



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

DATE: June 30, 2017

TO: Regional Managing Directors
Sheriff's Offices Conducting Child Protective Investigations
Community-based Care (CBC) Lead Agency CEOs

THROUGH: David L. Fairbanks, Deputy Secretary *DF*

FROM: JoShonda Guerrier, Assistant Secretary for Child Welfare *JS*
Vicki Abrams, Assistant Secretary for Operations *VA*

SUBJECT: 'Go' Live for FSFN Enhancements to Medicaid Applications

PURPOSE: This memorandum is to advise all stakeholders that the Medicaid eligibility application enhancements to the Florida Safe Families Network (FSFN) will be implemented on June 30, 2017. These changes will enhance current functionality and improve the Medicaid connection FSFN has with the FLORIDA system.

BACKGROUND: Currently, Medicaid applications for children in care must be submitted manually when the submission to FLORIDA from the FSFN interface is unsuccessful. The changes to be implemented June 30 will reduce the manual labor involved in the application process. The target user group for these changes is CBC Revenue Maximization staff.

As stated in the June 21, 2017, "Get Set for FSFN Enhancements to Medicaid Applications" memo, the functionality enhancements included in this release will:

- Allow a new initial Medicaid application when the previous application was denied;
- Populate the date into Removal Begin Date for Independent Living (IL), Interstate Compact for the Placement of Children (ICPC) and Post-Adoption Conversion cases;
- Populate placement and notification address changes for IL, ICPC and Post-Adoption Conversion cases; and
- Transmit the CBC Lead Agency name instead of a specific worker name.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

TRAINING: Training is required for all CBC Revenue Maximization staff who are responsible for the completion of Medicaid applications for children in care. Initial training was offered during sessions offered in Fort Lauderdale, Orlando and Tallahassee. Participants in these initial sessions are responsible for training remaining Revenue Maximization staff within their individual CBCs and supporting all affected staff upon implementation of the enhancements.

The recorded training for this new FSFN functionality will be posted on the Center for Child Welfare site (centerforchildwelfare.org) by July 31, 2017.

ACTION REQUIRED: Please review and disseminate this memorandum and the attached informational flyer and training presentation to all CBC Revenue Maximization staff responsible for the completion of Medicaid applications for children in care. The training presentation includes information for case managers regarding case closure.

- The manual process of Medicaid applications will end **June 30, 2017**.
- If there are system defects after June 30, 2017, the Office of Child Welfare will give guidance to eligibility staff and CIC workers on how to proceed with paper applications.
- The Economic Self-Sufficiency Office (ESS) will no longer accept paper applications, except for ICAMA applications, after **July 10, 2017**. All Medicaid applications other than ICAMA applications should be completed through the FSFN/FLORIDA No-Touch Process.

CONTACT INFORMATION: If you have questions or need further information, please contact Jessica Johnson, at Jessica.Johnson@myflfamilies.com or (850) 717-4491.

For questions related to the local implementation of these enhancements, please contact your Regional Champions:

Northwest Region – Kelly.Faircloth@myflfamilies.com

Northeast Region – Daniel.Sprague@myflfamilies.com

Central Region – Alger.Studstill@myflfamilies.com

SunCoast Region – Kyle.Teague@myflfamilies.com

Southeast Region – Tausha.Schreiber@myflfamilies.com

Southern Region – Thomas.Davis@myflfamilies.com

ATTACHMENTS:

Informational Flyer – *FSFN Medicaid Application Enhancement*

FSFN Medicaid Enhancements – Training PowerPoint

cc: Jeri Culley, Assistant Secretary for Economic Self-Sufficiency
Regional Family and Community Services Directors
Regional Economic Self-Sufficiency Directors
Office of Child Welfare Directors
Kiran Garimella, OITS Director of Application and Support Services
FSFN Consultant Network and FSFN User Group
Florida's Center for Child Welfare



FSFN/FLORIDA

Medicaid Enhancement

Medicaid Enhancement

- Eliminate redundant process and re-work
- Provide ability to submit new Initial Medicaid Application when the previous is denied
- Populate the Removal date when missing
- Correct the Notification Address information
- Correct TANF Income Calculation
- Correct Title IV-E Adoption Eligibility

Best Practice Before Starting Medicaid Process/Application

- Update child's demographics
- Ensure address information is updated for child and parent
- Complete merge, if necessary
- Ensure child is in a Licensed, Relative, Non-Relative Placement or Living Arrangement
- Enter/Update Assets & Employment Module
- Verify if the child is receiving SSI
- Complete Eligibility

FSFN Hierarchal Structure For Medicaid Removal Date

- Child in an Open Removal Episode, **Populate** with Removal Begin Date
- Child in a Living Arrangement, **Populate** with Living Arrangement Begin Date
- Child Flagged as Post Adoptive, **Populate** with the Oldest Date where Service Category = Adoption and Provider on the Service is NOT an Organizational Provider.
 - If no Service Provider, **Populate** with Effective Date/Date of Adoption Subsidy Agreement (Oldest Effective Date)

FSFN Hierarchal Structure For Medicaid Removal Date (Cont'd.)

- Child NOT Flagged as Post Adoptive **BUT** has at least one Service with Service Category = Adoption, **Populate** with the Adoption Subsidy Service Begin Date (NOT Organizational Providers)
- Lastly, Check for the Most Recent Removal Episode that has been discharged, **Populate** with the Last Removal Begin Date Episode.

FSFN Hierarchal Structure for Worker Last and Worker First Name (Agency Name)

- Child in a Removal Episode, **Populate** with the Agency Name.
 - Agency Name is 1- 30 Characters, **Populate** Last Name with the first 15 Characters and First Name with remaining Characters.
 - If Agency Name is less than 16 Characters, **Populate** Last Name with the 15 Characters and add a Lower Case x for First Name.
- Child in a Living Arrangement and Child is over 18, **Populate** Child's Last Name and First Name
- Child in a Living Arrangement and Child is Less Than 18, **Populate** with Primary Caregiver Name

FSFN Hierarchal Structure for Worker Last and Worker First Name (Agency Name) (Cont'd.)

- Child Flagged as Post Adoptive, **Populate** with the Provider's Name where Service Category = Adoption and the Provider is NOT an Organizational Provider
- Child Not Flagged as Post Adoptive BUT has at least Service Category = Adoption, **Populate** with the Newest Adoption Subsidy Provider Name and the Provider is Not an Organizational Provider
- Lastly, Check for the Most Recent Removal Episode that has been discharged, **Populate** with the Worker's Agency Name

FSFN Hierarchal Structure for Notification Address

- Child in a Removal Episode, **Populate** with Worker's Unit's Physical Address
- Child is in a Living Arrangement and Child is over 18, **Populate** with the Child's Current (Not End Dated) Primary Residence Address
- Child is in a Living Arrangement and Child is Less than 18, **Populate** with the Primary Caregiver Primary Residence Address

FSFN Hierarchal Structure for Notification Address (Cont'd.)

- Child Flagged as Post Adoptive, **Populate** with the Provider's Address (Documented on the Service) where Service Category = Adoption and the Provider is NOT an Organizational Provider
- Child is not Flagged as Post Adoptive BUT at least one open Service Category = Adoption , **Populate** with the Provider's Address (Documented on the Service) where Service Category = Adoption and the Provider is NOT an Organizational Provider
- Lastly Check for the Most Recent Removal Episode that has been discharged, **Populate** with the Current Worker's Unit's Physical Address

FSFN Hierarchal Structure for Placement Address

- Child in an Open Removal, **Populate** with Current OOH Placement Provider Address.
- **Unless** Service Category = Missing Child. Then **Populate** with the Most Recent Removal Placement Provider Address (Not Made in Error)
- Child in a Living Arrangement, **Populate** with the Child's Primary Residence Address
- Child Flagged as Post Adoptive, **Populate** with the Provider's Address (Documented on the Service) where Service Category = Adoption and the Provider is **NOT** an Organizational Provider

FSFN Hierarchal Structure for Placement Address (Cont'd.)

- Child is not Flagged as Post Adoptive BUT at least one open Service Category = Adoption, **Populate** with the Provider's Address (Documented on the Service) where Service Category = Adoption and the Provider is NOT an Organizational Provider
- Lastly, Check for the Most Recent Removal Episode or Prior Discharged Removal, **Populate** with the Current Worker's Unit's Physical Address

FSFN/FLORIDA

File Transfer Structure

FSFN Record ID	Record Type	FSFN Person ID	First Name	Last Name	Suffix	Middle Initial	Medicare Num	Worker First Name	Worker Last Name	
FLORIDA Case Number	PIN Number	Date of Birth	Effective Date	SSN	SSN - Date Applied	SSN Exempt Code	Citizenship	Non-Citizen ID	Birth Place	Race
Ethnicity	Gender	Removal Begin Date	IV-E Eligibility Status	Removal is Voluntary	Income Flag	Income Details	Living Arrangement Code	Removal Address Line 1	Removal Address Line 2	
Removal Address City	Removal Address State	Removal Address Zip	Removal Address Direction 1	Removal Address Direction 2	Placement Address Line 1	Placement Address Line 2	Placement Address City	Placement Address State	Placement Address Zip	
Placement Address Direction 1	Placement Address Direction 2	Notification Address Line 1	Notification Address Line 2	Notification Address City	Notification Address State	Notification Address Zip	Notification Address Direction 1	Notification Address Direction 2		
Comments										

Living Arrangement Codes for Medicaid

- If Living Arrangement Code is:
 - **27** = Medicaid Only
 - **28** = Foster Care
 - **29** = Adoption

Validation Messages

- The most recent record on the Summary tab must be an Initial Action with the Status of Approved OR a Change Action with any Status. Please make the necessary updates to create a new Change Action.

No Initial Record, So User Cannot Insert a Change Record

http://fsfn-pilot.dcf.state.fl.us/?fromWhere=de Initiate Action Enhanced -- Webpage Dialog

Florida Safe Families Network Florida Safe Families Network

Print Audit Spell Check Help

Basic Header

Child Name: [Brady, Jan](#) [Search](#) Case Name: [FLAG](#)
Current Medicaid Number : FLORIDA

Summary

Eligibility Information

Last IV-E Determination Date: 02/01/2017
IV-E Eligibility Status: Ineligible
☐ Child Receives Medicaid Assistance
☐ Child Receives SSI

Medicaid Eligibility History

Action	Program Type	Medicaid Number
Medicaid Eligibility Determination	0	0
Medicaid Eligibility Determination	0	0
Medicaid Eligibility Determination	0	0

Basic Information

Child Name: Brady, Jan Case Name: ADOPTION, POST FLAG SSN: 748-24-3984 DOB: 03/04/2004
Most Recent Medicaid Number : FLORIDA Case Number : FSN Person ID : 131511150

Eligibility Information

Action: ☐ Initial ☒ Change ☐ Close

Created By: Date Created: Submitted By: Date Submitted:
Medicaid Number: Eligibility From: 01/01/2017
Closure Date: 00/00/0000 Closure Reason:
Denial Reason:

Select CIC Worker :

Circuit : CIC Worker :

Placement Address

All Notifications will be sent to this address
Street/PO Box/Route: Street: PO Box: Route: City: State: FL Zip: Phone:

Notification Address

Street/PO Box/Route: Street: 3535 Apalachee Pkwy Unit Designator: PO Box: Route: City: Tallahassee State: FL Zip: 32311 Phone: (850)487-9400

Comments

Validation Errors -- Webpage Dialog

You must correct the following errors before proceeding:

- The most recent record on the Summary tab must be an Initial Action with a Status of Approved OR a Change Action with any Status. Please make the necessary updates to create a new Change Action.

Save Close

Validation Messages

- Please complete an Initial transaction and submit to the FLORIDA system. A FLORIDA case number must be returned from the FLORIDA system prior to selecting Close.

No Initial Record, So User Cannot Insert a Close Record

http://fsfn-pilot.dcf.state.fl.us/?fromWhere=de Initiate Action Enhanced -- Webpage Dialog

Florida Safe Families Network **Florida Safe Families Network** Print Audit Spell Check Help

Basic Header
Child Name: [Brady, Jan](#) [Search](#) Case Name: [FLAG](#)
Current Medicaid Number : FLORIDA

Summary

Eligibility Information
Last IV-E Determination Date: 02/01/2017
IV-E Eligibility Status: Ineligible
☐ Child Receives Medicaid Assistance
☐ Child Receives SSI

Medicaid Eligibility History

Action	Program Type	Medicaid Number
--------	--------------	-----------------

Basic Information
Child Name: Brady, Jan Case Name: ADOPTION, POST FLAG SSN: 748-24-3984 DOB: 03/04/2004
Most Recent Medicaid Number : FLORIDA Case Number : FSFN Person ID : 131511150

Eligibility Information
Action: ☐ Initial ☐ Change ☒ Close
Created By: Medicaid Number: Date Created: Eligibility From: 01/01/2017 Submitted By: Date Submitted:
Closure Date: 05/01/2017 Closure Reason: Exceeds 185% of the eligibility standard
Denial Reason:

Select CIC Worker :
Circuit : CIC Worker :

Placement Address
All Notifications will be sent to this address
Street/PO Box/Route: Street: PO Box: Route: City: State: FL Zip: Phone:

Notification Address
Street/PO Box/Route: Street: 3535 Apalachee Pkwy Unit Designator: PO Box: Route: City: Tallahassee State: FL Zip: 32311 Phone: (850)487-9400

Comments

Validation Errors -- Webpage Dialog
You must correct the following errors before proceeding:
• Please complete an Initial transaction and submit to the FLORIDA system, a FLORIDA case number must be returned from the FLORIDA system prior to selecting Close.

Save Close

A stylized, abstract blue flower or leaf pattern is centered in the background, rendered in a lighter shade of blue against a darker blue gradient. The pattern consists of several elongated, pointed shapes radiating from a central point.

FSFN Medicaid Enhancements/Update

Medicaid Summary Tab

http://205.176.144.15:15001/?fromWhere=desktop&action=EDIT&MED_ELIG_ID_ELIG=200002260&CASE_ID_C - Internet Explorer

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Basic Header
Child Name: [TVHXS. ANTHONY GENE](#) [Search](#) Case Name: [BFMXP. KIMBERLY](#) SSN: 232-81-9638 DOB: 01/02/2003
Current Medicaid Number: 7921365299 FLORIDA Case Number: FSFN Person ID: 12376482

Actions
[FLORIDA Changes](#)

Summary **FLORIDA**

Eligibility Information
Last IV-E Determination Date: 00/00/0000 Last IV-E Adoption Determination Date: 00/00/0000
IV-E Eligibility Status: Adoption IV-E Eligibility Status:
☐ Child Receives Medicaid Assistance Adoption Assistance State: Florida
☐ Child Receives SSI

Medicaid Eligibility History

Action	Program Type	Medicaid Number	FLORIDA Case Number	Status	Eligibility From	Close Date	Submitted to FLORIDA by	Date/Time Submitted to FLORIDA	Date/Time Received from FLORIDA
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Insert

Save Close

100%

Enabling of the Insert Button

- The insert button is conditionally enabled **ONLY IF** one of the following criteria is met:
 1. No rows exist on the Medicaid Eligibility record – Summary tab; OR
 2. If the Initial has a Status = Approved BUT at least one Change row has a Status = Rejected; OR
 3. If the Initial has a Status = Approved and all Change rows have a Status = Approved
 4. The last row on the Medicaid Eligibility – Summary tab has an Action = Initial AND a Status = Denied; OR
 5. The last row on the Medicaid Eligibility – Summary tab has an Action = Close AND a Status = Approved or Denied.

If one of the five criteria is not met, the Insert button will not be enabled.

Initiate Action Pop-Up Screen

Initiate Action Enhanced -- Webpage Dialog

Florida Safe Families Network Print Audit Spell Check Help

Basic Information

Child Name: WVOZRMV, QUANTASIA Case Name: AMY JENKS, FL CHANGES 1 TESTING SSN: 409-00-2294 DOB: 12/05/2000
Most Recent Medicaid Number : 7823973171 FLORIDA Case Number : 1452400962 FSN Person ID : 11594153

Eligibility Information

Action: ☐ Initial ☐ Change ☐ Close

Created By: _____ Date Created: _____ Submitted By: _____ Date Submitted: _____
Medicaid Number: _____ Eligibility From: 09/13/2014
Closure Date: 00/00/0000 Closure Reason: _____
Denial Reason: _____

Select CIC Worker :

Circuit : _____ CIC Worker : _____ CIC Supervisor : _____

Placement Address

All Notifications will be sent to this address

Street/PO Box/Route: _____
Street: _____ Unit Designator: _____
PO Box: _____
Route: _____
City: _____ State: FL Zip: _____ Phone: _____

Notification Address

Street/PO Box/Route: Street
Street: 3535 Apalachee Pkwy Unit Designator: _____
PO Box: _____
Route: _____
City: Tallahassee State: FL Zip: 32311 Phone: (850)487-9400

Comments

Medicaid Effective Date Sent to FLORIDA is Captured on the Initiate Pop-Up Page

Last Record is a Change Record, Initial Radio Button is Disabled and Greyed Out

http://fsfn-pilot.dcf.state.fl.us/?fromWhere=desk

Florida Safe Families Network

Initiate Action Enhanced -- Webpage Dialog

Print Audit Spell Check Help

Basic Header

Child Name: [WVOZRMV, QUANTASIA](#) Case Name: [CHANGES 1](#)
Current Medicaid Number: 7823973171 FLORIDA Ca

Summary

Eligibility Information

Last IV-E Determination Date: 00/00/0000
IV-E Eligibility Status:
☒ Child Receives Medicaid Assistance
☐ Child Receives SSI

Medicaid Eligibility History

Action	Program Type	Medicaid Number	FLORIDA Case Number
Initial	MCFN	7823973171	145240096
Change	MCFN	7823973171	145240096

Basic Information

Child Name: WVOZRMV, QUANTASIA Case Name: AMY JENKS, FL CHANGES 1 TESTING SSN: 409-00-2294 DOB: 12/05/2000
Most Recent Medicaid Number: 7823973171 FLORIDA Case Number: 1452400962 FSN Person ID: 11594153

Eligibility Information

Action: ☐ Initial ☐ Change ☐ Close

Created By: Medicaid Number: Eligibility From: 09/13/2014 Submitted By: Date Submitted:
Closure Date: 00/00/0000 Closure Reason:
Denial Reason:

Select CIC Worker :

Circuit: CIC Worker: CIC Supervisor:

Placement Address

All Notifications will be sent to this address
Street/PO Box/Route: Unit Designator: PO Box: Route: City: State: FL Zip: Phone:

Notification Address

Street/PO Box/Route: Street: 3535 Apalachee Pkwy Unit Designator: PO Box: Route: City: Tallahassee State: FL Zip: 32311 Phone: (850)487-9400

Comments

Save Close

Pre-existing Medicaid Where Last Record is Redetermination (Insert Greyed Out)

http://fsfn-pilot.dcf.state.fl.us/?fromWhere=Initiate Action Enhanced -- Webpage Dialog

Florida Safe Families Network

Print Audit Spell Check Help

Basic Header

Child Name: [Uvivi, Alana Marie](#) Case: [TES](#)
Current Medicaid Number: 9524638959 FL

Basic Information

Child Name: Uvivi, Alana Marie Case Name: AMY JENKS, TESTING 2 FL CHANGES SSN: 669-02-5774 DOB: 04/19/2013
Most Recent Medicaid Number: 9524638959 FLORIDA Case Number: 1420551582 FSFN Person ID: 103152498

Summary

Eligibility Information

Last IV-E Determination Date: 00/00/0000
IV-E Eligibility Status:
☐ Child Receives Medicaid Assistance
☐ Child Receives SSI

Medicaid Eligibility History

Action	Program Type	Medicaid Number
Initial	MCFN	9524638959 1
Redeterminational	MCFN	9524638959 1

Eligibility Information

Action: ☐ Initial ☐ Change ☐ Close

Created By: Medicaid Number: Date Created: 06/18/2013 Submitted By: Date Submitted:
Closure Date: 00/00/0000 Closure Reason:
Denial Reason:

Select CIC Worker :

Circuit : CIC Worker : CIC Supervisor :

Placement Address

All Notifications will be sent to this address

Street/PO Box/Route: Street: Unit Designator: PO Box: Route: City: State: FL Zip: Phone:

Notification Address

Street/PO Box/Route: Street: 3535 Apalachee Pkwy Unit Designator: PO Box: Route: City: Tallahassee State: FL Zip: 32311 Phone: (850)487-9400

Comments

Save Close

Create “New” Medicaid Page

http://fsfn-pilot.dcf.state.fl.us/ - Medicaid Eligibility Determination Enhanced - Internet Explorer

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Basic Header

Child Name: [UVIIVL AMIYAH MAE](#) Case Name: [AMY JENKS. TESTING 2 FL CHANGES](#) SSN: 241-40-6693 DOB: 07/07/2014
Current Medicaid Number : 9532177060 FLORIDA Case Number: 1448698715 FSN Person ID: 103900366

[Search](#)

Actions
[FLORIDA Changes](#)


Summary **FLORIDA**

Eligibility Information

Last IV-E Determination Date: 00/00/0000 Last IV-E Adoption Determination Date: 00/00/0000
IV-E Eligibility Status: Adoption IV-E Eligibility Status:
☐ **Child Receives Medicaid Assistance** Adoption Assistance State: Florida
☐ Child Receives SSI

Medicaid Eligibility History

Action	Program Type	Medicaid Number	FLORIDA Case Number	Status	Eligibility From	Close Date	Submitted to FLORIDA by	Date/Time Submitted to FLORIDA	Date/Time Received from FLORIDA	
Initial	MCFN	9532177060	1448698715	Approved	07/14/2014		IRXSZTWH, MARILYN	07/31/2014 11:37 AM	08/02/2014 3:38 AM	View
Close	MCF	9532177060	1448698715	Approved	03/27/2015	03/27/2015	IRXSZTWH, MARILYN	04/20/2015 2:21 PM	04/27/2015 9:00 PM	View

 **Insert**

Save **Close**

125%

Case Closure Requires Closure Row (Before)

http://fsfn-pilot.dcf.state.fl.us/ - Medicaid Eligibility Determination Enhanced - Internet Explorer

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

Basic Header

Child Name: [Uviivi, Alana Marie](#) Case Name: [AMY JENKS, TESTING 2 FL CHANGES](#) SSN: 669025774 DOB: 04/19/2013
Current Medicaid Number : 9524638959 FLORIDA Case Number: 1420551582 FSN Person ID: 103152498

Actions
[FLORIDA Changes](#)

Summary **FLORIDA**

Eligibility Information

Last IV-E Determination Date: 00/00/0000 Last IV-E Adoption Determination Date: 00/00/0000
IV-E Eligibility Status: Adoption IV-E Eligibility Status:
☐ **Child Receives Medicaid Assistance** Adoption Assistance State: Florida
☐ Child Receives SSI

Medicaid Eligibility History

Action	Program Type	Medicaid Number	FLORIDA Case Number	Status	Eligibility From	Close Date	Submitted to FLORIDA by	Date/Time Submitted to FLORIDA	Date/Time Received from FLORIDA	
Initial	MCFN	9524638959	1420551582	Approved	06/18/2013		Yifhiv, Charlene	06/20/2013 10:44 AM	06/25/2013 6:51 AM	View
Redetermination	MCFN	9524638959	1420551582	Approved	06/02/2014		YFHS, CYNTHIA J	06/02/2014 11:37 AM	06/08/2014 1:46 AM	View
Change	MCFN	9524638959	1420551582	Initiated	06/18/2015		QVMPH, AMY M	06/12/2017 3:01 PM	00/00/0000	View
Close	MCFN	9524638959	1420551582	Initiated	06/01/2015	05/01/2017	QVMPH, AMY M	06/12/2017 3:03 PM	00/00/0000	View

Insert

Save **Close**

125%

Case Closure Requires Closure Row (After)

http://fsfn-pilot.dcf.state.fl.us/?fromWhere=desktop&action=EDIT&MED_ELIG_ID_ELIG=100082917&CAS - Internet Explorer

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Basic Header
Child Name: [Livi, Alana Marie](#) Case Name: [AMY JENKS TESTING 2 FL CHANGES](#) SSN: 669-02-5774 DOB: 04/19/2013
Current Medicaid Number: 9524638959 FLORIDA Case Number: 1420551582 FSFN Person ID: 103152498

Actions
[Submit to Florida FLORIDA Changes](#)

Summary **FLORIDA**

Eligibility Information
Last IV-E Determination Date: Last IV-E Adoption Determination Date:
IV-E Eligibility Status: ☐ **Child Receives Medicaid Assistance** Adoption IV-E Eligibility Status: ☐
☐ Child Receives SSI Adoption Assistance State:

Medicaid Eligibility History

Action	Program Type	Medicaid Number	FLORIDA Case Number	Status	Eligibility From	Close Date	Submitted to FLORIDA by	Date/Time Submitted to FLORIDA	Date/Time Received from FLORIDA	
Initial	MCFN	9524638959	1420551582	Approved	06/18/2013		Yithiv, Charlene	06/20/2013 10:44 AM	06/25/2013 6:51 AM	View
Redetermination	MCFN	9524638959	1420551582	Approved	06/02/2014		YFHS, CYNTHIA J	06/02/2014 11:37 AM	06/08/2014 1:46 AM	View
Change	MCFN	9524638959	1420551582	Approved	06/18/2015		QVMPH, AMY M	06/12/2017 3:01 PM	06/13/2017 11:00 AM	Edit
Close	MCFN	9524638959	1420551582	Approved	06/01/2015	05/01/2017	QVMPH, AMY M	06/12/2017 3:03 PM	06/13/2017 11:00 AM	Edit

Insert **Save** **Close**

125%

Case Closure Notification

- Medicaid must be closed prior to case closure.
- Case Management will notify local Rev Max team to complete Medicaid closure.

Notification to ESS of Manual Process and Paper Applications

- The manual process of Medicaid applications will end tentatively June 30, 2017.
- If after June 30, 2017, there are system defects, the Office of Child Welfare will give guidance to eligibility staff and CIC workers on how to proceed with paper applications.
- The Department of Children and Families, Office of Child Welfare, has given the Economic Self-Sufficiency Office (ESS) a date of July 10, 2017 to no longer accept paper applications, except for ICAMA applications. All other Medicaid applications should be completed through the FSFN/FLORIDA No-Touch Process.

Medicaid for Adopted Children

Ages 16 and 17

- Children who are adopted at ages 16 and 17 who begin receiving IL services: The adopted child should not be receiving IL Medicaid and should continue to receive Adoption Medicaid.
- An adoptive child who begins IL services should not be receiving Medicaid through FSFN. This would be done external to FSFN. The Child in Care staff will complete the Medicaid process to extend coverage to age 21, per the information received from the CBC.
- The user should close the Medicaid record in FSFN once the child begins receiving IL services, do a split for IL to create a new split case and should not create a Medicaid record in the IL case.

Split Case vs. Create Case After Finalization

- When a Child or Young Adult's Case is Split, Medicaid Page Follows the Child/Young Adult (IL)
- Create Case After Finalization, A New Medicaid Page MUST be Created for the Newly Adopted Child
- You MUST Close the Child's Medicaid in the Pre-Adoptive Case

A stylized, translucent plant with long, pointed leaves is centered in the background. The leaves are a light teal color, contrasting with the dark blue background. The text is overlaid on this background.

Discussion

One-Time (Recurring) Batch For Historical Medicaid Issues

A stylized, abstract illustration of a plant with long, slender leaves and small, oval-shaped flowers, rendered in a light teal color against a dark blue background. The plant is positioned on the left side of the frame, with its leaves extending towards the right.

Questions & Answers



FSFN Medicaid Application Enhancements

What is changing?	<ul style="list-style-type: none">• Allow new initial Medicaid application when the previous application was denied.• Populate date into Removal Begin Date for IL, ICPC and Post-Adoption Conversion Cases.• Populate placement and notification address changes for IL, ICPC and Post-Adoption Conversion Cases.• Transmit CBC Lead Agency name instead of a specific worker name.	
Who will experience the changes?	<ul style="list-style-type: none">• Revenue Maximization Specialists• Child in Care Specialists	
When will the changes occur?	June 30, 2017	
What is the training approach?	Classroom training sessions will be held in the following locations: <ul style="list-style-type: none">• June 19 – Ft. Lauderdale• June 20 – Orlando• June 22 – Tallahassee	
Who do I contact with questions?	Contact your Regional Champion for questions and details about readiness activities.	
Who is my Regional Champion?	<ul style="list-style-type: none">• Kelly Faircloth, Northwest Region• Daniel Sprague, Northeast Region• Alger Studstill, Central Region	<ul style="list-style-type: none">• Kyle Teague, Suncoast Region• Tausha Schreiber, Southeast Region• Thomas Davis, Southern Region