



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Chad Poppell
Secretary

DATE: October 29, 2019

TO: Regional Managing Directors
Community-Based Care Lead Agency CEOs
Sheriff Offices Conducting Child Protective Investigations

THROUGH: Patricia Babcock, Deputy Secretary *PB*

FROM: Patricia Medlock, Assistant Secretary for Child Welfare *PM*
Taylor Hatch, Assistant Secretary for Economic Self-Sufficiency

SUBJECT: Medicaid Eligibility for Parents of Children Removed

PURPOSE: The purpose of this memorandum is to provide notice of policy and business operations changes being implemented by Economic Self-Sufficiency (ESS) regarding Medicaid eligibility of parents when the child(ren) have been removed from the home by the Department of Children and Families (DCF).

As of September 19, 2019, the temporary absence policy allowing parents to obtain and/or retain their Medicaid eligibility status when the child(ren) is removed from the home by DCF if the following conditions exist:

- The parents would be otherwise eligible for Medicaid had the child(ren) remained in the home;
- All conditions of temporary absence are met; and
- The child(ren)'s case plan goal is Reunification as the primary goal.

If the goal of Reunification changes, the Medicaid benefits must be reviewed for the parent and, unless otherwise eligible, benefits ended.

BACKGROUND: Prior to September 19, 2019, parents receiving Medicaid lost coverage when the last qualifying child left their home and was expected to be out of the home for more than 30 days. This included parents whose children were removed from the home by DCF. Without Medicaid, these individuals may have difficulty accessing services necessary to meet the conditions leading to family reunification. It is anticipated by providing Medicaid to parents during the child's absence from the home reunification efforts will be more successful.

PROCESSING IMPACTS: Parents whose child(ren) was removed after September 19, 2019, and who otherwise meet eligibility requirements, will remain on Medicaid. No

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

further action is needed by the parents. Parents who were receiving Medicaid and had a child removed prior to September 19, 2019, must reapply for Medicaid by completing an application. Parents without an active Medicaid case at the time of the child's removal must complete a Medicaid application.

A daily FSN extract has been created by the Office of Child Welfare that will be provided to ESS notifying staff of when a family's case plan goal has changed from Reunification to another goal so that ESS can take appropriate action on the case.

ACTION REQUIRED: Please share this memorandum with all staff in the regions, circuits, community-based care lead agencies, case management organizations, and sheriff offices conducting child protective investigations. Staff with direct contact with parents involved in child welfare services with a primary goal of Reunification should share information with parents and provide the attached DCF Temporary Assistance Job Aid to assist those parents that may need to apply for Medicaid based on the processing impacts listed above.

CONTACT INFORMATION: If you have any questions regarding this memorandum, please contact Jennifer W. Perez, Statewide Revenue Maximization Specialist, at (850) 717-4537 or via email at jennifer.perez1@myflfamilies.com.

Attachment: DCF Temporary Absence Job Aid

cc: Regional Family and Community Services Directors
Center for Child Welfare

MEDICAID FOR PARENTS OF CHILDREN REMOVED BY DCF WHEN REUNIFICATION IS THE PRIMARY GOAL

APPLY ONLINE AT: [HTTPS://WWW.MYFLORIDA.COM/ACCESSFLORIDA/](https://www.myflorida.com/accessflorida/)

New language has been added to the medical assistance selection to include when a child has been removed and is in the care of the Department. A new option has also been added to report a change when a child has been removed by the Department.

APPLY FOR BENEFITS / REPORT MY CHANGES

☐ Medical assistance for children, their parents or caretakers (including when a child is removed and is in the care of the Department), pregnant women and individuals who aged out of Florida foster care who are under age 26.
An application for medical assistance includes Medicaid (for children, their parents or caretakers, pregnant women), Florida KidCare Program (for children under 19 with too much income for Medicaid) and The Insurance Affordability Program (for adults aged 18 through 64 and children that cannot be covered by either Medicaid or KidCare). The Medicaid and KidCare Programs are administered by the State of Florida and the Insurance Affordability is

Report My Changes

Please check the boxes for all the changes that you want to report.

Based on the benefits you are getting, here are the changes you must report:

<input type="checkbox"/> Your address, email or phone number has changed.	<input type="checkbox"/> Someone had a change in housing or utility.
<input type="checkbox"/> Someone had a change in dependant care, support payment, medical expense or Health Insurance	<input type="checkbox"/> Someone had a change in income other than a job.
<input type="checkbox"/> Someone had a change in insurance, vehicle, real estate or business assets.	<input type="checkbox"/> Someone's assets have changed
<input type="checkbox"/> Report other changes	<input type="checkbox"/> Someone's personal information has changed.
<input type="checkbox"/> Someone moved into your home	<input type="checkbox"/> Someone moved out of your home.
<input type="checkbox"/> Someone's relationship/tax information has changed in your home.	<input type="checkbox"/> Someone became pregnant.
<input type="checkbox"/> Someone had a change in disability status	<input type="checkbox"/> Someone had a change in job, self-employment, income and/or work hours.
<input type="checkbox"/> Claim good cause for Food Assistance work requirements	<input checked="" type="checkbox"/> A child was removed from the home by the Department, or a removed child has been returned.

PEOPLE IN YOUR HOME / CHILD REMOVED BY THE DEPARTMENT

Personal Information

* First Name Middle Initial * Last Name Suffix
[Text Box] [Text Box] [Text Box] [<Click here to choose>]

* Gender [Radio] Male [Radio] Female

* Date of birth (mm/dd/yyyy) [Text Box]

* What is this person's marital status? [<Click here to choose>]

* What is this person's living arrangement? [<Click here to choose>]

* Does this person intend to file taxes as either an individual or joint filer? Choose 'no' if this person is a tax dependent.

Child Removed by the Department

* Date the child was removed by the Department(mm/dd/yyyy).
If you do not know the date the Department removed this child, enter your best estimate [Text Box]

Date the child returned(mm/dd/yyyy). [Text Box]

Home/Apartment/Trailer
Adult Congregate Living Facility (ACLF)
Adult Foster Home
Battered Woman Shelter
Boarder
Child of relative caregiver
Child removed by the Department
Drug Alcohol Treatment Center

On the "People in Your Home" page, a new living arrangement "Child removed by the Department" has been added. If selected, a new page will display that asks the date the child was removed and returned.

THE CHILD'S INFORMATION ON THE APPLICATION OR CHANGE MUST STILL BE ENTERED ACCURATELY INCLUDING ANY ASSETS OR INCOME THE CHILD RECEIVES.