

## Jan-March 2024 Summary of Changes

Chapter	Passage	Summary
<b>0400</b>	0410.0106 0420.0106 0430.0106 0440.0106 0450.0106 0460.0106	Updated definition of accessing, viewing, or processing personal interest cases. Also changes the requirements to maintain certain cases in a confidential caseload
<b>0400</b>	0410.0200 0420.0200 0430.0200 0440.0200 0450.0200 0460.0200	Updating the nondiscrimination statement language for all programs
<b>0800</b>	0830.0800	Updated passage to reflect age change for 12 months of eligibility for Continuous Medicaid; clarified appropriate times Continuous coverage can be closed
<b>1410</b>	1410.0115  1410.1800 1410.1801 1410.1802  1420.0115	Updated policy on when to complete SAVE  Updated age for ABAWD provision to 52 Updated language for time-limited month Update age for ABAWD exemptions to 52 and added 3 exemptions  Updated policy on when to complete SAVE
<b>1430</b>	1430.0115 1440.0115	Updated policy on when to complete SAVE
<b>1450</b>	1450.0115 1460.0115	Updated policy on when to complete SAVE
<b>1610</b>	1610.0584	Added new language for reporting lottery and gambling winnings
<b>2200</b>	2240.0100	Clarified the categories for which this Standard Filing Unit passage applies and whose income and assets are not included.

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

## Jan-March 2024 Summary of Changes

	2240.0606.05	Add passage for definition of Family Members considered as Household Members
	2240.0610	Removed QMB, SLMB and QI1 from the beginning paragraph and created a new paragraph for QMB, SLMB and QI1
	2240.0611	Removed QMB, SLMB and QI1 from the beginning paragraph and created a new paragraph for QMB, SLMB and QI1
	2240.0617	Added home and community-based services/waiver
<b>2600</b>	2640.0126	Added Appendix numbers for MED-AD and Working Disabled, and added QMB,SLMB and QI1 Appendix number

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## Listing of Amended Passages

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### 0410.0106 Personal Interest Cases (FS)

Personal interest cases include members that are friends, neighbors, social acquaintances, ~~coworkers~~ **co-workers**, known members of the same community organization or church, ~~exspouses~~ **ex-spouses**, relatives by blood or marriage, or family members of any of these examples of the Economic ~~Self-Sufficiency~~ **Self Sufficiency** (ESS) staff.

~~Do not assign an ESS employee a case of personal interest. If an employee accesses, takes action on, or views a personal interest case, the ESS employee may be subject to disciplinary action and/or prosecution for a second or third degree felony.~~

~~Staff must not access, view, or take action on any case, eligibility record, Child Support Enforcement case or screen, employment and training case or screen, data exchanges, any related computer screens, or any other related materials for personal use.~~

~~Staff must not take any action, or gather or provide any information from any case as a favor or because of personal influence, to any individual who has the same relationship as individuals in personal interest cases.~~

~~Staff have an obligation to report to their supervisor if they receive an assignment for a personal interest case and to report if they know of any staff violating this policy.~~

~~Maintain all cases with a Department of Children and Families (DCF) employee in the benefit or home and cases where a DCF employee is a designated representative in a confidential caseload. DCF employees must not be authorized representatives for food stamps unless no one else is available. To allow a DCF employee to be an Authorized Representative requires written approval of the DCF Regional Director or his/her designee. Restrict access to authorized personnel only.~~

**Staff must not access or view any cases, eligibility record, Child Support Enforcement case or screen, employment and training case or screen, data exchanges, any related computer screens, or any other related materials for personal interest or use.**

**Staff must not act on any case or personal interest.**

**Staff must not take any action or gather or provide information from any case as a favor or because of personal influence to any individual.**

**All staff must immediately report to their supervisor if they receive an assignment for a personal interest case so the case can be reassigned.**

**Staff are obligated to report to their supervisor if they know of any staff violating this policy.**

The following personal interest cases must be maintained in restricted caseloads:

1. Cases with a DCF employee in the benefit;
2. Cases with a DCF employee in the home; or
3. Cases where a DCF employee is a Designated Representative for TCA and/or Medicaid.  
DCF employees must not be Authorized Representatives for FA unless no one is available. To allow a DCF employee to be an Authorized Representative requires written approval of the Regional ESS Director or his/her designee.

### 0420.0106 Personal Interest Cases (TCA)

Personal interest cases include members that are friends, neighbors, social acquaintances, ~~coworkers~~ **co-workers**, known members of the same community organization or church, ~~exspouses~~ **ex-spouses**, relatives by blood or marriage, or family members of any of these examples of the Economic ~~Self-Sufficiency~~ **Self Sufficiency** (ESS) staff.

~~Do not assign an ESS employee a case of personal interest. If an employee accesses, takes action on, or views a personal interest case, the ESS employee may be subject to disciplinary action and/or prosecution for a second or third degree felony.~~

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3. Cases where a DCF employee is a Designated Representative for TCA and/or Medicaid. DCF employees must not be Authorized Representatives for FA unless no one is available. To allow a DCF employee to be an Authorized Representative requires written approval of the Regional ESS Director or his/her designee.

### **0430.0106 Personal Interest Cases (MFAM)**

Personal interest cases include members that are friends, neighbors, social acquaintances, ~~coworkers~~ **co-workers**, known members of the same community organization or church, ~~exspouses~~ **ex-spouses**, relatives by blood or marriage, or family members of any of these examples of the Economic Self Sufficiency ~~Self Sufficiency~~ **Self Sufficiency** (ESS) staff.

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~~Maintain all cases with a Department of Children and Families (DCF) employee in the benefit or home and cases where a DCF employee is a designated representative in a confidential caseload. DCF employees must not be authorized representatives for food stamps unless no one else is available. To allow a DCF employee to be an Authorized Representative requires written approval of the DCF Regional Director or his/her designee. Restrict access to authorized personnel only.~~  
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- DCF employees must not be Authorized Representatives for FA unless no one is available. To allow a DCF employee to be an Authorized Representative requires written approval of the Regional ESS Director or his/her designee.

### **0440.0106 Personal Interest Cases (MSSI, SFP)**

Personal interest cases include members that are friends, neighbors, social acquaintances, ~~coworkers~~ co-workers, known members of the same community organization or church, ~~exspouses~~ ex-spouses, relatives by blood or marriage, or family members of any of these examples of the Economic Self-Sufficiency Self Sufficiency (ESS) staff.  
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### **0450.0106 Personal Interest Cases (CIC)**

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### **0460.0106 Personal Interest Cases (RAP)**

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### 0410.0200 NONDISCRIMINATION (FS)

~~This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.~~

~~The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.~~

~~Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.~~

~~Additionally, program information may be made available in languages other than English.~~

~~To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at:~~

~~<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:~~

- ~~(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;~~
- ~~(2) fax: (202) 690-7442; or~~
- ~~(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).~~

~~For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at:~~

~~[http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).~~

~~To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).~~

~~The Florida Department of Children and Families is an equal opportunity provider.~~

~~For complete information on this policy refer to the Department's Methods of Administration: Equal Opportunity in Service Delivery, ASHR CFOP 60-16.~~

~~In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.~~

~~Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.~~

### CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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## Listing of Amended Passages

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USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov).

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

### CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

#### **0420.0200      NONDISCRIMINATION (TCA)**

~~This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.~~

~~The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.~~

~~Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have~~

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~~speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:~~

- ~~(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;~~
- ~~(2) fax: (202) 690-7442; or~~
- ~~(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).~~

~~For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at:~~

~~[http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).~~

~~To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).~~

~~The Florida Department of Children and Families is an equal opportunity provider. For complete information on this policy refer to the Department's Methods of Administration: Equal Opportunity in Service Delivery, ASHR CFOP 60-16.~~

~~In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.~~

~~Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.~~

### CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

~~USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:~~

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1. **mail:** Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov).

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### **0430.0200      NONDISCRIMINATION (MFAM)**

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The Introduction and Appendices are excluded.

## Listing of Amended Passages

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- (1) — mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) — fax: (202) 690-7442; or  
(3) — email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at:

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## Listing of Amended Passages

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### **0830.0800 CONTINUOUS MEDICAID ELIGIBILITY (MFAM)**

After Medicaid eligibility has been established, children [under age 19](#) who become ineligible for Medicaid ~~for any reason~~ [must](#) may remain on Medicaid for up to twelve months from the last application, eligibility review or addition to Medicaid coverage. ~~Children up to age 5 receive a minimum of twelve months of continuous Medicaid coverage. Children age five up to 19 receive a minimum of six months of continuous Medicaid coverage. This policy does not apply to Medically Needy, Emergency Medicaid for Aliens or presumptive coverage.~~

~~If it is later discovered that the child was not eligible at the point eligibility was determined, continuous Medicaid does not apply. An ex parte review must be completed to explore eligibility in other categories.~~

Continuous Medicaid coverage may only be terminated in the following circumstances:

1. The parent or caretaker requests closure,
2. The child is no longer a Florida resident,
3. The child dies,
4. The child reaches age 19, or
5. It is determined that eligibility was opened in error at the most recent application, recertification, or renewal of eligibility because of agency error or fraud.

**Note:** An ex parte review must be completed to explore eligibility in other categories for reasons 4 & 5.

**Note:** ~~A child determined eligible for Medicaid any day prior to turning age five continues to receive Medicaid for twelve months without redetermination or verification of eligibility.~~

Months of Medicaid received since the most recent application or eligibility review count toward the ~~six or~~ twelve months of continuous Medicaid eligibility. Count the first month of eligibility as month one if the last action is an application. If the last action is an eligibility review, count as month one the month following the date the eligibility review was completed.

[Retroactive Medicaid does not count as a month of continuous Medicaid coverage nor can it initiate a Continuous Medicaid period.](#)

## Listing of Amended Passages

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### **1410.0115 VIS-CPS (FS)**

VIS-CPS must be completed for noncitizens:

1. at application or reapplication,
2. when adding a noncitizen individual, ~~and~~
3. at every review for individuals who do not have a permanent resident status, and
4. any time there is a change to alien status.

A noncitizen who has what appears to be a “good” USCIS document, when VIS-CPS indicates contradictory information, will be considered potentially eligible until secondary verification is returned confirming the status. Do not hold, deny or terminate benefits waiting for the secondary verification.

### **1410.1800 ABLE-BODIED ADULT WITHOUT DEPENDENTS (FS)**

Able-bodied adults without dependents (ABAWDs) are persons 18 through ~~49~~ 52 years of age, who do not have dependent children and who do not meet an exemption. “Time-Limited” ABAWDs are individuals who are not otherwise exempt from Supplemental Nutritional Assistance Program (SNAP) Employment and Training (E&T) work registration and participation and do not meet an exemption to the ABAWD time limits. An individual who can be reasonably anticipated to become an ABAWD at some point within the four-month certification period and will not meet any other exemptions is considered to be a potential ABAWD.

Some examples of potential ABAWDs include:

- Last child is turning 18,
- Graduating from school,
- Employment is expected to end, or
- Unemployment Compensation Benefits (UCB) is expected to end

### **1410.1801 ABAWD Provisions (FS)**

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

1. Working 80 hours or more monthly;
2. Participating in an Employment program that includes work, on the job training, volunteer work, and job search for 80 hours or more a month; or
3. Participating for 80 hours or more monthly, in a combination of work and work program activities

ABAWDs are required to report whenever their work hours fall below 80 hours per month. Staff must encourage all customers who meet a SNAP E&T exemption to report when hours fall below 80 hours per-month. The customer will become a time-limited ABAWD the month the hours drop below 80 hours per-month.

## Listing of Amended Passages

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“Time-Limited” Able-Bodied Adults Without Dependents who have exhausted their time limit (three months in the designated 36-month period) to receive food stamps will be treated as technically ineligible (Prorated) individuals for food stamps.

**Note:** \* The Department ~~began~~ ~~will begin a new~~ ~~the current~~ 36-month period ~~beginning~~ on January 1, 2019~~22~~, and expires ~~on~~ December 31, 2024~~24~~. New 36-month periods begin every third year on January 1 and ~~end~~ ~~expires~~ ~~three years later~~ on December 31.

### **1410.1802 Exemptions from ABAWD Provisions (FS)**

The time limit does not apply and the individual is not a “time-limited” ABAWD if he or she meets any of the following exemptions:

1. Is under 18 years of age or over ~~49~~<sup>52</sup> years of age. A person is considered ~~50~~<sup>53</sup> on their ~~50<sup>th</sup>~~<sup>53<sup>rd</sup></sup> birthday.
2. Physically or mentally unfit for employment (including 2 months post-partum). An individual is physically or mentally unfit for employment if he or she:
  - a. Is receiving temporary or permanent disability benefits issued by governmental Supplemental Security Income/Social Security Disability Income (SSI/SSDI) or private sources. 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. This includes individuals who have proof of applying for SSI. The eligibility specialist is to record observations used to determine unfitness on CLRC.
  - b. 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.
6. Is caretaker of an incapacitated individual.
7. Is caretaker of a child under 6 years of age.
8. Is a UCB applicant/recipient.
9. Is in a Drug or alcohol treatment program (does not include Alcoholics or Narcotics Anonymous or Sober Living Houses).

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New language in passages appear <sup>blue</sup> in color and ~~strike through~~ is used for deleted language.  
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10. Is employed 120 hours/month or equivalent earnings (at least \$870 monthly).
11. Is a student enrolled at least half time.
12. Is a refugee participating in Office of Refugee Resettlement (ORR) E&T program.
13. Is a migrant worker with agreement to begin work within 30 days.
14. Is a homeless individual (lacks a fixed and regular nighttime residence or an individual whose primary nighttime residence is a supervised shelter designed to provide temporary accommodations).
15. Is a veteran (served in any United States Armed Forces).
16. Is an individual who is 24 years of age or younger and who was in foster care under the state's responsibility on the date they reached 18 years of age" (former foster care individual).

### **1420.0115 VIS-CPS (TCA)**

VIS-CPS must be completed for noncitizens:

1. at application or reapplication,
2. when adding a noncitizen individual, ~~and~~
3. at every review for individuals who do not have a permanent resident status, and
4. any time there is a change to alien status.

A noncitizen who has what appears to be a "good" USCIS document, when VIS-CPS indicates contradictory information, will be considered potentially eligible until secondary verification is returned confirming the status. Do not hold, deny or terminate benefits waiting for the secondary verification.

### **1430.0115 VIS-CPS (MFAM)**

VIS-CPS must be completed for noncitizens:

1. at application or reapplication,
2. when adding a noncitizen individual, ~~and~~
3. at every review for individuals who do not have a permanent resident status, and
4. any time there is a change to alien status.

A noncitizen who has what appears to be a "good" USCIS document, when VIS-CPS indicates contradictory information, will be considered potentially eligible until secondary verification is returned confirming the status. Do not hold, deny or terminate benefits waiting for the secondary verification.

### **1440.0115 VIS-CPS (MSSI, SFP)**

VIS-CPS must be completed for noncitizens:

1. at application or reapplication,
2. when adding a noncitizen individual, ~~and~~
3. at every review for individuals who do not have a permanent resident status, and

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## Listing of Amended Passages

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4. any time there is a change to alien status.

A noncitizen who has what appears to be a “good” USCIS document, when VIS-CPS indicates contradictory information, will be considered potentially eligible until secondary verification is returned confirming the status. Do not hold, deny or terminate benefits waiting for the secondary verification.

### **1450.0115 VIS-CPS (CIC)**

VIS-CPS must be completed for noncitizens:

1. at application or reapplication,
2. when adding a noncitizen individual, ~~and~~
3. ~~at every review for individuals who do not have a permanent resident status, and~~
4. any time there is a change to alien status.

A noncitizen who has what appears to be a “good” USCIS document, when VIS-CPS indicates contradictory information, will be considered potentially eligible until secondary verification is returned confirming the status. Do not hold, deny or terminate benefits waiting for the secondary verification.

### **1460.0115 VIS-CPS (RAP)**

VIS-CPS must be completed for noncitizens:

1. at application or reapplication,
2. when adding a noncitizen individual, ~~and~~
3. ~~at every review for individuals who do not have a permanent resident status, and~~
4. any time there is a change to alien status.

A noncitizen who has what appears to be a “good” USCIS document, when VIS-CPS indicates contradictory information, will be considered potentially eligible until secondary verification is returned confirming the status. Do not hold, deny or terminate benefits waiting for the secondary verification.

### **1610.0584 LOTTERY OR GAMBLING WINNINGS (FS)**

~~Lottery or Gambling Winnings are defined as a cash prize equal to or greater than the maximum allowable asset limit for elderly and disabled households won in a single game before taxes or other withholdings. For the purposes of this provision, this asset limit applies to all households, including non-elderly/disabled households.~~

~~All households receiving Food Stamps must report when they receive substantial lottery or gambling winnings. These winnings must be reported within 10 days following the end of the month in which the household received the substantial lottery or gambling winnings. If multiple individuals shared in the purchase of a ticket, hand, or similar bet, then only the portion of the winnings allocated to the member of the food stamp household will be counted toward the eligibility determination.~~

~~Substantial lottery or gambling winnings received by any individual in the household will disqualify the entire food stamp assistance group. The eligibility specialist must take prompt action to close the food stamp case. Notice of Adverse action will be provided. The household may reapply at~~



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any time for food stamp benefits. When the household reapplies after losing eligibility due to lottery or gambling winnings, they must meet all regular financial asset limits and income eligibility to regain eligibility – categorical eligibility rules cannot be applied at this time. After the household is found eligible using regular non-categorical rules, they may regain categorical eligibility at the next change, recertification, or application.

When a member of the assistance group (including Head of Household) that lost eligibility due to receipt of lottery/gambling winnings moves out of household, the household composition of the original assistance group no longer exists. The separate household (remaining members) may reapply and have eligibility determined using normal food stamp rules, including categorical eligibility rules, if applicable.

The value for substantial winnings will be adjusted annually.

### **2240.0100 STANDARD FILING UNIT (MSSI, SFP)**

The Standard Filing Unit (SFU) is the single individual or group of individuals whose income, assets, or needs are considered in the eligibility determination and benefit, income, and asset levels of the assistance group, because they share a legal or blood relationship and/or live together. Eligibility of the assistance group is based on a review of the total income and assets of all individuals in the SFU- for MEDS-AD, Medically Needy, Protected Medicaid and Working Disabled. Eligibility of the assistance group does not include a review of the income and assets of the financially dependent individual who is considered in the SFU for QMB, SLMB and QI 1.

### **2240.0606.05 Definition of Family Members considered as Household Members (MSP)**

The following policy is applicable only to Qualified Medicare Beneficiary (QMB), Specified Low-Income Beneficiary (SLMB) and Qualified Individual 1 (QI1). A dependent family member includes any other household members related by blood, marriage or adoption who is financially dependent and resides in the household of the eligible individual, their spouse or eligible couple for at least one-half of their financial support.

### **2240.0610 Couple/One Requests Medicaid (MSSI)**

The following policy is applicable only to MEDS-AD, ~~QMB, SLMB, QI-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.

The following policy is applicable only to QMB, SLMB, and QI 1.

If an individual is living with their spouse and only one is requesting or receiving Medicaid the income and assets must be deemed or counted from the ineligible spouse



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who is not requesting assistance. If there is not enough income to be deemed, the couple income limit is used to pass the income test.

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

### **2240.0611 Couple/Both Request Medicaid (MSSI)**

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

If an eligible individual is living with an eligible spouse, the income standard for two must be used. Eligibility as a couple must be determined using both spouses' income and assets.

Income is not allocated to family members or dependents.

If an eligible individual is living with their ineligible spouse, the income and assets must be deemed from the spouse who is not eligible for or requesting assistance. If there is not enough income to be deemed, the income standard for one must be 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.

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

The following policy is applicable only to QMB, SLMB, QI-1.

If an eligible individual is living with an eligible spouse, the income standard for two must be used. Eligibility as a couple must be determined using both spouses' income and assets.

### **2240.0617 Child Not Living with Parents (MSSI)**

If the child is not living with parents or currently lives with parents but is applying for institutional care, ~~or home and community-based services/waiver~~, the child is considered an individual. Only the child's income and assets are considered. The income standard for one is used. There is no deeming or allocating of income or assets.

### **2640.0126 MEDS-AD, QMB, SLMB, QI1 and Working Disabled Eligibility Test (MSSI)**

The following steps are used to determine if an individual or couple is eligible for MEDS-AD, QMB, SLMB, QI1 or the Working Disabled Program.

**Step 1** - Add unearned income except for excluded income and income based on need.

**Step 2** - Subtract allowable deductions.

**Step 3** - Add income based on need to get total unearned income.

**Step 4** - Determine earned income and subtract allowable exclusions and work-related expenses.

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**Step 5** - Add unearned income and earned income to get total countable income.

**Step 6** - Compare total countable income limit ~~—see chart in Appendix A-9.~~ to the charts based on the coverage group:

For MEDS-AD and Working Disabled-see chart in Appendix A-9

For QMB, SLMB, and QI1-see chart in Appendix A-9.1

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