

July-November2014 Summary of Changes

Chapter	Passage	Summary
200	0240.0001 0240.0102 0240.0103 0240.0104 0240.0111 0240.0115 0240.0116	Update passage to show SSI related cases could include a child in care child. Update to show correction of EMA abbreviation. Update to show consistency of Medically Needy criteria across programs. Update to correct order of HCBS waivers Update to show current FPL for SLMB and QI1
600	0610.0401, 0620.0401	Added language to clarify the date of the initial application interview time standard. Deleted text that no longer applies to public assistance programs.
	0610.0501	Clarified the drug trafficking definition to include conspiracy.
1410	1410.2200, 1420.2200	Clarified the drug trafficking definition to include conspiracy.
	1420.0310	Change to TCA temporary absence from the state policy requiring verification of temporary absences in excess of 30 days. Added policy on termination of TCA benefits for out of state use more than 30 days when Florida residency or temporary absence is not verified.
	1420.0601	Added statutorily mandated exceptions to teen parent school attendance requirements not included in the policy manual.
1430	1440.0008 1440.0106.01 1440.0200 1440.1105 1440.1302	Updated passage to show current home and community base care waivers. Update passage to show issuance of SSN must not delay services Update to show increase in personal needs allowance. Update to correct the names of the HCBS waivers.
1600	1610.0200	Updated Asset Limit increase provided by Food and Nutrition Service for October 2014
1830	1830.1200 1850.1200	Update to show the exclusion of grants from Independent Living Programs in Medicaid for all members.

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

July-November2014 Summary of Changes

2000	2010.0202	Clarified the drug trafficking definition to include conspiracy.
2200	2210.0301, 2210.0305	Change made to SFU to include same-sex married couples.
	2220.0422	Clarified the drug trafficking definition to include conspiracy.
2400	2410.0405, 2420.0406	Clarified the drug trafficking definition to include conspiracy.
2600	2610.0410	Clarified the drug trafficking definition to include conspiracy.
	2630.0506.01	Correction in the knowledge. Text is showing double.
3200	3220.0114.02	Added requirement to select a protective payee for individuals disqualified for fraud.
	3220.0114.03	Added requirement to select a protective payee for individuals disqualified for fraud.
3600	3610.0902	Clarified the drug trafficking definition to include conspiracy.

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

July-November2014 Summary of Changes

0240.0001 Caseload Distribution (MSSI, SFP)

Caseload assignments are frequently made according to the characteristics of a given assistance group and the type of assistance received. These breakdowns are called Temporary Cash Assistance cases, Family-Related Medicaid cases or SSI-Related Medicaid cases. Each type may include food stamps.

A Temporary Cash Assistance case or Family-Related Medicaid case may contain one or more of the following types of assistance: Temporary Cash Assistance (TCA), Refugee Assistance Program (RAP), food stamps, Family-Related Medicaid, MEDS or Medically Needy.

An SSI-Related Medicaid case may contain one or more of the following types of assistance: Institutional Care Program (ICP), MEDS-AD, Protected Medicaid (PM), Medically Needy, Emergency Medicaid for Aliens (EMA), Hospice, Home and Community Based Services (HCBS), Refugee Assistance Program (RAP), Qualified Medicare Beneficiaries (QMB), Working Disabled (WD), Special Low Income Medicare Beneficiary (SLMB), Optional State Supplementation (OSS), Qualifying Individual 1 (QI-1), Home Care for Disabled Adults (HCDA), or food stamps. All programs are Medicaid Programs except OSS, HCDA and food stamps. The Department of Elder Affairs currently handles Home Care for the Elderly (HCE).

A mixed caseload contains one or more Temporary Cash Assistance or Family-Related Medicaid and SSI-Related types of assistance, with or without food stamps.

Child in Care cases are frequently specialized due to the special confidentiality requirements and unique policy. Therefore, they are not considered part of the Temporary Cash Assistance or Family-Related Medicaid caseload and the information about the case is limited to eligibility specialists with special confidential security profiles. [SSI Related cases may include a Child in Care individual.](#)

0240.0102 Program Overview (MSSI, SFP)

SSI-Related Medicaid provides medical assistance as defined by policy (see below) to certain groups of individuals. Although Medicaid is run by the state, the state is given federal matching funds for the program and must follow certain federal requirements in order to receive these funds.

SSI-Related Medicaid Programs include:

1. SSI Eligible Individuals (SSI-DA),
2. Institutional Care Program (ICP),
3. Eligible Individuals under SOBRA - Aged or Disabled (MEDS-AD),
4. Protected Medicaid (PM),

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

July-November2014 Summary of Changes

5. Medically Needy (MN),
6. Emergency Medicaid for Noncitizens (EMN),
7. Hospice,
8. Home and Community Based Services (HCBS),
9. SSI-Related Programs for Refugees (RAP),
10. Qualified Medicare Beneficiaries (QMB),
11. Working Disabled (WD),
12. Special Low Income Medicare Beneficiary (SLMB),
13. Qualifying Individuals I (QI1), and
14. [Program of All Inclusive Care for the Elderly \(PACE\)](#) Breast and Cervical Cancer Treatment, and
15. ~~Program of All Inclusive Care for the Elderly (PACE).~~

It should be noted that all SSI recipients are also entitled to Florida Medicaid but their eligibility is based on the determination for SSI, which is made by the Social Security Administration.

The eligibility specialist must not confuse Medicaid with Medicare. Medicaid is medical assistance based on need and the benefits may vary widely from state to state. Medicare is medical insurance which is not based on need, but on entitlement, as determined by SSA. Because Medicare is a federal program, the benefits do not vary from state to state.

Other SSI-Related Programs are considered state funded programs because the state receives no federal funds to help pay for them and all funding is from general revenue. However, the basic eligibility requirements for these programs are still based on SSI policy. These programs include Optional State Supplementation and Home Care for the Disabled.

0240.0103 Eligibility Criteria (MSSI, SFP)

The specific criteria for each SSI-Related Program will be listed under the program name below. To be eligible for any SSI-Related Program, an individual must meet general (technical) criteria, income, and asset requirements which vary by program, and any special criteria for a particular program.

For all SSI-Related Programs, the individual must meet the following technical eligibility criteria:

1. aged (65 or older), blind (does not apply to MEDS), or disabled;
2. U.S. resident;
3. Florida resident;
4. U.S. citizen or qualified noncitizen (except for [EMA EMN](#));
5. provide, or file for, an SSN (except for [EMA EMN](#));
6. file for all other benefits to which he may be entitled; and

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

July-November2014 Summary of Changes

7. assign rights to state to collect private health insurance (for MA-SSI only).

0240.0104 Medically Needy (MSSI)

The Medically Needy Program coverage is for individuals who meet the technical requirements for the above coverage groups but whose income exceeds the income limit. If the household's income is greater than the income limit, the exceeding amount is determined as the share of cost. The individual is enrolled but is not eligible until the share of cost is met. Medically Needy provides month to month coverage when individuals have incurred medical bills that meet their share of cost.

~~This program provides Medicaid coverage on a month-to-month basis for those individuals who have medical bills and are not eligible under any other Medicaid group. Once eligible, an individual is entitled to all Medicaid benefits except institutional care and buy-in of the Medicare premium. To be eligible, an individual must meet all technical criteria as well as the following:~~

1. Income Limit: \$180 (Individual), \$241 (Couple).
2. Asset Limit: \$5000 (Individual), \$6000 (Couple).

There is no income limit for this program. However, an individual or couple must have incurred medical bills (either paid or unpaid) equal to the amount of monthly income that exceeds the Medically Needy Income Limit (MNIL). This is referred to as meeting the share of cost.

0240.0111 Home and Community Based Services (MSSI)

The purpose of the Home and Community Based Services (HCBS) Programs is to prevent institutionalization of individuals by providing for care in the community. These programs are considered Medicaid waiver programs because they waive certain Medicaid eligibility criteria and allow individuals to be eligible who would not otherwise be eligible, and they allow additional services that are not usually available under Medicaid.

Following are HCBS waivers for which you must determine eligibility:

1. Cystic Fibrosis (CF), Channeling,
2. Familia Dysautonomia (FD), Project AIDS Care (PAC),
3. iBudget Florida Developmental Disabilities (DD), Aged and Disabled Adult (ADA),
4. Model Waiver, Developmental Disabilities (DD),
5. Project AIDS Care (PAC), Assisted Living Waiver (AL),
6. Statewide Managed Medical Care Long Term Care (SMMC LTC), and Traumatic Brain and Spinal Cord Injury (BSCIP),
7. Traumatic Brain and Spinal Cord Injury (BSCIP) Model Waiver,
8. Long Term Care Community Diversion (LTCCD),
9. Cystic Fibrosis (CF),
10. Family and Supported Living (FSL),

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

July-November2014 Summary of Changes

- ~~11. Familial Dysautonomia (FD), and~~
- ~~12. iBudget Florida.~~

The individual must meet all technical criteria, have income and assets within the limits for ICP or MEDS-AD, meet the level of care for the particular program involved and be enrolled in the waiver as documented by form CF-ES 2515. (Individuals cannot qualify for HCBS under the Medically Needy Program).

Note: With the exception of the Long-Term Care Community Diversion, Cystic Fibrosis, iBudget Florida and Assisted Living Waiver Programs, spousal impoverishment policies do not apply to HCBS Programs. However, the transfer of assets policy does apply to all HCBS Programs.

0240.0115 Special Low Income Medicare Beneficiary (MSSI)

This program entitles eligible individuals who have to have Medicaid pay their Part B Medicare premium.

To be eligible for SLMB, an individual must:

1. Be enrolled in Medicare Part A.
2. Meet all technical criteria, except being aged (65 or older requirement) or disabled.
3. Income Limit: ~~100%~~ **120%** ~~Between 100% and 120%~~ of Federal Poverty Level.
4. Asset Limit: Three times the SSI resource limit with annual increases based on the yearly Consumer Price Index. Refer to Appendix A-9.

0240.0116 Qualifying Individuals 1 (MSSI)

This program allows eligible individuals to have Medicaid pay the Medicare Part B premiums. This is a program with limited funding. It is available on a first-come, first-serve basis.

To be eligible for QI1, an individual must:

1. Be enrolled in Medicare Part A.
2. Meet all technical criteria, except being aged (65 or older requirement) or disabled.
3. Income Limit: ~~120%~~ **135%** ~~Between 120% and 135%~~ of Federal Poverty Level.
4. Asset Limit: Three times the SSI resource limit with annual increases based on the yearly Consumer Price Index. Refer to Appendix A-9.

0610.0401 Requests for Additional Information/Time Standards (FS)

If the Department needs additional information or verification from the applicant, provide:

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

July-November2014 Summary of Changes

1. a written list of items required to complete the application process,
2. the date the items are due in order to process the application timely, and
3. the consequences for not returning additional information by the due date.

Provide applicants an opportunity to complete their initial application interview by the ~~seventh~~ 10th day after the date the appointment letter is generated. Send the Notice of Missed Interview the day after the applicant misses the interview. If the household does not complete a required interview by the 30th day, deny the application on the 30th day. The verification/information due date is 10 calendar days after the date of the interview or if there is no interview requirement, 10 days after the date the pending notice is generated. If the due date falls on a holiday or weekend, the deadline for the requested information is the next business day. At the individual's request, extend the due date. Leave the case pending until the 30th day after the date of application to allow the household a chance to provide verifications. Assist applicants with getting missing verifications when needed.

1. If the applicant completes the interview, provides all verifications, and meets all eligibility factors, approve the application by the 26th day if the household does not have an EBT card or by the 29th day for food assistance if the household has an EBT card. If the 26th or 29th day falls on a weekend or holiday, approve the application on the business day before the 26th or 29th day.
2. If the household does not return the verifications by the 30th day after the date of application, deny the application on the 30th day. If the 30th day falls on a weekend or holiday, deny the application on the next business day after the 30th day.
3. If the household returns the verifications after the 30th day but by the 60th day, approve the application as soon as possible following receipt of the verifications as long as disposal occurs by the 60th day. Do not require a new application.

Evaluate any delay in submitting information that exceeds the time standard to determine applicant or Department delay.

0610.0501 Categorical Eligibility (FS)

Standard filing units are categorically eligible if they:

1. file a joint application for food stamps and TCA,
2. file for SSI benefits,
3. file for FS and SSI benefits,
4. have a TCA or SSI application pending and are denied food stamps but are later determined categorically eligible,
5. are SFUs in which all members receive income from TCA, RAP, or SSI, or

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

July-November2014 Summary of Changes

6. are SFUs in a food stamp household that does not contain a member disqualified for any one of the four reasons listed below.

These SFUs are eligible for food stamps without separate verification of assets, gross and net income limits, social security number, residency, and sponsored noncitizen status. Broad-Based Categorically Eligible SFUs must meet a gross income limit of 200% of the federal poverty level but have no asset test. If the SFU contains a member who is age 60 or over or meets the definition of food stamp disabled, the SFU must meet the gross income limit of 200% of the federal poverty level for the AG size. If the SFU does not meet the 200% income limit, the SFU must meet the net income limit of 100% of the federal poverty level for the AG size and the asset limit of \$3250.

Standard filing units are not categorically eligible or broad-based categorically eligible if:

1. a member is disqualified for IPV,
2. a member is disqualified for employment and training requirements,
3. a member is disqualified for felony drug trafficking [including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996](#), or
4. a member is a fleeing felon.

Prorate the food stamps for the initial month for AGs that file joint applications and are determined categorically eligible after a prior denial of food stamps. Begin the prorated period on the date of TCA eligibility or the date of the original food stamp application whichever is later.

Provide retroactive food stamps prorated from the application date to any potentially categorically eligible food stamp AG determined TCA eligible within the 30-day food stamp processing time. Reevaluate the original application at the SFU's request or when the Department becomes aware of the SFU's TCA and/or SSI eligibility.

0620.0401 Requests for Additional Information/Time Standards (TCA)

If the Department needs additional information or verification from the applicant, provide:

1. a written list of items required to complete the application process,
2. the date the items are due in order to process the application timely, and
3. the consequences to the applicant for not returning additional information by the due date.

Provide applicants an opportunity to complete their initial application interview by the ~~seventh~~ [10th](#) day after the date the appointment letter is generated. If the household does not complete a required interview by the 30th day, deny the application on the 30th day. The verification/information due date is 10 calendar days after the date of the

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

July-November2014 Summary of Changes

interview or if there is no interview requirement, 10 days after the date the pending notice is generated. If the due date falls on a holiday or weekend, the deadline for the requested information is the next business day. At the individual's request, extend the due date. Leave the case pending until the 30th day after the date of application to allow the household a chance to provide verifications. Assist applicants with getting missing verifications when needed.

1. If the applicant completes the interview, provides all verifications, and meets all eligibility factors, approve the application by the 30th day for TCA. If the 30th day falls on a weekend or holiday, approve the application on the business day before the 30th day.
2. If the household does not return the verifications by the 30th day after the date of application, deny the application on the 30th day. If the 30th day falls on a weekend or holiday, deny the application on the next business day after the 30th day.
3. If the household returns the verifications after the 30th day but by the 60th day, approve the application as soon as possible following receipt of the verifications as long as disposal occurs by the 60th day. Do not require a new application.

Evaluate any delay in submitting information that exceeds the time standard to determine applicant or Department delay.

1410.2200 INDIVIDUAL CONVICTED OF FELONY DRUG TRAFFICKING (FS)

Food stamp benefits shall be denied to an individual who has been convicted of a felony for drug trafficking **including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996** ~~who was convicted on or after 7/1/97~~. This disqualification is a lifetime disqualification. Only the individual who was convicted will be penalized. If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.

Since felony conviction for drug trafficking is not considered noncompliance with specific program requirements, "Riverside" policy would not be applied.

1420.0310 Temporary Absence from the State (TCA)

Temporary absences do not affect residency. ~~Residency is not affected during temporary absences.~~ Temporary absence exists when **an absence is 30 days or less** ~~a visit for a reasonable time period is made out of the state for two months or less and the~~

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

July-November 2014 Summary of Changes

~~intent is to return to Florida.~~ If the absence is greater than 30 days, the individual must provide:

~~If the visit lasts more than two months, the individual must provide the eligibility specialist with:~~

1. ~~T~~the reason(s) the ~~absence~~visit has been prolonged (e.g., medical treatment),
2. ~~P~~plans to return to ~~Florida~~the state, and
3. ~~T~~the date the individual intends to return to ~~Florida~~the state.

To determine if TCA should continue for temporarily absent assistance groups, the assistance group must:

1. Have maintained its residence in Florida during the temporary absence period, and
2. Have plans to return to Florida when the reason for the temporary absence has ended.

Temporary absence does not exist and ~~the individual does not meet~~therefore residency requirements~~is not established~~ if:

1. ~~A~~another state has determined ~~that~~the individual is a resident of their state for TCA (TANF)~~Temporary Cash Assistance~~ purposes, or
2. ~~T~~the individual leaves the U.S. with the intent to establish permanent residence outside the U.S., or
3. There is no intent to return to Florida.

When the assistance group leaves ~~Florida with the intent~~the state for the purpose of establishing its home ~~in another state~~elsewhere, Florida residency is lost. ~~TCA Assistance may be continued for only one month following the month of departure.~~

Households using TCA benefits out of state for more than 30 days with no subsequent in-state usage must have the TCA benefits terminated, unless the household can verify Florida residency or temporary absence from the state and has the intent to return.

1420.0601 Teen Parent Requirements (TCA)

To be eligible for Temporary Cash Assistance, a teen parent must:

1. live with parents or relatives or in another supervised setting to be eligible for Temporary Cash Assistance;

Note: An adult supervised setting is one in which the teen parent is receiving adult guidance and support to help the teen parent to be a responsible parent, stay in school and prepare for independent living.

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

July-November2014 Summary of Changes

2. attend school or an approved training program leading to a GED; **Exceptions:** Teen is the parent of a minor child less than 12 weeks old, or the teen parent has completed high school.
3. have temporary cash payments based on the Tier III payment standard and have a protective payee appointed when the teen parent heads her own Temporary Cash Assistance group;
4. have income deemed from parents when the teen parent lives with a parent and heads their own Temporary Cash Assistance group; and
5. attend parenting and family classes if there is a program available in the area.

Note: The Regional Workforce Board/designee complete referrals for these classes.

1420.2200 INDIVIDUAL CONVICTED OF FELONY DRUG TRAFFICKING (TCA)

Temporary Cash Assistance benefits shall be denied to an individual who has been convicted of a felony for drug trafficking **including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996**~~who was convicted on or after 7/1/97~~. This disqualification is a lifetime disqualification. Only the individual who was convicted will be penalized. If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.

Since felony conviction for drug trafficking is not considered noncompliance with specific program requirements, "Riverside" policy would not be applied.

1440.0008 Additional Criteria - HCBS Waivers (MSSI)

The individual must also meet additional program specific criteria that vary according to the Home and Community Based Services (HCBS) Program waiver type.

For the Cystic Fibrosis Waiver (CF/HCBS) individuals must:

1. be 18 years of age or older (must meet disability criteria if under age 65);
2. meet a level of care for being at risk of hospitalization as determined by CARES;
3. have a diagnosis of Familial Dysautonomia and a need for medically necessary services provided by the waiver as determined by CARES; and
4. be enrolled in the Familial Dysautonomia waiver as documented by form CF-ES 2515

For Familial Dysautonomia Waiver FD/HCBS) individuals must:

1. be age three or older (must meet disability criteria if under age 65);

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

July-November2014 Summary of Changes

2. meet a level of care of being at risk of hospitalization as determined by CARES;
3. have a diagnosis of Familial Dysautonomia and a need for medically necessary services provided by the waiver as determined by CARES, and
4. be enrolled in the Familial Dysautonomia waiver as documented by form CF-ES 2515.

For the iBudget Florida Waiver individuals must:

1. be aged three or older (must meet disability criteria if under 65),
2. meet level of care requirements as determined by the Agency for Persons with Disabilities; and
3. be enrolled in the iBudget Florida waiver as documented by form CF-ES 2515

The iBudget Florida waiver is targeted to develop mentally disabled individuals and allows the customer more choice and control over his or her services.

For the Model Waiver, individuals must:

1. be under 21 years of age
2. be diagnosed as having a degenerative spinocerebellar disease; and
3. meet the appropriate level of care for inpatient hospital care as determined by Children's Medical services as documented by form CF-ES 2515.

Florida can only serve five children at any one time under this program. The Agency for Health Care Administration evaluates each case and authorizes slots.

For Project AIDS Care (PAC/HCBS), individuals must:

1. be disabled with AIDS (this also applies to an aged individual);
2. meet level of care requirements as determined by CARES, and
3. be enrolled in the PAC waiver as documented by form CF-ES 2515.

For the Statewide Managed Medical Care Long Term Care Waiver (SMMC LTC) individuals must:

1. be enrolled in the SMMC-LTC waiver as documented by form CF-ES 2515;
2. meet the appropriate level of care requirement as determined by CARES; and
3. be 18 years of age or older (must meet disability criteria if under 65).

For Traumatic Brain and Spinal Cord Injury Waiver, individuals must:

1. be between the ages of 18 and 64;
2. be disabled due to Traumatic Brain Injury or Spinal Cord Injury;
3. meet a nursing facility level of care as determined by Cares; and
4. be enrolled in the waiver as documented by form CF-ES 2515.

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

July-November2014 Summary of Changes

For HCBS Channeling, individuals must:

- ~~1. live within the project area (Dade or Broward county);~~
- ~~2. be aged (65 years old or older);~~
- ~~3. meet level of care requirement as determined by CARES, and~~
- ~~4. be enrolled in the Channeling waiver as documented by form CF-ES 2515.~~

Channeling is a program for aged individuals only.

For Project AIDS Care (PAC/HCBS), individuals must:

- ~~1. be disabled with AIDS (this also applies to an aged individual);~~
- ~~2. meet level of care requirement as determined by CARES, and~~
- ~~3. be enrolled in the PAC waiver as documented by form CF-ES 2515.~~

For the Aged and Disabled Adult Waiver (ADA/HCBS) individuals must:

- ~~1. be 18 years of age or older (must meet disability criteria if under 65);~~
- ~~2. meet the appropriate level of care as determined by CARES; and~~
- ~~3. be enrolled in the waiver as documented by form CF-ES 2515.~~

For the Developmental Disabilities waiver (DD/HCBS), individuals must:

- ~~1. be disabled or aged;~~
- ~~2. meet the appropriate level of care for an ICF/DD as determined by Developmental Disabilities; and~~
- ~~3. be enrolled in the waiver as documented by form CF-ES 2515.~~

Eligible participants in the DD waiver must be developmentally disabled.

For the Assisted Living waiver (AL/HCBS), individuals must:

- ~~1. reside in a specially licensed Assisted Living Facility (ALF);~~
- ~~2. be 60 years of age or older (must meet disability criteria if under 65);~~
- ~~3. meet the appropriate level of care and special functional criteria as determined by CARES; and~~
- ~~4. be enrolled in the wavier as documented by form CF-ES 2515.~~

For the Model waiver, individuals must:

- ~~1. be under 21 years of age;~~
- ~~2. be diagnosed as having a degenerative spinocerebeller disease;~~
- ~~3. meet the appropriate level of care for inpatient hospital care as determined by Children's Medical Services; and~~

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

July-November2014 Summary of Changes

- ~~4. be enrolled in the waiver through Children's Medical Services as documented by form CF-ES 2515.~~

~~Florida can only serve five children at any one time under this program. The Agency for Health Care Administration evaluates each case and authorizes slots.~~

~~For the Traumatic Brain and Spinal Cord Injury Waiver, individuals must:~~

- ~~1. be between the ages of 18 and 64;~~
- ~~2. be disabled due to traumatic brain injury or spinal cord injury;~~
- ~~3. meet a nursing facility level of care as determined by CARES; and~~
- ~~4. be enrolled in the waiver as documented by form CF-ES 2515.~~

~~For the Long-Term Care Community Diversion (LTCCD/HCBS) waiver, individuals must:~~

- ~~1. be age 65 or older,~~
- ~~2. meet the nursing facility level of care requirement as determined by CARES, and~~
- ~~3. be enrolled in the waiver with specific managed care providers as documented by form CF-ES 2515.~~

~~Eligible participants in LTCCD receive services through specific managed care providers and are not restricted to a specific living arrangement. Services may be provided at home, in an assisted living facility or in a nursing facility.~~

~~For the Cystic Fibrosis Waiver (CF/HCBS), individuals must:~~

- ~~1. be 18 years of age or older (must meet disability criteria if under age 65);~~
- ~~2. meet a level of care for being at risk of hospitalization as determined by CARES;~~
- ~~3. have a diagnosis of cystic fibrosis and a need for medically necessary services provided by the waiver as determined by Adult Services; and~~
- ~~4. be enrolled in the Cystic Fibrosis waiver as documented by form CF-ES 2515.~~

~~For the Family and Supported Living waiver (FSL/HCBS) individuals must:~~

- ~~1. be aged three or older (must meet disability criteria if under age 65);~~
- ~~2. meet level of care requirements as determined by the Agency for Persons with Disabilities; and~~
- ~~3. be enrolled in the Family and Supported Living waiver as documented by form CF-ES 2515.~~

~~The FSL waiver is targeted to individuals waiting to enroll in the Developmental Disabilities waiver.~~

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

July-November2014 Summary of Changes

~~For the Familial Dysautonomia (FD/HCBS) waiver individuals must:~~

- ~~1. be aged three or older (must meet disability criteria if under age 65);~~
- ~~2. meet a level of care for being at risk of hospitalization as determined by CARES;~~
- ~~3. have a diagnosis of familial dysautonomia and a need for medically necessary services provided by the waiver as determined by CARES; and~~
- ~~4. be enrolled in the Familial Dysautonomia waiver as documented by form CF-ES 2515.~~

~~For the iBudget Florida waiver individuals must:~~

- ~~1. be aged three or older (must meet disability criteria if under age 65);~~
- ~~2. meet level of care requirements as determined by the Agency for Persons with Disabilities; and~~
- ~~3. be enrolled in the iBudget Florida waiver as documented by form CF-ES 2515.~~

~~The iBudget Florida waiver is targeted to developmentally disabled individuals and allows the customer more choice and control over his or her services.~~

1440.0106.01 Noncitizens Serving in the United States Armed Forces (MSSI, SFP)

Noncitizens serving in the United States Armed Forces (Army, Air Force, Navy, Marines, or Coast Guard) on active duty for purposes other than training, noncitizen veterans honorably discharged from the United States Armed Forces for reasons other than noncitizen status, who have met the minimum active duty service requirements of Section 5303A(d) of Title 38, United States Code (24 months or the period for which the person was called to active duty), and their spouses and unmarried dependent children, are eligible to receive Medicaid on the factor of noncitizen status.

Verification of active duty military status includes:

1. a current Military Identification Card (DD Form 2) that lists an expiration date of more than one year from the date of determination. If the expiration date is less than one year, the individual will need to present a copy of current military orders,
2. verification through the nearest Real Time Automated Personnel Identification System (RAPIDS), or
3. contact with DEERS Support Office
Attention: Research and Analysis
400 Gigling Road
Seaside, California 93955-6771
Fax (408) 655-8317.

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

July-November2014 Summary of Changes

Proof of honorable discharge:

The discharge certificate (DD Form 214) or its equivalent indicates the type of discharge.

If the individual is not in possession of their discharge certificate, the specialist should refer the individual to the local Veteran Administration Regional Office for a determination of the individual's veteran status.

Note: If the individual's discharge certificate indicates an original enlistment date in the Armed Forces prior to September 7, 1980, there is no minimum active duty service requirement.

An unmarried dependent child is defined as:

1. the biological or legally adopted dependent child of an honorably discharged veteran or an active duty member of the U.S. Armed Forces,
2. not married, and
3. under the age of 18 or under the age of 22 if a full-time student.

An un-remarried noncitizen surviving spouse may also be eligible when the:

1. veteran spouse was a Filipino described in Section 107 of Title 38, U.S. Code. (individuals who served in the Philippine Commonwealth Army during World War II or as a Philippine Scout following the war); or
2. spouse died while on active duty, provided the surviving spouse has not remarried and the marriage fulfills the requirements of Section 1304 of Title 38, U.S. Code.

Section 1304 defines marriage as having met one of the following conditions:

1. The surviving spouse was married to the veteran or active duty military personnel within 15 years after discharge in which the injury or disease leading to the death of the veteran or active duty personnel was incurred or aggravated (Not a factor if the individual died while on active duty) and was married for a period of at least one year. or
2. A child was born during the relationship between the individual and the veteran or active duty military personnel either during or before the marriage.

Note: These individuals [are](#) ~~re~~ not subject to the five-year ban.

1440.0200 SOCIAL SECURITY NUMBER (MSSI, SFP)

The eligibility specialist must obtain a Social Security number (SSN) for each individual or verify that the individual has applied for an SSN as a condition of eligibility. This

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

July-November2014 Summary of Changes

requirement does not apply for the Emergency Medical Assistance for Noncitizens Program. The purpose of the SSN is to identify income and assets held by an individual.

A verbal statement providing the SSN is sufficient as the SSN is validated through data exchange. If the SSN is unknown or has never been obtained, the individual must:

1. apply for an SSN through the welfare enumeration system at the local DCF office. (Original evidence of age, identification and citizenship or noncitizen status must be sent by the eligibility specialist to the local Social Security Administration (SSA) office with the completed SS-5.); or
2. apply for an SSN through the local SSA office (The SSA filing receipt for application must be presented to the eligibility specialist as evidence that the individual has applied.); or
3. apply for an SSN through the Florida enumeration at birth process.

Evidence that the individual has applied includes:

1. an SSA 2853 indicating that an SSN was requested at the hospital,
2. the child's birth certificate with "yes" annotated in Section 11d, or
3. a screen print from BVS with a "y" indicator in the child issue field.

The eligibility specialist must request that SFU members whose income and/or assets are included in the budget, but who are not members of the assistance group, provide their SSN for purposes of data exchange. These individuals are not required to comply with this request. [The agency must not deny or delay services to an otherwise eligible individual pending issuance or verification of the individual's SSN by SSA.](#)

Refer to the FLORIDA Desk Guide for procedures for routing the SS-5.

1440.1105 Full FBR for Temporary Institutionalization (MSSI, SFP)

One exception to the reduced FBR applies to individuals who enter a nursing home for a temporary stay. If he has expenses at home and his doctor expects he will stay for less than 91 days, he can receive the full FBR for three months. The individual must provide proof of these conditions to SSA by the 10th day of the month after the month of admission. The SSI payment is for the individual's personal needs and home expenses and is not used to pay the facility or to determine patient responsibility. A personal needs allowance supplement is not authorized in these cases because the individual has income over \$~~10535~~¹⁰⁵³⁵.

1440.1302 Who Determines Need for Placement (MSSI)

The agency or office responsible for determining the need for care depends on the applicant's age and what kind of facility or program is needed. After the eligibility specialist requests a determination, he must receive DOEA CARES Form 603

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

July-November2014 Summary of Changes

(Notification of Level of Care) from the responsible office to document the specific need in the case record.

Note: The eligibility specialist does not request level of care decisions for HCBS waivers but must receive documentation of decisions from case managers or CARES.

The determination will be obtained from one of the following offices:

CARES (Comprehensive Assessment and Review for Long Term Care Services), Department of Elder Affairs:

1. For ICP: determines Level of Care for applicant/recipients over age 21 in nursing facilities, swing beds or hospital based nursing facility beds.
2. For HCBS: determines if applicant/recipient meets waiver requirements for a specific HCBS waiver, including Channeling, Aged and Disabled Adult, Project AIDS Care, [SMMC LTC](#), ~~Assisted Living~~, Traumatic Brain and Spinal Cord Injury, ~~Long Term Care Community Diversion~~ or Cystic Fibrosis.
3. For PACE: determines if the applicant/recipient meets the level of care.

CMAT (Children's Multidisciplinary Assessment Team), Children's Medical Services in the Department of Health:

1. For ICP: determines Level of Care for children under age 21, unless they are applicants for Project AIDS Care or Developmental Disabilities [iBudget Florida Waiver](#).
2. For HCBS: determines if applicants meet waiver requirements for the Model waiver.

APD (Agency for Persons with Disabilities):

1. For Intermediate Care Facility for Developmental Disabilities: determines Level of Care for ICF/DD placement.
2. For HCBS: determines if applicant meets waiver requirements for the Developmental Disabilities, Family and Supported Living and [iBudget Florida W](#)waivers.

If the eligibility specialist is not sure who is handling this determination, or whether a determination has been requested, he should request assistance from his supervisor.

1610.0200 ASSET LIMITS (FS)

The asset limit is the maximum amount of liquid and/or nonliquid assets that an assistance group can retain and remain eligible for public assistance.

The total countable assets of the assistance group cannot exceed:

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

July-November2014 Summary of Changes

1. \$3,250 for assistance groups that include a member(s) who is elderly or disabled. Elderly is defined as being age 60 or older. An individual may be considered elderly if they will be age 60 by the last day of the application month; or
2. ~~\$2,250~~\$2,000 for all other assistance groups.

For categorically eligible households, countable assets are assumed to be within the FS asset limits.

1830.1200 EDUCATIONAL SCHOLARSHIPS, FELLOWSHIPS AND GRANTS (MFAM)

Scholarships, fellowships and grants are excluded income if the recipient is a degree candidate at an eligible educational institution to the extent it does not exceed qualified educational expenses. Qualified educational expenses include tuition and fees, course related expenses such as fees, books, supplies and equipment if required. The costs of room and board, travel, teaching or research are not qualified educational expenses.

[The total grant amount received by the young adult participating in one of the Independent Living Programs is excluded in all Medicaid eligibility determinations for all members.](#)

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 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 is excluded in all Medicaid eligibility determinations for all members.](#)

2010.0202 Noncategorically Eligible Assistance Groups (FS)

If the standard filing unit does not contain all individuals who receive or are authorized to receive Temporary Cash Assistance, SSI, or services through Healthy Families Florida, the assistance group is not considered categorically eligible. Standard filing units that contain any disqualified members due to IPV, felony drug trafficking [including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996](#), fleeing felon, or employment and training requirements are not broad-based categorically eligible. These assistance groups are referred to as noncategorical assistance groups (NA). Medical assistance only assistance groups, except for under \$10 Temporary Cash Assistance cases, are considered NA assistance groups.

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

July-November2014 Summary of Changes

2210.0301 Standard Filing Unit (FS)

The standard filing unit (SFU) may be one individual or a group of individuals who reside together and customarily purchase and prepare their food together. [Consider same-sex married couples as members of the same SFU.](#) It is not necessary that the group of individuals share other nonfood SFU expenses. Also, there is no requirement that the SFU have cooking facilities or use common storage of food. Parents and children are generally mandatory members of the SFU because of relationship. Exceptions to this can be found in passages 2210.0304 through 2210.0315.04.

It is possible for more than one food stamp SFU to live under one roof. If they do not customarily purchase and prepare food in common, each group may apply as a separate SFU provided they are not mandatory members of the same SFU due to their relationships. The eligibility specialist must annotate on FLORIDA screen CLRC, the name, relationship and reason anyone living in the household is not listed on FLORIDA screen AIID. The purchase and prepare status of those members not on AIID must also be addressed in CLRC.

2210.0305 Spouses Included (FS)

Spouses must be included in the same food stamp SFU. [Consider same-sex married couples as members of the same SFU.](#)

A spouse (defined in Section 741.212(3) of the 2001 Florida Statutes) is a member of a marriage or legal union between one man and one woman as husband and wife.

Spouses who usually reside together must be included in one SFU, except that separate SFU status may be granted if one of the individuals has established a separate residence outside the home.

Example: A truck driver who is away from the home for 10 days and returns for two days at the end of each trip has not established a residence separate and apart, and therefore must be considered an SFU member. However, if the spouse is in the armed forces, the spouse may be considered a non-SFU member, if the spouse is away on assignment for a month or longer.

2220.0422 Participation Status Codes (TCA)

The following section will present participation codes for TCA, under \$10 payment cases and cases for individuals who choose not to receive Temporary Cash Assistance.

When the SFU composition has been determined, a participation code will be assigned to each individual. This code will determine in FLORIDA how each individual's needs, income and assets are counted.

The participation codes that will be used are as follows.

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

July-November2014 Summary of Changes

- EA** - Eligible or Potentially Eligible Adult - The income, assets, and needs are included. The individual is entitled to the appropriate disregards and receives benefits.
- EC** - Eligible or Potentially Eligible Child - The income, assets, and needs are included. The individual is entitled to the appropriate disregards and receives benefits.
- DS** - Deemed Spouse (TCA) - The assets are not considered. Income is deemed.
- DP** - Deemed Parent (TCA) - The assets are not considered. Income is deemed.
- DT** - Deemed Stepparent (TCA) - The assets are not considered. Income is deemed.
- FA** - Financial Adult - The income and assets would be included but income disregards would not be given. The individual's needs would be excluded and the individual would not receive benefits. The following describes when these situations would occur: Individual is ineligible due to SSN, ~~work penalty~~, Learnfare school conference penalty, drug trafficking disqualification [including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996](#) or father of unborn child when mother receives TCA based on ninth month or third trimester unborn.
- FC** - Financial Child - The income and assets would be included but disregards would not be given.* The individual's needs would be excluded and the individual would not receive benefits. The following describes when these situations would occur: Learnfare school attendance penalty, immunization penalty.
- PA** - Prorated Adult – The income is prorated and the assets are counted in their entirety. This individual's needs are excluded and they are not part of the assistance group. This situation occurs when the individual is ineligible due to noncitizen status.
- PC** - Prorated Child – The income is prorated and the assets are counted in their entirety. This individual's needs are excluded and they are not part of the assistance group. This situation occurs when the individual is ineligible due to noncitizen status.
- XC** - Excluded Child - The income, assets and needs of the child are not included. The situation in which this would occur is if the child did not have an SSN.

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

July-November2014 Summary of Changes

XA - Excluded Adult - The income, assets and needs of the adult are not included.

Note: If a financial adult or child is sanctioned, they are eligible to receive the disregards.

2410.0405 Disqualifications and Benefit Recovery (FS)

The following Food Stamp Program disqualifications apply:

1. Disqualification Penalty for Intentional Program Violation: An individual found guilty of an intentional program violation will be ineligible to participate in the Food Stamp Program for a period of one year for the first offense, two years for the second offense and permanently for a third offense.
2. Permanent Disqualification for Food Stamp Trafficking Conviction of \$500 or More: An individual who is found guilty of trafficking food stamps in the amount of \$500 or more will be permanently disqualified from participation in the Food Stamp Program.
3. Disqualification for Fraudulent Receipt of Multiple Program Benefits: An individual shall be ineligible to participate in the Food Stamp Program as a member of any household for 10 years if the individual is found by a state agency to have made, or is convicted in a Federal or state court of having made, a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously from the Food Stamp Program. An example of this could be individuals who live in border towns between Florida, Alabama and Georgia and receive benefits in two or more states simultaneously.
4. Disqualification for Fleeing Felons: An individual who is otherwise eligible to participate in the Food Stamp Program and is a fleeing felon or probation violator is ineligible for food stamps as long as they are in that status.
5. Disqualification for Purchasing Illegal Drugs with Food Stamp Benefits: An individual found by a Federal, state or local court to have used or received food stamps in a transaction involving the sale of a controlled substance shall be disqualified for two years for the first finding and permanently for a second such finding.
6. Disqualification for Drug Trafficking: An individual who has been determined guilty on or after 7/1/97, by a Federal, state or local court of a drug trafficking felony [including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996](#) is permanently disqualified from the Food Stamp Program. If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug

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

July-November2014 Summary of Changes

trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.

7. Disqualification for the Sale of Firearms, Ammunition, or Explosives: An individual found by a Federal, state or local court to have used or received food stamps in a transaction involving the sale of firearms, ammunition, or explosives shall be permanently disqualified from participation in the Food Stamp Program.

2420.0406 Disqualification for Felony Drug Trafficking (TCA)

An individual who has been convicted of felony drug trafficking [including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996](#) pursuant to 893.135 F.S. ~~on or after 7/1/97~~ shall be permanently disqualified from the Temporary Cash Assistance Program. If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.

2610.0410 Ineligible/Disqualified Members (FS)

Disqualified individuals may not participate in the Food Stamp Program. A disqualified individual is identified as one who is:

1. found to have committed an intentional program violation by an administrative disqualification hearing, found guilty by a court, or the individual has signed either a waiver of the right to an administrative disqualification hearing, or a consent agreement in cases referred for prosecution;
2. a fleeing felon or is in violation of probation or parole;
3. sanctioned for failing to meet work or workfare requirements;
4. convicted of felony drug trafficking [including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996](#); or
5. guilty of receiving multiple state benefits.

The disqualified individual may not be included in the household size when benefit amounts are determined. Treat the income, assets and expenses of the disqualified individual as follows:

1. The income will continue to count in its entirety but the 20% earned income deduction is allowed;
2. The assets will count in their entirety; and
3. The medical expenses, if appropriate, the dependent care deduction, child support deduction and the excess shelter deduction continue to be allowed in full in the household's budget even if paid by or billed to the disqualified member.

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

July-November2014 Summary of Changes

Technically ineligible individuals may not participate in the Food Stamp Program. A technically ineligible individual is one who:

1. fails to meet the SSN requirements;
2. fails due to being an ineligible noncitizen;
3. fails due to serving a child support sanction; or
4. fails due to not meeting ABAWD requirements.

The technically ineligible individual may not be included in the household when food stamp benefits are determined. Treat the income, assets and expenses of technically ineligible individuals as follows:

1. Prorate the income of the ineligible individual and count all but the ineligible member's share toward the eligibility of the remaining household members for individuals who fail to meet SSN requirements, are ineligible noncitizens, are serving child support sanctions, or have received all time limited months as an ABAWD. Exclude the income of the ineligible student;
2. Count the assets in their entirety for all technically ineligible individuals except the ineligible student. Exclude the assets of the ineligible student;
3. The 20% earned income deduction is allowed; and
4. Expenses billed to the technically ineligible member but paid entirely with the eligible member's income because the ineligible member has no income, count in full in the budget. If the expense is billed to the technically ineligible member, but paid for with the eligible member's income and the ineligible member's income, prorate the expense in the budget. If the expense is billed to and paid entirely by the technically ineligible member, prorate the expense in the budget; and
5. When the SFU contains a technically ineligible member, do not prorate the appropriate utility standard in the budget. Allow the full SUA, BUA, or Phone Standard if the dwelling is eligible for a standard.

2630.0506.01 Allowable Medical Expenses (MFAM)

Allowable medical expenses are medical expenses that are:

1. unpaid and still owed, or
2. paid during the current month, or
3. incurred and paid during the three months before the tracking month but no earlier than the three retroactive application months, and
4. not subject to third party payment.

There are two types of allowable medical expenses:

1. recognized health insurance costs, and
2. recognized medical services.

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

July-November2014 Summary of Changes

Only allowable medical expenses can be used to meet Share of Cost.

3220.0114.02 When Protective Payee Must be Selected (TCA)

An individual must be selected to act as protective payee when the parent or caretaker relative fails to comply with work activity requirements without good cause [or is disqualified for TCA fraud](#). The other instance when a protective payee must be selected is for any case containing a teen parent.

For penalties due to noncompliance with work activities [and disqualified for TCA fraud](#), the payee of the penalized AG is responsible for assisting the eligibility specialist with the selection of the protective payee. In the event it is not possible to designate a qualified protective payee or authorized representative/secondary cardholder, TCA payments cannot be issued.

[Staff](#)The eligibility specialist will discontinue the protective payee selection process [for work penalties](#) when any one of the following conditions exists:

1. [A](#) hearing is requested,
2. [T](#)he individual becomes exempt for TCA work activities, or
3. [T](#)he individual demonstrates compliance as determined by Regional Workforce Board (RWB) /contract provider.

[For disqualification penalties due to TCA fraud, staff will not select a protective payee for a two parent TCA household when only one parent has been disqualified. Designate the non-disqualified parent as the payee of the benefit. Staff must discontinue the protective payee requirement for the children's benefit once the individual has served their TCA disqualification penalty.](#)

3220.0114.03 Who Can Be Protective Payee (TCA)

An individual may receive benefits in his own right and be protective payee for another AG. The protective payee will not receive remuneration for services rendered in this capacity, either by the AG or by the Department of Children and Families.

The following individuals may be considered for protective payee:

1. [A](#)n adult relative (includes a family member whose needs are not included in the AG);
2. [A](#)n adult friend/neighbor;
3. [A](#) member of the clergy; [or](#) [and](#)
4. [A](#) member of a community service group, social agency, or volunteer agency.

The following individuals are not considered suitable protective payees:

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

July-November2014 Summary of Changes

1. ~~A~~an individual in a sanctioned AG,
2. ~~L~~andlords, grocers, and other vendors who give services to the AG; ~~and~~
3. Department of Children and Families employees who are directly responsible for determining eligibility for TCA or food stamps for the AG;~~and~~
4. An individual disqualified for TCA fraud.

3610.0902 Disqualification Periods and Implementation (FS)

The disqualification period for an eligible assistance group member will begin with the first month following the date the agency receives written notification of the hearings decision or within 45 calendar days from the date of receipt of a state attorney/court disposition. There is no requirement for notification through certified mail. The agency is not required to give the assistance group notice of adverse action prior to imposing the disqualification.

Disqualification periods, when specified in a court order, must be followed as defined by the court. In the absence of court ordered specifications, use the following program specific policies to determine disqualification periods.

FS disqualification periods:

In the Food Stamp Program there are several program violations, which have very stringent disqualification periods; these include the sale of controlled substances (illegal drugs), firearms, ammunition and/or explosives.

For program violations related to the use or receipt of food stamps in a transaction involving the sale of a controlled substance, the disqualification periods are:

1. 24 months for the first violation, and
2. permanent disqualification for the second violation.

For program violations related to the use or receipt of food stamps in a transaction involving the sale of firearms, ammunition, or explosives, the disqualification period is permanent for the first violation.

For program violations involving trafficking of food stamps in the amount of \$500 or more, the disqualification period is permanent for the first violation.

For program violations involving fraudulent statements or representations regarding identity or residence in order to receive multiple benefits, the disqualification period is 10 years for each violation.

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

July-November2014 Summary of Changes

In addition to these specific program violations there are two situations where an individual is automatically disqualified due to their status as a fleeing felon or probation violator or having a felony drug trafficking conviction.

An individual, who is a fleeing felon or probation violator, is disqualified from participation in the Food Stamp Program as long as they are a fleeing felon or probation violator.

An individual who was convicted of a drug trafficking felony [including agreeing, conspiring, combining, or confederating with another person to commit the act committed on or after 8/22/1996](#) ~~on or after 7/1/97~~, is permanently disqualified from participation in the Food Stamp Program. If the illegal behavior that lead to the conviction occurred on or before 8/22/96, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification. The individual must provide proof of the expungement.

For all other Food Stamp Program violations, the disqualification periods are:

1. 12 months for the first violation,
2. 24 months for the second violation, and
3. permanent disqualification for the third violation

Note: In instances where the food stamp fraud occurred prior to April 1, 1983, a three month disqualification period is applied, regardless of the type of violation.