

## October - December 2021 Summary of Changes

| Chapter | Passage                | Summary  |
|---------|------------------------|--|
| 1440    | 1430.0200<br>1440.0200 | Added language for individuals unable to obtain a Social Security Number |
|         |                        |  |
| 1840    | 1840.0110              | Corrected the form number 2536 to 2356                                   |
|         |                        |  |

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

## Listing of Amended Passages

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### **1430.0200 SOCIAL SECURITY NUMBER (MFAM)**

The eligibility determination must include obtaining a Social Security number (SSN) for each individual or verify that the individual has applied for an SSN as a condition of eligibility. This requirement does not apply for the Emergency Medical Assistance for Noncitizens Program. The purpose of the SSN is to identify income and assets held by an individual.

A verbal statement providing the SSN is sufficient as the SSN is validated through data exchange. If the SSN is unknown or has never been obtained, the individual must:

1. Apply for an SSN through the welfare enumeration system at the local DCF office. (Original evidence of age, identification and citizenship or noncitizen status must be sent by the eligibility specialist to the local Social Security Administration (SSA) office with the completed SS-5. Refer to the FLORIDA Desk Guide for procedures for routing the SS-5.); or
2. Apply for an SSN through the local SSA office (The SSA filing receipt for application must be presented to the eligibility specialist as evidence that the individual has applied.); or
3. Apply for an SSN through the Florida enumeration at birth process.

Evidence that the individual has applied includes:

1. an SSA 2853 indicating that an SSN was requested at the hospital,
2. the child's birth certificate with "yes" annotated in Section 11d, or
3. a screen print from BVS with a "y" indicator in the child issue field.

There may be circumstances under which an individual is unable to obtain an SSN. Under the following conditions an applicant's statement is acceptable that they are unable to obtain a SSN:

1. Social Security Administration (SSA) denies the application for an SSN, because the individual is not eligible to receive an SSN, or their application is declined by SSA.
2. The customer does not have an SSN and can only receive an SSN for a valid nonwork reason.
3. The customer refuses to obtain an SSN due to a well-established religious objection. The term well established religious objections means that the applicant-
  - a. Is a member of a recognized religious sect or division of the sect; and
  - b. Adheres to the tenets or teachings of the sect or division of the sect and for that reason is conscientiously opposed to applying for or using a national identification number.

There must be a request that SFU members whose income are included in the budget, but who are not members of the assistance group, provide their SSN for purposes of data exchange. These individuals are not required to comply with this request.

### **1440.0200 SOCIAL SECURITY NUMBER (MSSI, SFP)**

The eligibility specialist must obtain a Social Security number (SSN) for each individual or verify that the individual has applied for an SSN as a condition of eligibility. This requirement does not apply for the Emergency Medical Assistance for Noncitizens Program. The purpose of the SSN is to identify income and assets held by an individual.

A verbal statement providing the SSN is sufficient as the SSN is validated through data exchange. If the SSN is unknown or has never been obtained, the individual must:

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1. apply for an SSN through the welfare enumeration system at the local DCF office. (Original evidence of age, identification and citizenship or noncitizen status must be sent by the eligibility specialist to the local Social Security Administration (SSA) office with the completed SS-5.); or
2. apply for an SSN through the local SSA office (The SSA filing receipt for application must be presented to the eligibility specialist as evidence that the individual has applied.); or
3. apply for an SSN through the Florida enumeration at birth process.

Evidence that the individual has applied includes:

1. an SSA 2853 indicating that an SSN was requested at the hospital,
2. the child's birth certificate with "yes" annotated in Section 11d, or
3. a screen print from BVS with a "y" indicator in the child issue field.

There may be circumstances under which an individual is unable to obtain an SSN. Under the following conditions an applicant's statement is acceptable that they are unable to obtain a SSN:

1. Social Security Administration (SSA) denies the application for an SSN, because the individual is not eligible to receive an SSN, or their application is declined by SSA.
2. The customer does not have an SSN and can only receive an SSN for a valid nonwork reason.
3. The customer refuses to obtain an SSN due to a well-established religious objection. The term well established religious objections means that the applicant-
  - a. Is a member of a recognized religious sect or division of the sect; and
  - b. Adheres to the tenets or teachings of the sect or division of the sect and for that reason is conscientiously opposed to applying for or using a national identification number.

The eligibility specialist must request that SFU members whose income and/or assets are included in the budget, but who are not members of the assistance group, provide their SSN for purposes of data exchange. These individuals are not required to comply with this request. The agency must not deny or delay services to an otherwise eligible individual pending issuance or verification of the individual's SSN by SSA.

Refer to the FLORIDA Desk Guide for procedures for routing the SS-5.

### **1840.0110 Income Trusts (MSSI)**

The following policy applies only to the Institutionalized Care Program (ICP), institutionalized MEDS-AD, institutionalized Hospice, Home and Community Based Services (HCBS) and PACE. It does not apply to Community Hospice.

To qualify, an individual's gross income cannot exceed 300 percent of the SSI federal benefit rate (refer to Appendix A-9 for the current income standard). If an individual has income above the ICP income limit, they may become eligible for institutional care or HCBS if they set up and fund a qualified income trust. A trust is considered a qualified income trust if:

1. it is established on or after 10/01/93 for the benefit of the individual;
2. it is irrevocable;
3. it is composed only of the individual's income (Social Security, pensions, or other income sources); and

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4. the trust stipulates the state will receive the balance in the trust upon the death of the individual up to an amount equal to the total medical assistance paid on their behalf.

The eligibility specialist must forward all income trusts to their Region or Circuit Program Office for review and submission to the Circuit Legal Counsel for a decision on whether the trust meets the criteria to be a qualified income trust. Refer to Appendix A-22.1, Guidance for Reviewing Income Trusts, for instructions on processing income trust cases.

The individual (or their legally authorized representative) must deposit sufficient income into the income trust account in the month in which the income is received to reduce their countable income (the income outside the trust) to within the program income standard. The individual must make the deposit each month that eligibility is requested. This may require the individual to begin funding an executed income trust account prior to its official approval by the Circuit Legal Counsel.

Once the Circuit Legal Counsel returns the income trust transmittal through the Region or Circuit Program Office, the eligibility specialist must promptly process the Medicaid application, making sure proper notification of eligibility and patient responsibility is given.

If the Region or Circuit Program Office and the Circuit Legal Counsel determine the trust is a qualified income trust:

1. do not consider the corpus of the trust an asset to the individual for any month the qualified income trust exists and eligibility is requested;
2. do not apply penalties for transfers of income placed in a qualified income trust account provided the individual receives fair compensation;
3. do not count income deposited into the trust account as income when determining if the individual's income is less than the program income standard;
4. do not consider disbursements from the trust account to third parties as income to the individual;
5. do not count income generated by the trust account which remains in the trust as income to the individual;
6. count any payments made directly to the individual as their income; and
7. count all income going into the trust (plus any not going into the trust) in determining patient responsibility, unless protection of income for the month of admission or discharge policies apply (refer to Chapter 2600).

**Note:** The amount computed for patient responsibility exceeds the provider's Medicaid rate. The trustee of the qualified income trust must provide quarterly statements identifying the deposits made to the trust for each month.

Funds deposited into a qualified income trust are not subject to transfer penalties provided they are paid out of the trust for medical care for the individual. When such payments are made, the individual is considered to have received fair compensation for income placed in the trust account up to the amount paid for the medical care and to the extent medical care costs are at fair market value. If the individual's patient responsibility exceeds the Medicaid cost of care, the eligibility specialist must determine if fair compensation is received for income transferred into the income

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New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language.  
The Introduction and Appendices are excluded.

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trust. If necessary, the eligibility specialist must refer the case to the Region or Circuit Program Office for review and clearance.

If the individual's patient responsibility is less than the Medicaid rate, the eligibility specialist does not need to look at the disbursements (unless funds are paid to the individual, in which case the funds must be counted as their income). All income must be verified at the source, including income placed into the trust.

Using Form CF-ES 2356, Third Party Recovery Transmittal, fax or send a copy of the approved qualified income trust to the AHCA Third Party Liability vendor.

When inquiries are received regarding the settlement of remaining funds in the trust after the individual's death, staff can advise callers to make checks payable to Florida Medicaid and send to the AHCA Third Party Liability vendor (refer to Form CF-ES ~~2536~~ 2356 for the mailing address). The correspondence must clearly identify the individual by including a note with the individual's full name and Social Security number or Medicaid number.

An individual may choose to revoke an income trust at the time of their discharge from a Medicaid facility if the trust document allows them to do so. If revoked, Florida Medicaid must receive reimbursement (following above instructions) prior to any other beneficiary.