and board outside the ALF.

Note: The room and board charge in a hospital would be considered as an expense for protection of income only if the charge was not being paid by a third party payment such as Medicare, Medicaid, or other insurance.

2640.0125.01 Uncovered Medical Expenses (MSSI)

Policies found in passages 2640.0125.01 through 2640.0125.05 apply to the ICP, ICP MEDS, ICP Hospice, Community Hospice, SMMC LTC~~Long-Term Care Diversion Waiver Program, the Assisted Living Waiver Program,~~ and PACE.

The policy described below will be applied in considering medical expense deductions for institutionalized medical care in the post-eligibility treatment of income. An uncovered medical expense deduction is allowed for premiums, deductibles, co-insurance and health insurance payments from an institutionalized individual's income to determine the patient responsibility.

The following reasonable limits will be placed on other incurred medical expense deductions for institutionalized individuals in the post-eligibility treatment of income:

1. the service or item claimed as a deduction must:
   a. be for a medical or remedial care service recognized under state law;
   b. be medically necessary;
   c. have been incurred no earlier than the three month period preceding the month of application and only if the service is anticipated to recur; and
   d. have not been paid for under the Medicaid State Plan.

2. for medically necessary care, services and items not paid for under the Medicaid State Plan, the actual bill amount will be used as the deduction, not to exceed the maximum payment or fee recognized by Medicare, commercial payers, or any other third party payer for the same or similar care, service or item.
3. other long-term health insurance policies will be treated as first payer or the individual will have to demonstrate that other insurance has not/will not cover the expense.
4. the deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty is limited to zero.

~~When an individual incurs medical expenses that are not Medicaid compensable and not subject to payment by a third party, the cost of these uncovered medical expenses must be deducted from the individual's income when determining his patient responsibility.~~ To be deducted, the medical expense only needs to be incurred, not necessarily paid.
Uncovered medical expenses will be averaged and projected over a prospective period of, generally, no more than six-months.

~~The following types and amounts of medical expenses may be deducted from an individual's income available for patient responsibility:~~

1. ~~The actual amount of health insurance (other than Medicare) payments an individual is responsible for paying. This includes premiums, deductibles, and coinsurance charges.~~
2. ~~The actual amount (if reasonable) incurred for medical services or items that are recognized under state law and medically necessary.~~

A medical expense deduction is not budgeted when:

1. Medical expenses are paid by someone other than the recipient or other than someone acting on behalf of the recipient using the recipient's funds.
2. Payments are made to someone other than the provider.
3. ~~The medical expense is for nursing facility services, including those incurred during a penalty period.~~

Expenses for services received prior to the first month of Medicaid eligibility can only be used in the initial projection if the service was incurred in the three months prior to the month of application and only if the service is anticipated to recur.

3210.0111.02 Return of FS Benefits When Resident Leaves Facility (FS)

Once the individual leaves the facility, the facility is no longer allowed to act as that individual's authorized representative or secondary cardholder. This applies to both drug and alcohol treatment centers and group homes for the blind/disabled. Remove the facility's authorized representative on FLORIDA immediately, unless the facility

needs the authorized representative's card to return unused benefits or a refund to the customer. Once the process to the return the benefits or the refund is complete, remove the drug and alcohol treatment center or group home authorized representative as soon as possible.

Electronic Benefits Transfer (EBT) cards being held by the facility must be returned to the individual when they leave the facility. If the resident leaves without obtaining the EBT card, the center is to return the card to FIS Fidelity National Information Systems ~~JP Morgan Electronic Financial Services~~ at the address below. These cards will have their status changed to "62" (card returned - other), which will deactivate the card(s). Should a resident later inquire about accessing their benefits, they should be referred to EBT Customer Service to request a replacement card.

Mailing address:

~~EBT Technical Support Unit~~
~~P.O. Box 9044~~
~~Coppell, TX 75019~~
ACCESS EBT Card
P.O. Box 290
Milwaukee, WI. 53201-0290

At a minimum, the facility must return one-half of the benefit allotment to the individual regardless of what has been spent when the individual departs prior to the 16th of the month. If the facility did not spend any benefits on behalf of the individual, the facility must return the full value of any benefits already debited from the individual's current monthly allotment back into their EBT account at the time the individual leaves the facility.

The facility must not debit accounts under any circumstances after the individual has left the facility. For example: If there is a delay in the facility receiving the EBT card, and the individual has left the facility when the card arrives, the facility may not swipe the card for payment for meals eaten while the individual was at the facility. The facility must notify the Department when the individual leaves the facility. Benefits are returned to the individual's account by the facility performing a food stamp credit (or refund) transaction.

3430.0500 RULE CITATIONS (MFAM)

Official rules governing the administration of the Medicaid Programs are found in the Florida Administrative Code, Chapter 65A-1.

When notifying public assistance applicants and recipients of action which denies, cancels, or reduces benefits, it is necessary to cite the law/rule number or numbers from the Florida Administrative Code (F.A.C.), giving the reason or reasons for the adverse action. Rule citations are selected from a table and generated by FLORIDA.

All rules applicable to the action being taken must be cited, along with a brief explanation of what the law/rule means in relation to ineligibility or reduction of assistance.

Rule citations that could have a bearing on eligibility or ineligibility are printed on the Notice of Case Action, along with a brief statement summarizing each rule.