

April - June 2018 Summary of Changes

Chapter	Passage	Summary
0400	0430.0602, 0440.0602 0440.0603	Adding: If Expedited, the request must be forwarded by close of business the following day. Adding: If Expedited, the Department must issue a decision within seven days of the expedited request
1400	1420.1002	Deleted ninth month and replaced it with last month as eligible for Temporary Cash Assistance due to pregnancy.
2600	2640.0118	A change in the Personal Needs Allowance increase from \$105 to \$130
3000	3010.0202, 3020.0202, 3030.0202, 3040.0202, 3050.0202, 3060.0202	Changed the policy language to show that multifunctional devices are included when printing, faxing, emailing, copying or storing information from BEERS or IRS responses.

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

Listing of Amended Passages

0430.0602 Request for Fair Hearing (MFAM)

A request for a hearing is any clear expression, oral or written, by an applicant/recipient or designated representative that he disagrees with the actions, decisions or requirements imposed by the Department or authorized community partner, and that the individual wishes to present his case to a higher authority. An individual must authorize in writing any third party's right to file a hearing request on his behalf. Supervisors must review hearing requests and provide a Department conference with the individual. Forward the hearing request within three business days to the Office of Appeal Hearings. **If Expedited, the request must be forwarded by close of business the following day.**

Provide bilingual staff or interpreters for non-English speaking participants to ensure hearing procedures are explained in the individual's language. Request clarification from the individual any time there is uncertainty about what action is being appealed.

An individual must submit a decision to withdraw a request for a hearing in writing. Forward the individual's decision to the Office of Appeal Hearings.

0440.0602 Request for Fair Hearing (MSSI, SFP)

A request for a hearing is any clear expression, oral or written, by an applicant/recipient or designated representative that he disagrees with the actions, decisions or requirements imposed by the Department or authorized community partner, and that the individual wishes to present his case to a higher authority. An individual must authorize in writing any third party's right to file a hearing request on his behalf. Supervisors must review hearing requests and provide a Department conference with the individual. Forward the hearing request within three business days to the Office of Appeal Hearings. **If Expedited, the request must be forwarded by close of business the following day.**

Provide bilingual staff or interpreters for non-English speaking participants to ensure that the hearing procedures are explained in the individual's language. Request clarification from the individual any time there is uncertainty about what action is being appealed.

An individual must submit a decision to withdraw a request for a hearing in writing. Forward the individual's decision to the Office of Appeal Hearings.

0440.0603 Time Limits to Request Hearing (MSSI, SFP)

The Department or its partner agency must receive the individual's appeal of an action, decision or current level of benefits within 90 days of the date the notice is mailed or hand delivered to the individual.

Exceptions:

1. The time limit does not apply when the Department fails to send required notification, takes no action on a specific request or denies a request without informing the individual appealing.
2. A hearing request made outside the 90-day limit may only be rejected or dismissed by the Office of Appeal Hearings.
3. **If Expedited, the Department must issue a decision within seven days of the expedited request.**

1420.1002 Verification of Pregnancy (TCA)

The pregnant woman's statement that she is in her 9th **last** month of pregnancy is sufficient, unless questionable. When questionable, a written or verbal statement is required from a

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physician, registered nurse, licensed practical nurse, certified nurse midwife or their designee that includes confirmation of pregnancy and the anticipated date of delivery.

2640.0118 Personal Needs Allowance (MSSI)

The amount of the individual's income which is designated as a Personal Needs Allowance (PNA) varies by program.

For ICP and Institutionalized MEDS-AD, the personal needs allowance is **\$130** as follows:

1. If the individual has less than **\$130** total countable income, a supplemental payment must be authorized through the Supplemental Payment System (SPS). The personal needs allowance supplement (PNAS) cannot exceed **\$100** a month.
2. Single veterans (and surviving spouses) in nursing homes who receive a VA \$90 pension (disregarded as income in both eligibility and patient responsibility computations) are also entitled to the **\$130** PNA.
3. Single veterans (and surviving spouses) with no dependents who reside in state Veterans Administration nursing homes may keep \$90 of their veterans payments, including payments received for aid and attendance and unreimbursed medical expenses, for their personal needs. Any amount exceeding \$90 will be part of their patient responsibility to the facility. These individuals are also entitled to the **\$130** PNA.

For Community Hospice, the PNA is equal to the Federal Poverty Level.

For Institutionalized Hospice, the PNA is **\$130**. If the individual has less than **\$130** total countable income, a supplemental payment must be authorized through the SPS. The PNAS cannot exceed **\$100** per month.

For the Cystic Fibrosis, and iBudget Florida waivers, the PNA is equal to 300% of the federal benefit rate. Because the PNA is the same as the HCBS income limit, only those individuals who become eligible using an income trust will have a patient responsibility.

For the Statewide Medicaid Managed Long-Term Care (SMMC LTC) program and the Program for All-Inclusive Care for the Elderly (PACE), the personal needs allowance is as follows:

1. For an individual residing in the community (not an ALF), the PNA is 300% of the Federal Benefit Rate.
2. For an individual residing in an ALF, the PNA is computed using the ALF basic monthly rate (three meals per day and a semi-private room), plus 20% of the Federal Poverty Level. The ALF basic monthly rate will vary depending on the facility's actual room and board charges.
3. For an individual residing in a nursing home, the PNA is **\$130**.

For the Familial Dysautonomia Waiver the personal needs allowance is equal to the individual's gross income, including amounts that may be placed in an income trust.

For individuals in institutional care who earn therapeutic wages, an additional amount equal to one half of the therapeutic wages, up to \$111, can be deducted or protected for personal needs. The total amount of income to be protected as therapeutic wages cannot exceed \$111. (This is in addition to the **\$130** personal needs allowance).

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For individuals in institutional care who have a court order to pay child support, an additional PNA equal to the court-ordered child support amount be deducted for personal needs. (This is in addition to the \$130 personal needs allowance).

3010.0202 IRS and BEERS Data Security Requirements (FS)

The IRS mandates any agency obtaining IRS tax and BEERS data to maintain strict security guidelines. Do not print, fax, email, copy, or store information from BEERS or IRS responses, [this includes the use of multifunctional devices](#). If this information is inadvertently printed, follow the following procedures:

1. Secure any screen print of IRS or BEERS data from the system under lock and key and destroy it immediately after review with the individual.
2. Do not exceed 45 days from the time of initial receipt of data to destruction of the data.
3. Do not photocopy the data.

There is a prohibition against recording IRS as the source of the information. Record only the results of the review of the data.

Do not, under any circumstances, place a copy of the IRS tax data in the case record or document imaging system. When destroying the hardcopy, shred it by machine into strips not larger than 5/16th of an inch wide and cut it perpendicular to the printing.

The Region or Circuit is to maintain a log of shredded information, including the item shredded, the date and the name of the individual who completed the shredding. Maintain the log for five years.

Do not retain any third party request for additional verification on IRS or BEERS data in the case record and treat the request with the same security provisions as the actual IRS or BEERS response. Retain the third party response in the case record only if it does not contain return information. Return information is information obtained through an IRS or BEERS match that contains data not otherwise available to the Department.

If the customer **denies** knowledge of the income/asset, the customer must be pended for additional information about the account, staff must not reveal the source of the information to the customer. If the requested information is received from the customer, update the case with the information, and enter on CLRC and AMS. If the requested information is not received, and assets are a factor of eligibility for the benefits the customer receives, staff must follow the standard denial process, ensuring Continuous Medicaid coverage. **Note:** For combination cases (food assistance (FA)/ Temporary Cash Assistance (TCA)/ Medicaid) action to deny can be taken at any time during the eligibility period. For Simplified Reporting FA only cases, action to deny can only be taken at application or renewal of benefits.

3020.0202 IRS and BEERS Data Security Requirements (TCA)

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3040.0202 IRS and BEERS Data Security Requirements (MSSI)

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3050.0202 IRS and BEERS Data Security Requirements (CIC)

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3060.0202 IRS and BEERS Data Security Requirements (RAP)

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