April - June 2022 Summary of Changes

Chapter	Passage	Summary
0200	0230.0102 0230.0106	Added Family Planning as program coverage Added new passage – Family Planning Services
0600	0630.1100	Added new passage – Family Planning eligibility criteria
0800	0860.0100 0860.0500	Updated eligibility period to 12-months Minor language change
1430	1430.0119 1430.1700 1440.0119	Added new passage – Compact of Free Association migrants as qualified non-citizens Added Family Planning (MMFP) as an exception to cooperating with child support Added new passage – Compact of Free Association migrants as qualified non-citizens
1450	1460.0000	Updated eligibility period to 12-months
2000	2030.0200 2040.0819 2060.0401, 2060.0702 2060.0705	Added Family Planning Medicaid for women ages 14 through 55 as a coverage Removed eligibility criteria: Does not qualify for Medicaid under any other Medicaid coverage group, except Medically Needy Updated eligibility period to 12-months Removed eight months
3200	3210.0203.01	Updated expunged accounts to nine months. Added language for notifications.
4600	Glossary	Added definitions for Family Planning Services, Postpartum, and Pretax income exclusions

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

0230.0102 Program Overview (MFAM)

Family-Related Medicaid contains the following coverage groups:

1. Parents and other caretaker relatives
2. Pregnant women
3. Infants and children under age 19
4. Children Ages 19-21
5. Family Planning – Medicaid for women ages 14 through 55
6. Emergency Medical Assistance for Noncitizens
7. Former Foster Care Children

0230.0106 Family Planning Services (MMFP)

This coverage group provides family planning (MMFP) services for women ages 14 through 55, who have lost their Medicaid eligibility due to postpartum coverage ending, income changes, disability ended, due to a CSE sanction, or aging out of a previous Medicaid category (e.g., age out of MM C, MO Y).

The Family Planning services include:

1. Yearly family planning
2. Preconception counselling
3. Pregnancy Tests
4. Screening and treatment of sexually transmitted infections
5. Outpatient sterilization services
6. Family planning related lab work.

Eligibility is limited to two years after losing Medicaid coverage, subject to a 12-month coverage period. Individuals found eligible will not be required to report changes in income or household size for the 12-month period of eligibility. Individuals must reapply for coverage at the expiration of the first 12-month coverage period for an additional 12 months of coverage with a maximum of 24 months. The 24-month count begins the first month following the last month of full coverage Medicaid. MMFP eligibility begins at ex parte or in the month of application. If the woman regains full coverage Medicaid and then loses it again, the 24-month period "resets".

0630.1100 FAMILY PLANNING ELIGIBILITY (MFAM)

An evaluation of eligibility for all applicable full coverage Medicaid groups is completed at application. If a woman (age 14-55) fails full coverage but has had full coverage Medicaid within the last 24 months, they may be eligible for Family Planning (MMFP). Prior Medicaid coverage must have been lost for one of the reasons below:

1. new or increased income
2. changes in household size affecting payment levels
3. ending of postpartum period and the change in eligibility standard
4. aging out (e.g., age out of MM C, MO Y)
5. ending of the Disability period
6. non-cooperation with CSE, (CSE sanction), or
7. last child leaving the home or turns 18 (parent or caretakers),

Eligibility is limited to two years after losing Medicaid coverage, subject to a 12-month coverage period. Individuals found eligible will not be required to report changes in income or household size for the 12-month period of eligibility. Individuals must reapply for coverage at the expiration of the first 12-month coverage period for an additional 12 months of coverage with a maximum of

24 months. The 24-month count begins the first month following the last month of full coverage Medicaid. MMFP eligibility begins at ex parte or in the month of application. If the woman regains full coverage Medicaid and then loses it again, the 24-month period "resets".

MMFP recipients are required to complete an annual review. MMFP coverage may end if:

1. fail to complete an annual review
2. countable income exceeds 185% of the FPL
3. regains eligibility for full coverage Medicaid
4. no longer a resident
5. request case be closed, or
6. MMFP was opened in error.

0860.0100 ELIGIBILITY REVIEWS (RAP)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. 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 eligibility reviews based on ~~a review eight months from~~ the refugee's date of entry (for refugees) or date of status (for asylees). If the date of entry/status was on or after 10/1/21, assign a 12-month eligibility period. If the date of entry/status is prior to 10/1/21, a review will need to be scheduled 8 months from the date of entry/status. Assistance groups having members with different 12-month or 8-month ~~eight month~~ eligibility periods will be assigned an eligibility period based on the member with the later eligibility expiration.

Regardless of the eligibility review period, RAP cash and/or Medicaid benefits received may not exceed the 12-month or 8-month limit, depending on the entry/status date as defined above. ~~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.

0860.0500 CHANGES (RAP)

A change (expected or unexpected) may affect eligibility or level of benefits.

Expected: Expected changes become due on the first day of that month and become overdue on the first day of the following month. Set an expected change in the following situations.

1. Time limited ~~limit of eight~~ months are ~~is~~ due to expire;
2. An individual anticipates receipt of or a change in income, or a return to work;
3. RAP Employment and Training sanctions are scheduled to end;
4. A check on approval of Social Security, SSI, Unemployment Compensation, or other benefits for which the individual applied is required.

Unexpected: If the change does not require verification, complete action on the case within 10 calendar days of the date the Department becomes aware of the change. If the change requires verification to process, take action to place the case in pending status within two business days.

For Medicaid, if the requested information relates to income or assets, base the determination on the recipient's self-declaration, unless the information is questionable or makes the individual or family ineligible. Use the FLORIDA data exchange system as verification when possible.

Examples of unexpected changes include, but are not limited to:

1. changes in income, resources;
2. change in living address;
3. a change in composition of the SFU. This includes a request to add an adult to the AG;
4. a change in living situation;
5. an unanticipated change in RAP Employment Registration status;
6. corrective action for a case that failed to process (this activity might include an auxiliary payment);
7. application or removal of sanctions; or
8. changes in Medicaid coverage groups.

If delay in reporting the change or acting on the change causes overpayment, complete a referral to BR.

Effective Date of Change: Changes that result in a beneficial or adverse change are effective according to the following time frames:

1. Beneficial: When a participant provides verification with a reported change or within 10 days of the change, make the increased benefit available no later than the month following the month the change was reported. If the participant does not provide verification, make benefits available the first month following the receipt of verification.
2. Adverse: the first month following the receipt of sufficient information to act on an adverse change, allowing for 10 days adverse action notice.

1430.0119 Compact of Free Association (COFA) migrants (MFAM)

The Compact of Free Association (COFA) are agreements between the United States and three independent states: the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

COFA migrants are considered qualified non-citizens for the purposes of Medicaid eligibility.

Verification of this status includes:

1. I-94 or I-766 with the following Class of Admission (COA) Codes:

    a. CFA/RMI – Citizen of Republic of the Marshall Islands (RMI) due to the Compact of Free Association
    b. CFA/FSM – Citizen of the Federated States of Micronesia (FSM)
    c. CFA/PAL – Citizen of the Republic of Palau
2. I-766 Employment Authorization Document (EAD) with the following Category Code:
    a. A-08 Citizen of the Marshall Islands, Micronesia or Palau admitted as a nonimmigrant
3. An unexpired passport with annotations "CFA/RMI," "CFA/FSM" or "CFA/PAL."

Note: These individuals are not subject to the five-year ban.

1430.1700 CHILD SUPPORT COOPERATION (MFAM)

Under state and federal law, the state must take action to locate non-custodial parents, establish paternity, and secure all child support, medical support, or other benefits for children receiving Medicaid.

Applicants for and recipients of Medicaid (including relative caregivers and caretaker relatives) must cooperate with Child Support Enforcement (CSE) as a condition of eligibility; unless it is determined that good cause for non-cooperation with CSE exists.

Exceptions: Child support cooperation is not a factor of eligible for pregnant woman Medicaid, Emergency Medicaid for Aliens (EMA), transitional Medicaid, ~~and~~ Children Only Medicaid cases, and Family Planning (MMFP).

Under federal law, a parent's cooperation in establishing paternity, assigning rights to medical support and payments, and providing information about liable third parties cannot be required as a condition of a child's eligibility for Medicaid. Therefore, states are not required to ask about paternity or to seek cooperation in pursuing medical support and third party payments when an application is filed, or a redetermination is done, only on behalf of the child.

1440.0119 Compact of Free Association (COFA) migrants (MSSI)

The Compact of Free Association (COFA) are agreements between the United States and three independent states: the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

COFA migrants are considered qualified non-citizens for the purposes of Medicaid eligibility.

Verification of this status includes:

1. I-94 or I-766 with the following Class of Admission (COA) Codes:

    a. CFA/RMI – Citizen of Republic of the Marshall Islands (RMI) due to the Compact of Free Association
    b. CFA/FSM – Citizen of the Federated States of Micronesia (FSM)
    c. CFA/PAL – Citizen of the Republic of Palau
2. I-766 Employment Authorization Document (EAD) with the following Category Code:
    a. A-08 Citizen of the Marshall Islands, Micronesia or Palau admitted as a nonimmigrant
3. An unexpired passport with annotations "CFA/RMI," "CFA/FSM" or "CFA/PAL."

Note: These individuals are not subject to the five-year ban.

1460.0000 Refugee Assistance Program

Refugee cash and medical assistance programs provide cash assistance to those meeting income but not other requirements for Temporary Cash Assistance (TCA), and medical assistance to those meeting income but not other requirements for Medicaid. Single refugee adults, as well as intact families may apply, as deprivation is not a factor in determining eligibility for assistance, and benefits may be approved on the basis of need for single individuals and families.

Individuals are eligible for the Refugee Assistance Program only if determined ineligible for TCA and all other factors of eligibility are met.

Assistance under this coverage group is limited to the first 12 months refugees are in the United States if the date of entry/status was on or after 10/1/21. If the date of entry/status is prior to 10/1/21 assistance is limited to the first 8 months of entry. The 12-month or 8-month period begins with the date of entry/status into the United States.

The following noncitizens are eligible to receive refugee assistance based on ~~if they are within eight months of~~ their date of entry into the U.S. and if all other factors of eligibility are met:

1. Refugees admitted under Section 207 of the Immigration and Nationality Act (INA);
2. Cubans/Haitians paroled under Section 212(d)5 of the INA;
3. Cuban/Haitian asylum applicant;
4. Cubans/Haitians whose deportation is withheld or granted indefinite stay of Deportation under Section 243(h) or 241(b)3 of the INA as long as a final order of deportation has not been issued;
5. Cuban/Haitian entrants under Section 501(e) of the Refugee Assistance Act of 1980;
6. Amerasians from Vietnam;
7. Victims of Human Trafficking; and
8. Lawful permanent residents who were initially admitted in one of the categories listed above.

Asylees admitted under Section 208 of the INA are eligible to receive refugee assistance if they are within the 12-month or 8-month period ~~eight months~~ of the date they obtained their asylee status.

Refugees eligible for refugee cash assistance are automatically eligible for Medicaid. However, the individuals may "opt not to receive" refugee cash assistance, but may continue to receive Medicaid for a period not to exceed the 12-month or 8-month limit ~~eight months from~~ depending on the date of arrival or entry as defined above.

2030.0200 COVERAGE GROUPS (MFAM)

The following are the Medicaid coverage groups:

1. Parents and other caretaker relatives
2. Pregnant women
3. Infants and children under age 19
4. Children Ages 19-21
5. Family Planning – Medicaid for women ages 14 through 55
6. Emergency Medical Assistance to Noncitizens
7. Former Foster Care Children

2040.0819 Qualifying Individuals 1 (QI1) (MSSI)

This mandatory federal program pays the monthly Medicare Part B premium for individuals who would be, QMB or SLMB eligible except for the fact that their income exceeds those program limits. This is not an open entitlement program as funding is limited to an annual federal allocation.

To qualify as a Qualifying Individuals 1 beneficiary, an individual must meet all the following eligibility criteria:

1. Be enrolled in Medicare Part A;
2. Have income greater than 120% of the federal poverty level but equal to or less than 135% of the federal poverty level;
3. Have assets not exceeding three times the SSI resource limit with annual increases based on the yearly Consumer Price Index (refer to Appendix A-9);
4. Be a U.S. citizen or qualified noncitizen; and
5. Take necessary steps to access any other benefits to which they may be entitled.~~; and~~
6. ~~Does not qualify for Medicaid under any other Medicaid coverage group, except Medically Needy.~~

Note: Cross reference passage 1440.1504.

2060.0401 Refugee Assistance Program (RAP)

Assistance through the Refugee Assistance Program (RAP) may be provided under this coverage group to refugee families and individuals who meet the eligibility criteria. Assistance under this coverage group is limited to the first 12 months ~~eight months~~ refugees are in the United States if the date of entry was on or after 10/1/21. If the date of entry is prior to 10/1/21 assistance is limited to the first 8 months of entry. The 12 or 8-month ~~eight month~~ period begins with the date of entry into the United States.

2060.0702 Extended Medicaid (RAP)

Medical coverage for the refugee assistance group and MAO under $10 or refugee medical assistance AGs must be extended for up to the end of the 8-month ~~eight month~~ time limit if the date of entry is prior to 10/1/21 or the 12-month time limit if the date of entry is on or after 10/1/21 beginning with the month of ineligibility for RAP or medical assistance.

2060.0705 Length of Benefit (RAP)

The eligibility period for extended Medicaid for refugees is when the refugee reaches the end of his time limited eligibility for refugee medical assistance~~(eight months)~~.

3210.0203.01 Expunged Status (FS)

Expunged accounts are accounts that have not been accessed or had a debit transaction performed in the preceding ~~365~~ 274 days ~~(one year)~~ (nine months).

When an account reaches expunged status any benefits contained in the account will begin to expunge individually as each benefit reaches ~~365~~ 274 days of age from the date the last debit transaction was performed or from the date of deposit, if no debit transactions were performed against the benefit.

Upon notification that all members of the SFU are deceased, benefits that have not been accessed will be expunged.

Due to expunged status accounts, an inquiry should be performed on all FLORIDA applications after a break in eligibility to determine if the person has an established account on the Electronic

Benefits Transfer (EBT) system. If an account already exists in the EBT system for the person, the eligibility determination process should be completed in such a manner to direct any newly approved benefits to the account already on the EBT system. This is accomplished by approving the person using the same FLORIDA case~~/RFA~~ number and short list member for the account already on the EBT system.

An expungement notice will be generated to the EBT accountholder within 30 days of the date the benefits will automatically be removed from the EBT account. The notice will provide the date benefits will be expunged, action needed to prevent expungement, and rights to request a hearing.

Note: Benefits deposited into expunged status accounts automatically reactivate the account. It is not necessary to manually reactivate an expunged account if a new benefit is being authorized for the account.

~~**Exception:** Very old accounts (pre 2003) may need to be manually reactivated using the account reactivation function on the EBT Administrative System if a new benefit deposit fails to reactivate the account.~~

DEFINITIONS: F

Family Planning Services: A range of reproductive health services, including preconception counseling, pregnancy tests, screening and treatment of sexually transmitted infections, and contraceptive supplies for women ages 14 through 55 who are no longer eligible to receive full Medicaid coverage.

DEFINITIONS: P

Postpartum: The 12-month period of Medicaid eligibility following the end of a pregnancy regardless of the termination reason (delivery, miscarriage, etc.).

Pretax income exclusions: Income taken from a customer's gross earnings before taxes are withheld.