October – December 2019 Summary of Changes

Chapter	Passage	Summary
0600	**0610.0500**	Updated passage to include applicants must reapply if after found ineligible for benefits
1410	**1410.0400.01, 1420.0400**	New section added “Customer Authentication” policy
1850	**1850.1200**	Removed “formerly Road to Independence”; added Independent Living Programs to include Postsecondary Services and Support, Extended Foster Care and Aftercare Services
2000	**2030.1200**	Added note for a child aging out of adoption subsidy does not meet the criteria as a child aging out of Foster Care
2200	**2210.0304.01** **2240.0610**	Added section for Joint Custody Replaced QI-2 with QI-1
3600	**3610.0306, 3620.0306, 3630.0306, 3640.0306, 3650.0306, 3660.0306** **3610.0501, 3620.0501, 3630.0501, 3640.0501, 3660.0501**	Updated minimum amount for a benefit recovery claim to $400 Removed the pending process when a benefit recovery is completed

0610.0500 DETERMINATION OF ELIGIBILITY (FS)

An AG must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Approve or deny the application immediately upon obtaining all required information. Do not delay the decision to approve or deny the case while awaiting information that is not directly related to a factor of eligibility, or if a TCA/RAP determination has not been made. Notify the SFU in advance that benefits may be reduced or terminated when TCA/RAP ~~approves~~ benefits approved.

An AG found to be ineligible after providing requested verifications and completing an interview (if necessary), will receive a Notice of Case Action (denial or termination). If the AG wants to participate in the food assistance program, a new application must be submitted.

1410.0400.01 Customer Authentication (FS)

As a condition of eligibility, applicants and recipients must have their identity verified prior to authorization of benefits. Customer Authentication is a two-step process that "Discovers and Authenticates" an individual's identity. The discovery process uses the name, social security number, and the date of birth entered by the applicant into the web application to ensure they match an actual identity. In the authentication process, the applicant is asked to answer a series of multiple-choice authentication questions at the end of the web application that only the individual should be able to answer. Once an individual's identity is both discovered and authenticated, the technical eligibility factor of identity is established.

If the individual opts not to answer the questions or does not correctly answer the questions, the eligibility specialist must complete the verbal authentication process.

The individual does not have to answer the authentication questions to continue with the online application. All paper applications must complete the verbal authentication process.

1420.0400 CUSTOMER AUTHENTICATION (TCA)

As a condition of eligibility, applicants and recipients must have their identity verified prior to authorization of benefits. Customer Authentication is a two-step process that "Discovers and Authenticates" an individual's identity. The discovery process uses the name, social security number, and the date of birth entered by the applicant into the web application to ensure they match an actual identity. In the authentication process, the applicant is asked to answer a series of multiple-choice authentication questions at the end of the web application that only the individual should be able to answer. Once an individual's identity is both discovered and authenticated, the technical eligibility factor of identity is established.

If the individual opts not to answer the questions or does not correctly answer the questions, the eligibility specialist must complete the verbal authentication process.

The individual does not have to answer the authentication questions to continue with the online application. All paper applications must complete the verbal authentication process.

1850.1200 STUDENT LOANS, GRANTS, AND SCHOLARSHIPS (CIC)

All Title IV and Non-Title IV income a student receives from scholarships, educational grants, gifts, loans~~,~~ and work study~~, and Postsecondary Educational Services and Support Program (formerly Road to Independence)~~ are excluded as income. This includes federal Perkins loans

authorized under Title IV and Bureau of Indian Affairs Programs and loans. These sources generally apply to students attending a college or other institution of higher education beyond the high school level. The total grant amount received by the young adult participating in one of the Independent Living Programs (Postsecondary Educational Services and Support, Extended Foster Care, or Aftercare Services) is excluded in all Medicaid eligibility determinations for all members.

2030.1200 FORMER FOSTER CARE CHILDREN (MFAM)

Individuals may receive Medicaid up to age 26 if they were in foster care and receiving Medicaid when they aged out of foster care in Florida. There is no income limit for eligibility.

To be eligible, an individual must:

1. Be under age 26,
2. Be enrolled in or received Medicaid when they aged out of Florida's Foster Care Program at age 18 (or 21 as appropriate), and
3. Not otherwise eligible for or enrolled in mandatory Medicaid coverage.

Note: A child aging out of adoption subsidy cash payment at 18 or 21 does not meet the criteria as a child who aged out of Foster Care. Do not evaluate for Former Foster Care coverage but complete an ex-parte review for potential eligibility under other coverage group.

2210.0304.01 Joint Custody (FS)

If parents are awarded joint custody of the child and visitation provides for partial residence with each parent, the eligibility specialist must establish where the child is living the majority of the time. A child can only receive food assistance in one assistance group (AG) during a given month. If a child stays with one parent and the parents do not live together, determine where the child lives based on the actual living arrangements:

- If only one parent applies for benefits, the child is included in that household no matter which parent has parental control and financial responsibility; or
- If both parents apply and the eligibility specialist determines which parent provides more than 50% of the child's meals; or
- If both parents apply for benefits for a child and have equal custody, and the parents cannot agree on who should receive the benefits on behalf of the child, benefits will be issued to the parent who applies first.

2240.0610 Couple/One Requests Medicaid (MSSI)

The following policy is applicable only to MEDS-AD, QMB, SLMB, QI-~~2~~1, EMA, Protected Medicaid, Medically Needy, and Working Disabled Programs.

If an individual is living with their spouse and only one is requesting or receiving Medicaid (or the spouse does not meet the technical criteria for the program), the income and assets must be deemed from the spouse who is not requesting assistance (or who does not meet the technical criteria). If there is not enough income to be deemed, the income standard for one is used. If there is enough income to deem, the individual must first pass the individual test for one. If they pass the individual income test, they must also pass the couple standard using deemed income from the spouse.

Note: Regardless of the income standard used, the asset standard for a couple must be used.

3610.0306 Inadvertent AG Errors Not Requiring Referral (FS)

A Benefit Recovery referral will not be made or a claim established on closed cases when client error results in overpayment of less than ~~$250~~400 in food stamps.

3610.0501 Eligibility Specialist Responsibilities (FS)

The eligibility specialist must establish that overpayment has occurred by obtaining and recording the following facts in running record comments or in the paper case file prior to initiating a referral to Benefit Recovery (BR) on the BVBR screen:

1. how the overpayment was discovered,
2. the date of discovery,
3. who received the income/asset/status change,
4. the date the income or change started and/or stopped,
5. the cause of overpayment,
6. the estimated length ~~and amount of overpayment~~,
7. any explanation given for failure to provide information accurately or in a timely manner,
8. corrective action taken and the date such action(s) was taken, and
9. instances involving misuse of food stamps ~~or coupons~~ (the dates and source of the referral must be recorded).

The eligibility specialist must take necessary action to ensure that correct payment will be made for the current situation or that cancellation of benefits is effective in accordance with policy prior to referral to BR. This step includes doing a partial eligibility review on the fraudulent factors when fraud is suspected except when the suspected fraud was identified during the complete eligibility review process. If overpayment was discovered as a result of Data Exchange, follow the policy in Chapter 3000 prior to referral to BR.

The eligibility specialist must then verify that the individual was actually receiving assistance during the time the ~~income was received~~ suspected overpayment.

~~The eligibility specialist must also obtain the verification necessary to determine the amount of overpayment when the circumstances causing the overpayment are still present at the time the overpayment is discovered. The eligibility specialist must:~~

1. ~~adjust the current benefit if appropriate;.~~
2. ~~advise the individual in writing (or in person, if possible) that a discrepancy exists;~~
3. ~~provide the source of the discrepancy; and~~
4. ~~inform the individual that a referral will be made to the BR unit for exploration of overpayment if the discrepancy cannot be resolved.~~

~~The individual will be allowed 10 days to rebut the allegation prior to referral to BR. The eligibility specialist must allow the individual an opportunity to provide information, which clarifies the situation.~~

The eligibility specialist must ~~also~~:

1. adjust the current benefit if appropriate;
2. complete a referral to the ~~ACCESS~~ Office of Public Benefits Integrity (OPBI) unit for cases in which an error/fraud prone profile match occurs at the application/reapplication, certification/recertification process;
3. complete the Benefit Recovery Referral (BVBR) screen ~~and submit it for the supervisor's review within 30 calendar days of the error's discovery~~;
4. respond to the BR unit requests for any additional information within 10 calendar days;

5. rerun the benefit calculation to implement an individual's disqualification within 10 working days of receipt of BR's alert to disqualify the individual~~;~~.
~~6. forward any form of repayment collected to BR within 24 hours of receipt when a previously completed referral exists;~~
~~7. if payment is received. The payment, along with the paper case file, must then be forwarded to the BR unit;~~
~~8. if payment is received and no overpayment exists, the payment must be returned to the individual; and~~
~~9. notify the BR unit when subpoenaed and prepare for court appearance when notified that attendance is required.~~

3620.0306 Inadvertent AG Errors Not Requiring Referral (TCA)

A Benefit Recovery referral will not be made or a claim established on closed cases when client error results in overpayment of less than $400 in cash assistance.

3620.0501 Eligibility Specialist Responsibilities (TCA)

The eligibility specialist must establish that overpayment has occurred by obtaining and recording the following facts in running record comments or in the paper case file prior to initiating a referral to Benefit Recovery (BR) on the BVBR screen:

1. how the overpayment was discovered,
2. the date of discovery,
3. who received the income/asset/status change,
4. the date the income or change started and/or stopped,
5. the cause of overpayment,
6. the estimated length and amount of overpayment,
7. any explanation given for failure to provide information accurately or in a timely manner,
8. corrective action taken and the date such action(s) was taken, and
9. instances involving misuse of food stamps ~~or coupons~~ (the dates and source of the referral must be recorded).

The eligibility specialist must take necessary action to ensure that correct payment will be made for the current situation or that cancellation of benefits is effective in accordance with policy prior to referral to BR. This step includes doing a partial eligibility review on the fraudulent factors when fraud is suspected except when the suspected fraud was identified during the complete eligibility review process. If overpayment was discovered as a result of Data Exchange, follow the policy in Chapter 3000 prior to referral to BR.

The eligibility specialist must then verify that the individual was actually receiving assistance during the time the ~~income was received~~ suspected overpayment.

~~The eligibility specialist must also obtain the verification necessary to determine the amount of overpayment when the circumstances causing the overpayment are still present at the time the overpayment is discovered. The eligibility specialist must:~~

~~1. adjust the current benefit if appropriate;~~
~~2. advise the individual in writing (or in person, if possible) that a discrepancy exists;~~
~~3. provide the source of the discrepancy; and~~
~~4. inform the individual that a referral will be made to the BR unit for exploration of overpayment if the discrepancy cannot be resolved.~~

~~The individual will be allowed 10 days to rebut the allegation prior to referral to BR. The eligibility specialist must allow the individual an opportunity to provide information which clarifies the situation.~~

The eligibility specialist must ~~also~~:

1. adjust the current benefit if appropriate;
2. complete a referral to the ~~ACCESS Integrity~~ Office of Public Benefits Integrity (OBPI) unit for cases in which an error/fraud prone profile match occurs at the application/reapplication, certification/recertification process;
3. complete the Benefit Recovery Referral (BVBR) screen ~~and submit it for the supervisor's review within 30 calendar days of the error's discovery~~;
4. respond to the BR unit requests for any additional information within 10 calendar days;
5. rerun the benefit calculation to implement an individual's disqualification within 10 working days of receipt of BR's alert to disqualify the individual;
6. ~~forward any form of repayment collected to BR within 24 hours of receipt when a previously completed referral exists;~~
7. ~~if payment is received and no referral exists, determine if overpayment occurred and submit completed referral to a supervisor. The payment, along with the paper case file, must then be forwarded to the BR unit;~~
8. ~~if payment is received and no overpayment exists, the payment must be returned to the individual; and~~
9. ~~notify the BR unit when subpoenaed and prepare for court appearance when notified that attendance is required.~~

3630.0306 Inadvertent AG Errors Not Requiring Referral (MFAM)

A Benefit Recovery referral will not be made or a claim established on closed cases when client error results in overpayment of less than $400.

3630.0501 Eligibility Specialist Responsibilities (MFAM)

The eligibility specialist must establish that overpayment has occurred by obtaining and recording the following facts in running record comments or in the paper case file prior to initiating a referral to Benefit Recovery (BR) on the BVBR screen:

1. how the overpayment was discovered,
2. the date of discovery,
3. who received the income/asset/status change,
4. the date the income or change started and/or stopped,
5. the cause of overpayment,
6. the estimated length and amount of overpayment,
7. any explanation given for failure to provide information accurately or in a timely manner, and
8. corrective action taken and the date such action(s) was taken.

The eligibility specialist must take necessary action to ensure that correct payment will be made for the current situation or that cancellation of benefits is effective in accordance with policy prior to referral to BR. This step includes doing a partial eligibility review on the fraudulent factors when fraud is suspected except when the suspected fraud was identified during the complete eligibility review process. If overpayment was discovered as a result of Data Exchange, follow the policy in Chapter 3000 prior to referral to BR.

The eligibility specialist must then verify that the individual was actually receiving assistance during the time the ~~income was received~~ suspected fraud.

The eligibility specialist must also obtain the verification necessary to determine the amount of overpayment when the circumstances causing the overpayment are still present at the time the overpayment is discovered. The eligibility specialist must~~:~~

~~1. adjust the current benefit if appropriate,~~
~~2. advise the individual in writing (or in person, if possible) that a discrepancy exists,~~
~~3. provide the source of the discrepancy, and~~
~~4. inform the individual that a referral will be made to the BR unit for exploration of overpayment if the discrepancy cannot be resolved.~~

~~The individual will be allowed 10 days to rebut the allegation prior to referral to BR. The eligibility specialist must allow the individual an opportunity to provide information that clarifies the situation.~~

The eligibility specialist must ~~also~~:

1. adjust the current benefit if appropriate,
2. complete a referral to the ~~ACCESS~~ Office of Public Benefits Integrity (OPBI) unit for cases in which an error/fraud prone profile match occurs at the application/reapplication process;
3. complete the Benefit Recovery Referral (BVBR) screen ~~and submit it for the supervisor's review within 30 calendar days of the error's discovery~~;
4. respond to the BR unit requests for any additional information within 10 calendar days;
5. rerun the benefit calculation to implement an individual's disqualification within 10 working days of receipt of BR's alert to disqualify the individual;.

~~6. forward any form of repayment collected to BR within 24 hours of receipt when a previously completed referral exists;~~
~~7. if payment is received and no referral exists, determine if overpayment occurred and submit completed referral to a supervisor. The payment, along with the paper case file, must then be forwarded to the BR unit;~~
~~8. if payment is received and no overpayment exists, the payment must be returned to the individual; and~~
~~9. notify the BR unit when subpoenaed and prepare for court appearance when notified that attendance is required.~~

3640.0306 Inadvertent AG Errors Not Requiring Referral (MSSI)

A Benefit Recovery referral will not be made or a claim established on closed cases when client error results in overpayment of less than $400.

3640.0501 Eligibility Specialist Responsibilities (MSSI, SFP)

The eligibility specialist must establish that overpayment has occurred by obtaining and recording the following facts in running record comments or in the paper case file prior to initiating a referral to Benefit Recovery (BR) on the BVBR screen:

1. how the overpayment was discovered,
2. the date of discovery,
3. who received the income/asset/status change,
4. the date the income or change started and/or stopped,
5. the cause of overpayment,
6. the estimated length and amount of overpayment,
7. any explanation given for failure to provide information accurately or in a timely manner, and

8. corrective action taken and the date such action(s) was taken.

The eligibility specialist must take necessary action to ensure that correct payment will be made for the current situation or that cancellation of benefits is effective in accordance with policy prior to referral to BR. This step includes doing a partial eligibility review on the fraudulent factors when fraud is suspected except when the suspected fraud was identified during the complete eligibility review process. If overpayment was discovered as a result of Data Exchange, follow the policy in Chapter 3000 prior to referral to BR.

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~~2. advise the individual in writing (or in person, if possible) that a discrepancy exists,~~
~~3. provide the source of the discrepancy, and~~
~~4. inform the individual that a referral will be made to the BR unit for exploration of overpayment if the discrepancy cannot be resolved.~~

The individual will be allowed 10 days to rebut the allegation prior to referral to BR. The eligibility specialist must allow the individual an opportunity to provide information that clarifies the situation.

The eligibility specialist must ~~also~~:

1. adjust the current benefit if appropriate,
2. complete a referral to the ~~ACCESS~~ Office of Public Benefits Integrity (OPBI) unit for cases in which an error/fraud prone profile match occurs at the application/reapplication process;
3. complete the Benefit Recovery Referral (BVBR) screen ~~and submit it for the supervisor's review within 30 calendar days of the error's discovery~~;
4. respond to the BR unit requests for any additional information within 10 calendar days;
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~~8. if payment is received and no overpayment exists, the payment must be returned to the individual; and~~
~~9. notify the BR unit when subpoenaed and prepare for court appearance when notified that attendance is required.~~

3650.0306 Inadvertent AG Errors Not Requiring Referral (CIC)

A Benefit Recovery referral will not be made or a claim established on closed cases when client error results in overpayment of less than $400.

3660.0306 Inadvertent AG Errors Not Requiring Referral (RAP)

A Benefit Recovery referral will not be made or a claim established on closed cases when client error results in overpayment of less than $400.

3660.0501 Eligibility Specialist Responsibilities (RAP)

The eligibility specialist must establish that overpayment has occurred by obtaining and recording the following facts in running record comments or in the paper case file prior to initiating a referral to Benefit Recovery (BR) on the BVBR screen:

1. how the overpayment was discovered,
2. the date of discovery,
3. who received the income/asset/status change,
4. the date the income or change started and/or stopped,
5. the cause of overpayment,
6. the estimated length and amount of overpayment,
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