

February 21, 2012 Summary of Changes

Chapter	Passage	Summary
0200	0240.0111	Added information regarding the iBudget Florida waiver and deleted information regarding the Comprehensive Adult Day Health Care waiver, which expires 03/31/2012.
0400	0410.0604, 0420.0604, 0430.0604, 0440.0604, 0450.0604, 0460.0604	Updated passages to indicate that individuals have until the end of the last day of the month prior to the effective date of the adverse action to request a fair hearing and have their benefits continued, unless the individual requests to have their benefits reduced or terminated.
0600	0610.0100, 0620.0100, 0630.0100, 0640.0100, 0650.0100, 0660.0100	Removed information relating to reusing an application.
	0610.0102	Changed the time standard for providing verifications to 60 days.
	0610.0401, 0620.0401, 0630.0401, 0640.0401, 0650.0401, 0660.0401	Added new language to explain the 60-day time standard for providing verifications.
	0610.0501	Added information about who is broad-based categorically eligible.
	0620.0502, 0660.0502	Removed reference to required contact with applicant when more than 30 days lapses between interview and case disposition. Not a requirement of the new 60-day application policy.
0800	0810.0100, 0820.0100, 0830.0100, 0840.0100, 0850.0100, 0860.0100	Added new language to explain the time standards for providing verifications is the end of the month following the month the review is due.
	0830.0600, 0840.0600, 0860.0600	Added a statement to clarify that an individual does not need to contact the Department to initiate an ex parte. Removed the statement that required an interview for an ex parte determination.
	0850.0600	Added a statement to clarify that an individual does not need to contact the Department to initiate an ex parte. Clarified that no ex parte is done when an individual is receiving IV-E payments or under a IV-E contract.
	0840.0601	Updated the passage to clarify responsibilities for the ex parte process.

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

February 21, 2012 Summary of Changes

Chapter	Passage	Summary
1400	1440.0008	Added information regarding the iBudget Florida waiver and deleted information regarding the Comprehensive Adult Day Health Care waiver, which expires 03/31/2012.
	1440.0306	Deleted obsolete U.S. Residency Requirement passage.
	1430.0724.01, 1430.0724.02, 1430.0724.03, 1430.0724.04	Deleted passages with outdated language regarding requirements to be eligible as under or unemployed.
	1430.0724.05	Re-titled passage; aligned verification language with TCA policy.
	1440.1204	Added information regarding the iBudget Florida waiver.
	1440.1302	Added information regarding the iBudget Florida waiver and deleted information regarding the Comprehensive Adult Day Health Care waiver, which expires 03/31/2012.
	1410.2300	Updated policy for refusal to cooperate with Quality Control.
1600	1610.0200	Updated the asset limit for households with an elderly or disabled member.
	1640.0307.01, 1640.0307.03, 1640.0307.04, 1640.0307.06	Updated the home equity standard reference.
	1610.0593, 1620.0593, 1630.0593, 1640.0593, 1650.0593, 1660.0593	Added information regarding the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398).
1800	1840.0207	Aligned MSSSI verification of earned income policy with existing MFAM policy providing consistency in language for both Medicaid Programs.
	1810.0315, 1820.0315, 1830.0315, 1840.0315, 1860.0315	Added clarifying language and aligned passages for verification of self-employment income.
	1810.0914, 1820.0914, 1830.0914, 1840.0914, 1850.0914, 1860.0914	Re-titled passage, added EEOICP information and deleted redundant information.
	1810.1300, 1820.1300, 1830.1300, 1840.1300, 1850.1300, 1860.1300	Re-titled passages and updated content for income from other sources.
	1810.1301	Re-titled passage and updated content for loans.
	1820.1302, 1830.1302,	Renumbered passages to .1301; re-titled

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February 21, 2012 Summary of Changes

Chapter	Passage	Summary
	1840.1303, 1850.1302, 1860.1302	passages; updated content for loans.
	1810.1303, 1820.1303, 1830.1303, 1840.1303,	Added passages for trusts.
	1810.1304, 1820.1304, 1830.1304, 1850.1304, 1860.1304	Added passages for gifts.
	1810.1305, 1820.1305, 1830.1305, 1850.1305, 1860.1305	Added passages for prizes and awards.
	1840.1306	Deleted passage and renumbered to .1305; updated content for prizes and awards.
	1810.1307, 1820.1307, 1830.1307, 1840.1307, 1850.1307, 1860.1307	Deleted passages and renumbered to .1302; updated content for contributions.
	1840.1309	Deleted passage; contributions to a facility content moved to 1840.1302
	1810.1400, 1820.1400, 1830.1400, 1840.1400	Deleted passages; trust content moved to .1303.
2000	2040.0800	Added information regarding the iBudget Florida waiver.
2200	2210.0323	Added no proration of utility standards and information regarding expenses of technically ineligible members.
	2220.0414.06, 2230.0414.06, 2250.0414.06	Deleted passages; obsolete IRCA policy.
	2220.0417.07	Removed incorrect sponsor asset reference and added new reference to TCA eligibility for individuals sponsored by agencies or organizations.
	2230.0417.07	Removed incorrect sponsor asset reference.
	2220.0420.02, 2230.0420.02	Removed reference to sanctions for TPL and reference to IRCA parent exception.
	2220.0420.07, 2230.0420.07, 2250.0420.07	Corrected passages to count all of the sponsor's income and assets.
	2220.0422	Participation codes: corrected FA; removed DL; added PA and PC.
	2250.0422	Participation code: removed DL.
	2260.0422	Participation codes: removed DL; changed FA and XC.

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February 21, 2012 Summary of Changes

Chapter	Passage	Summary
2400	2440.0363	Updated the student earned income disregard amounts.
2600	2630.0109.01, 2650.0109.01, 2660.0109.01	Removed reference to IRCA parents.
	2610.0200, 2620.0200, 2630.0200, 2650.0200	Removed reference to “a portion of” income to describe deeming since it may now be some or all income depending on program. Removed reference to IRCA parents.
	2620.0201, 2650.0201	Corrected passages to count all of the sponsor’s income and assets.
	2620.0207, 2630.0207, 2650.0207	Deleted passages; obsolete IRCA policy.
	2610.0301	Added language to explain the 60-day policy relating to when benefits begin.
	2610.0410	Added no proration of utility standards and information regarding expenses of technically ineligible members.
	2640.0117, 2640.0118	Added information regarding the iBudget Florida waiver and deleted information regarding the Comprehensive Adult Day Health Care waiver, which expires 03/31/2012.
3200	3220.0112	Added reference to policy that limits payees to a single TCA benefit or AG when TCA benefits are requested for more than one dependent child living in the home.

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

Listing of Amended Passages

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. Channeling,
2. Project AIDS Care (PAC),
3. Aged and Disabled Adult (ADA),
4. Developmental Disabilities (DD),
5. Assisted Living Waiver (AL),
6. Traumatic Brain and Spinal Cord Injury (BSCIP),
7. Model Waiver,
8. Long-Term Care Community Diversion (LTCCD),
9. Cystic Fibrosis (CF),
- ~~10. Comprehensive Adult Day Health Care (ADHC),~~
11. Family and Supported Living (FSL), and
12. Familial Dysautonomia (FD)- , and
13. [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, ~~the~~ Cystic Fibrosis, [iBudget Florida](#) and ~~the~~ 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.

0410.0604 Continuation of Benefits (FS)

When an individual requests a hearing [by the end of the last day of the month prior to the effective date of the adverse action](#) ~~within 10 calendar days of the mailing or hand-delivery of the notice of adverse action~~, reinstate the benefits to the prior level within 10 calendar days, unless the individual makes a written request to have the benefits terminated or reduced. If the [last day of the month](#) ~~tenth day~~ falls on a weekend or holiday, allow until the next working day for the request. Limit continuation of benefits to the current certification period.

Inform recipients that they are liable for any overpayment caused by the continuation of benefits, pending the hearing decision.

0420.0604 Continuation of Benefits (TCA)

When an individual requests a hearing [by the end of the last day of the month prior to the effective date of the adverse action](#) ~~within 10 calendar days of the mailing or hand-delivery of the notice of adverse action~~, reinstate the benefits to the prior level within 10 calendar days, unless the individual makes a written request to have the benefits terminated or reduced. If the [last day of the month](#) ~~tenth day~~ falls on a weekend or holiday, allow until the next working day for the request.

New language in passages appear [blue](#) in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

Inform recipients that they are liable for any overpayment caused by the continuation of benefits, pending the hearing decision.

0430.0604 Continuation of Benefits (MFAM)

If an individual requests a hearing ~~within 10 calendar days of the mailing or hand delivery of the notice of adverse action~~ **by the end of the last day of the month prior to the effective date of the adverse action**, reinstate the benefits to the prior level within 10 calendar days, unless the individual makes a written request to have the benefits terminated or reduced. If the **last day of the month** ~~tenth day~~ falls on a weekend or holiday, allow until the next working day for the request.

Inform recipients that they are liable for any overpayment caused by the continuation of benefits, pending the hearing decision.

0440.0604 Continuation of Benefits (MSSI, SFP)

If an individual requests a hearing ~~within 10 calendar days of the mailing or hand delivery of the notice of adverse action~~ **by the end of the last day of the month prior to the effective date of the adverse action**, reinstate the benefits to the prior level within 10 calendar days, unless the individual makes a written request to have the benefits terminated or reduced. If the **last day of the month** ~~tenth day~~ falls on a weekend or holiday, allow until the next working day for the request.

Inform recipients that they are liable for any overpayment caused by the continuation of benefits, pending the hearing decision.

0450.0604 Continuation of Benefits (CIC)

If an individual requests a hearing ~~within 10 calendar days of the mailing or hand delivery of the notice of adverse action~~ **by the end of the last day of the month prior to the effective date of the adverse action**, reinstate the benefits to the prior level within 10 calendar days unless the individual makes a written request to have the benefits terminated or reduced. If the **last day of the month** ~~tenth day~~ falls on a weekend or holiday, allow until the next working day for the request.

Inform recipients that they are liable for any overpayment caused by the continuation of benefits, pending the hearing decision.

0460.0604 Continuation of Benefits (RAP)

If an individual requests a hearing ~~within 10 calendar days of the mailing or hand delivery of the notice of adverse action~~ **by the end of the last day of the month prior to the effective date of the adverse action**, reinstate the benefits to the prior level within 10 calendar days, unless the individual makes a written request to have the benefits terminated or reduced. If the **last day of the month** ~~tenth day~~ falls on a weekend or holiday, allow until the next working day for the request.

Inform recipients that they are liable for any overpayment caused by the continuation of benefits, pending the hearing decision.

0610.0100 APPLICATION FOR ASSISTANCE (FS)

Individuals may apply for public assistance in person, by mail or by web-based or facsimile application. An acceptable application must have the applicant's name, address and signature on the form. Upon request from the applicant, provide assistance in completing the application.

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Listing of Amended Passages

Encourage the individual or the individual's authorized representative to exercise the right to file an application the same day the individual or authorized representative contacts the office and expresses interest in obtaining assistance. Only the PIP or authorized representative must sign the application. Unless signed in the presence of the eligibility specialist, an application signed with a mark must have two witness' signatures. If the eligibility specialist signs as the witness, no other witness is required.

Exception: A resident of a drug/alcohol treatment center cannot apply on his own behalf. The employee of an organization or institution must apply on behalf of the resident and will be authorized to receive and spend the resident's allotment.

A resident of a blind/disabled group home may apply on his own behalf or through an authorized representative.

Women and children residing in a shelter for battered women may apply for food stamps and use them in one of the following ways:

1. to purchase food for their own consumption,
2. to purchase meals prepared specifically for them at the shelter, or
3. to designate the shelter as a secondary cardholder so that the shelter can purchase food for meals served to the resident.

An individual must submit an application at initial application, reapplication, recertification and requests for additional types of assistance.

~~Use the same application with a new application date (date all verification provided) if:~~

- ~~1. the initial application, reapplication or timely/untimely recertification is denied due to not providing requested verification after an interview if one is required, and~~
- ~~2. the individual provides the verification within 60 days from the original application date.~~

0620.0100 APPLICATION FOR ASSISTANCE (TCA)

Individuals may apply for public assistance in person, by mail or by web-based or facsimile application. An acceptable application must have the applicant's name, address and signature on the form. Upon request from an applicant, provide necessary assistance in completing the application.

Encourage the individual or the individual's authorized representative to exercise the right to file an application the same day the individual or authorized representative contacts the office and expresses interest in obtaining assistance. Only the PIP or authorized representative must sign the application. Unless signed in the presence of the eligibility specialist, an application signed with a mark must have two witness' signatures. If the eligibility specialist signs as the witness, no other witness is required.

An individual must submit an application at initial application, reapplication, eligibility review and requests for additional types of assistance.

~~Use the same application with a new application date (date all verification provided) if:~~

- ~~1. the initial application or reapplication is denied due to not providing requested verification after an interview and~~
- ~~2. the individual provides the verification within 60 days from the original application date.~~

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Listing of Amended Passages

Inform an individual applying for relative children about the Relative Caregiver Program as an alternative to regular TCA.

0630.0100 APPLICATION FOR ASSISTANCE (MFAM)

Individuals may apply for public assistance in person, by mail or by web-based or facsimile application. An acceptable application must have the applicant's name, address and signature on the form. Upon request from an applicant, provide necessary assistance in completing the application.

Encourage the individual or the individual's designated representative to exercise the right to file an application the same day the individual or designated representative contacts the office and expresses interest in obtaining assistance. Only the PIP or designated representative must sign the application. Unless signed in the presence of the eligibility specialist, an application signed with a mark must have two witness' signatures. If the eligibility specialist signs as the witness, no other witness is required.

An individual must submit an application at initial application, reapplication, and requests for additional types of assistance.

~~Use the same application with a new application date (date all verification provided) if:~~

- ~~1. the initial application or reapplication is denied due to not providing requested verification after an interview if one is required, and~~
- ~~2. the individual provides the verification within 60 days from the original application date.~~

0640.0100 APPLICATION FOR ASSISTANCE (MSSI, SFP)

Individuals may apply for public assistance in person, by mail or by web-based or facsimile application. An acceptable application must have the applicant's name, address and signature on the form. Upon request from an applicant, provide necessary assistance in completing the application.

Encourage the individual or the individual's designated representative to exercise the right to file an application the same day the individual or designated representative contacts the office and expresses interest in obtaining assistance. Only the PIP or designated representative must sign the application. Unless signed in the presence of the eligibility specialist, an application signed with a mark must have two witness' signatures. If the eligibility specialist signs as the witness, no other witness is required.

An individual must submit an application at initial application, reapplication, and requests for additional types of assistance.

~~Use the same application with a new application date (date all verification provided) if:~~

- ~~1. the initial application or reapplication is denied due to not providing requested verification after an interview if one is required, and~~
- ~~2. the individual provides the verification within 60 days from the original application date.~~

0650.0100 APPLICATION FOR ASSISTANCE (CIC)

The Family Safety/Community Based Care (FS/CBC) counselor, private agency counselor or DJJ representative is the PIP for all CIC cases and is responsible for filing an application on behalf of the child in care. An application will be either for Medicaid only or Title IV-E and Medicaid. The

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Listing of Amended Passages

FS/CBC counselor, private agency counselor or DJJ representative must make all contacts with the family, child, or foster parent.

0660.0100 APPLICATION FOR ASSISTANCE (RAP)

The Refugee Assistance Program (RAP) provides refugee cash assistance and refugee Medicaid coverage. Benefits are time limited to eight months from the date of entry or date asylum was granted. Evaluate all refugee applicants for potential TCA and/or other Medicaid coverage prior to approving RAP benefits.

Individuals may apply in person, by mail or by web-based or facsimile application. An acceptable application must have the applicant's name and signature on the form. Upon request from an applicant, provide necessary assistance in completing the application.

Encourage the individual or the individual's authorized representative to exercise the right to file an application the same day the individual or authorized representative contacts the office and expresses interest in obtaining assistance. Only the PIP or authorized representative must sign the application. Unless signed in the presence of the eligibility specialist, an application signed with a mark must have two witness' signatures. If the eligibility specialist signs as the witness, no other witness is required.

An individual must complete an application form at initial application, reapplication, eligibility review and requests for additional types of assistance.

~~Use the same application with a new application date (date all verification provided) if:~~

- ~~1. the initial application or reapplication is denied due to not providing requested verification after an interview, and~~
- ~~2. the individual provides the verification within 60 days from the original application date.~~

0610.0102 Expedited Services (FS)

During the application process, screen each SFU for potential eligibility for food stamp expedited services (including applications received through the joint SSI/food stamp process).

The following SFUs may receive expedited services:

1. Standard filing units with less than \$150 monthly gross income provided liquid assets do not exceed \$100.
2. Standard filing units with combined monthly gross income and liquid assets less than the SFU's monthly rent or mortgage and appropriate utility allowance or standard, if incurred.
3. Migrant or seasonal farm worker SFUs that are classified as destitute because liquid assets do not exceed \$100, and the only income they receive for the month of application is:
 - a. prior to the date of application and from a terminated source; or
 - b. from a new source, and they will not receive income of more than \$25 by the tenth calendar day after the date of application, or
 - c. from both terminated and new sources.

Provide eligible SFUs expedited services regardless of whether they are requested.

Households that reapply during their certification period are not eligible for expedited services.

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Listing of Amended Passages

Verify identity and as many required and questionable factors of eligibility as possible. Postpone verification requirements (with the exception of applicant identity) not completed during the expedited processing time frame, and complete before the AG's next issuance. Standard filing units that must provide postponed verification within 60 30 days of the date of application may not receive any benefits beyond the first two months of eligibility until they provide the postponed verification(s) or are certified under non-expedited criteria.

If verification efforts indicate the SFU does not meet the expedited service criteria, deny the SFU expedited service and continue to process using non-expedited case requirements.

0610.0401 Requests for Additional Information/Time Standards (FS)

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 for not returning additional information by the due date.

Provide applicants an opportunity to complete their initial application interview no later than 14 days from 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 from the request date. If the due date falls on a holiday or weekend, the deadline for the requested information is the next business working day. At the individual's request, extend the due date. For applications that do or do not require an interview, leave the case pending until the 60th day after the date of application to allow the household a chance to provide verifications.

1. If the household returns the verification 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.
2. If the household does not return the verifications before the 30th day after the date of application, a notice will go out on the 30th day to remind the household the process is incomplete.
3. If the household does not return the verification by the 60th day, deny the application on the 60th day. If the 60th day falls on a weekend or holiday, deny the application on the next business day.

~~If the individual does not return the requested verification(s) or additional information necessary to process the case during the specified time frames, take the following action:~~

- ~~1. For AGs who have not had an interview, deny applications on the 30th day from the date of application. If the 30th day falls on a weekend or holiday, deny the application the next business day.~~
- ~~2. For AGs who have had an interview, deny applications after the pending period ends but no later than the 30th day from the date of application. If the denial date falls on a weekend or holiday, deny the application the next business day.~~
- ~~3. Approve the AG if eligible when:~~

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Listing of Amended Passages

- a. ~~the individual provides the missing verification within the initial 30-day period and the eligibility interview had been conducted. Provide food stamps from the date of application.~~
- b. ~~the individual provides the missing verification after the 30th-day but within 60 days from date of application and the eligibility interview had been conducted. Use the same application with a new application date (date all verification provided). The AG loses benefits for the initial 30 days; prorate benefits from the new application date.~~

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

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 no later than 14 days from 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 ten calendar days from the date of the request or 30 calendar days from date of application, whichever is later. If the due date falls on a holiday or weekend, the deadline for the requested information is the next business working day. At the individual's request, extend the due date. Leave the case pending until the 60th day after the date of application to allow the household a chance to provide verifications.

1. If the household returns the verification 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.
2. If the household does not return the verifications before the 30th day after the date of application, a notice will go out on the 30th day to remind the household the process is incomplete.
3. If the household does not return the verification by the 60th day, deny the application on the 60th day. If the 60th day falls on a weekend or holiday, deny the application on the next business day.

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

If the individual does not return the requested verification(s) or additional information necessary to process the case during the specified time frames, take the following action:

1. ~~Deny applications on the 30th day from the date of application or after the pending period ends, if later. If the denial date falls on a weekend or holiday, deny the application the next business day.~~
2. ~~Approve the AG if eligible when the individual provides the missing verification within 60 days from date of application and the eligibility interview had been conducted. Use the same application with a new application date (date all verification provided); approve TCA using the date of eligibility policy.~~

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

Listing of Amended Passages

0630.0401 Requests for Additional Information/Time Standards (MFAM)

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

1. a written list of items required in order 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.

The verification/information due date is 10 calendar days from the request date. If the due date falls on a holiday or weekend, the deadline for the requested information is the next **business working day**.

At the individual's request, extend the due date. **For applications that do or do not require an interview, leave the case pending until the 60th day after the date of application to allow the household a chance to provide verifications.**

1. **If the household returns the verification 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.**
2. **If the household does not return the verifications before the 30th day after the date of application, a notice will go out on the 30th day to remind the household the process is incomplete.**
3. **If the household does not return the verification by the 60th day, deny the application on the 60th day. If the 60th day falls on a weekend or holiday, deny the application on the next business day.**

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

~~If the individual does not return the requested verification(s) or additional information necessary to process the case during the specified time frames, take the following action:~~

- ~~1. Deny applications on the 30th day from the date of application or after the pending period ends, if later. If the denial date falls on a weekend or holiday, deny the application the next business day.~~
- ~~2. Approve the AG if eligible when the individual provides the missing verification within 60 days from date of application and the eligibility interview had been conducted if required. Use the same application with a new application date (date all verification provided); approve Medicaid using the date of Medicaid entitlement policy.~~

Apply retroactive Medicaid policy to months prior to the original and new month of application.

0640.0401 Requests for Additional Information/Time Standards (MSSI, SFP)

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

1. a written list of items required in order 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.

The verification/information due date is 10 calendar days from the request date or 30 calendar days from the application date, whichever is later. In cases where medical information is required, the return due date is 30 calendar days from date of request. If the due date falls on a holiday or weekend, the deadline for the requested information is the next **business working day**.

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

At the individual's request, extend the due date. For applications that do or do not require an interview, leave the case pending until the 60th day after the date of application to allow the household a chance to provide verifications.

1. If the household returns the verification 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.
2. If the household does not return the verifications before the 30th day after the date of application, a notice will go out on the 30th day to remind the household the process is incomplete.
3. If the household does not return the verification by the 60th day, deny the application on the 60th day. If the 60th day falls on a weekend or holiday, deny the application on the next business day.

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

~~If the individual does not return the requested verification(s) or additional information necessary to process the case during the specified time frames, take the following action:~~

- ~~1. Deny applications on the 30th day from the date of application or after the pending period ends, if later. If the denial date falls on a weekend or holiday, deny the application the next business day.~~
- ~~2. Approve the AG if eligible when the individual provides the missing verification within 60 days from date of application and the eligibility interview had been conducted if required. Use the same application with a new application date (date all verification provided); approve Medicaid using the date of Medicaid entitlement policy.~~

Apply retroactive Medicaid policy to months prior to the original and new month of application.

0650.0401 Requests for Additional Information/Time Standards (CIC)

If the Department needs additional information or verification from the counselor, 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 for not returning additional information by the due date.

The verification due date is 10 calendar days from the date of the request. If the verification due date falls on a holiday or weekend, the deadline for the requested information is the next **business working** day. At the counselor's request, extend the due date.

0660.0401 Requests for Additional Information/Time Standards (RAP)

If additional information or verification is needed from the applicant, provide the individual with:

1. a written list of items required to complete the application process,
2. the date the items are due 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 no later than 14 days from the date the appointment letter is generated. The verification/information due date is

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Listing of Amended Passages

10 calendar days from the date of the request or 30 calendar days from date of application, whichever is later. If the due date falls on a holiday or weekend, the deadline for the requested information is the next **business working** day. At the individual's request, extend the due date. **For application that do or do not require an interview, leave the case pending until the 60th day after the date of application to allow the household a chance to provide verifications.**

1. If the household returns the verification 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.
2. If the household does not return the verifications before the 30th day after the date of application, a notice will go out on the 30th day to remind the household the process is incomplete.
3. If the household does not return the verification by the 60th day, deny the application on the 60th day. If the 60th day falls on a weekend or holiday, deny the application on the next business day.

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

~~If the individual does not return the requested verification(s) or additional information necessary to process the case during the specified time frames, take the following action:~~

- ~~1. Deny applications on the 30th day from the date of application or after the pending period ends, if later. If the denial date falls on a weekend or holiday, deny the application the next business day.~~
- ~~2. Approve the AG if eligible when the individual provides the missing verification within 60 days from date of application and the eligibility interview had been conducted. Use the same application with a new application date (date all verification provided); approve RAP-Cash and Medicaid using the date of eligibility policy.~~

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, ~~or~~
5. are SFUs in which all members receive income from TCA, RAP, or SSI, ~~or~~
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.**

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, ~~-~~ or

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Listing of Amended Passages

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.

0620.0502 Date of Eligibility (TCA)

The date of eligibility is the date of disposition or 30 days after the date of application, whichever is sooner. Prorate the first month's benefits based on the date of eligibility. If reopening a case following closure due to Department error, do not prorate benefits.

~~Any time more than 30 days elapses between the interview and the disposition of the case, contact the individual prior to case disposition to ensure that information is current and accurate.~~

Assign a six-month review period from the month of application disposition. A review period of less than, or greater than, six months may be assigned when necessary to align a household's review period with its food stamp simplified reporting certification period. Assign a 12-month review period for a child-only AG without food stamps.

0660.0502 Date of Eligibility (RAP)

For cash the date of eligibility is the date of disposition or 30 days after the date of application whichever is sooner. Prorate the first month's benefits based on the date of eligibility. If reopening a case following closure due to Department error, do not prorate benefits.

For eligible individuals, the date of eligibility for Medicaid is the first day of the month of application receipt regardless of the date of disposition. If eligible for Medicaid for one day in the month, an applicant is eligible for the entire month, regardless of changes in circumstances.

~~Any time more than 30 days elapses between the interview and the disposition of the case, contact the individual prior to case disposition to ensure that information is current and accurate.~~

Assign a six-month review period from the month of application disposition. A review period of less than, or greater than, six months may be assigned when necessary to align a household's review period with its food stamp simplified reporting certification period.

0810.0100 RECERTIFICATION (FS)

A recertification reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. An acceptable application must have the name, address and signature of the individual or authorized representative and may be submitted in person, by mail or facsimile or on the web.

Do not continue food stamps beyond the end of the certification period without reestablishing eligibility. FLORIDA generates a notice of expiration of certification period (NECP) 45 to 50 days prior to the expiration date to remind the SFU to reapply.

Timely Recertification: An application received on or before the 15th day of the last month of the certification period is a timely recertification. Process the application by the end of the current certification period [if the household completes the interview and provides all verifications within](#)

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Listing of Amended Passages

the last month of the certification period. If the AG is eligible, benefits begin the first day of the month following the end of the current certification period.

Untimely Recertification: An application received between the 16th day of the last month of the certification period and 30 days after the end of the certification period is an untimely recertification. ~~If the AG is eligible, use application time standards.~~

Screen for and if eligible provide expedited services for untimely recertifications for households that apply after the end of the certification period. Households that apply for recertification anytime during the certification period are not eligible for expedited services even if staff process the recertification after the end of the certification period.

~~Allow 10 calendar days for the SFU to resolve any discrepancy or provide verification prior to completing the recertification. Offer the SFU assistance to resolve the discrepancy.~~

If the Department causes a delay or terminates a case in error, reinstate and/or restore food stamps for the appropriate months as soon as the delay or error becomes known.

If the household submits an application during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, keep the case pending using these rules:

1. If the household provides the verifications after the 30th day but within 30 days after the last month of the eligibility period, process the review by the 30th day after the last month of the eligibility period.
2. Prorate benefits from the date the household provides the verifications.
3. If the household does not provide the verifications, deny the application on the 30th day after the last month of the eligibility period.

~~Use the same application with a new application date (date all verification provided) if:~~

1. ~~the timely/untimely recertification is denied due to not providing requested verification following an interview or when no interview is required, and~~
2. ~~the individual provides the verification within 60 days from the date the Department received the application.~~

0820.0100 ELIGIBILITY REVIEWS (TCA)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. If there are multiple AGs in case, use the earliest review date of any AG in the case to review all AGs. Each eligibility review requires a new application. An acceptable application must have the name, address and signature of the individual or authorized representative and may be submitted in person, by mail or facsimile or on the web.

Assign a six-month review period from the month of disposition of the application or review. In order to align a household's certification period with its food stamp simplified reporting certification period, a review period of less than, or greater than, six months may be assigned. Assign a 12-month review period for a child only AG without food stamps.

If the household submits an application during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, keep the case pending using these rules:

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Listing of Amended Passages

1. If the household provides the verifications during the month following the month the review is due, leave the case open.
2. Do not prorate the benefit.
3. If the household does not provide the verifications, close the case at pulldown in the month following the month the review is due.

~~If the eligibility review is denied due to not providing requested verification(s) following an interview or when no interview is required reapprove TCA:~~

- ~~1. without a new application if an application or interim contact letter was submitted the month the eligibility review was due, and~~
- ~~2. the individual provides the verification within 60 days from the date the Department received the application or interim contact letter.~~

~~The new application date is the date the Department receives all requested information. If eligible, approve TCA using the date of eligibility policy.~~

0830.0100 ELIGIBILITY REVIEWS (MFAM)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. If there are multiple AGs in the case, use the earliest review date of any AG in the case to review all AGs.

An eligibility review for Medicaid is defined as an application, or any time all applicable items addressed in the interim contact letter are evaluated.

If it becomes necessary to close TCA or food stamps, evaluate the Medicaid portion of the case separately to determine if closure is appropriate. If the eligibility determination was completed within the last 12 months, do not close the Medicaid AGs, but close the other programs as appropriate. Keep the Medicaid AGs open, and schedule the eligibility review 12 months from the month Medicaid eligibility was last determined.

For applications assign a 12-month review period from the month of disposition, unless eligibility does not begin until a future month. At review assign a 12-month review period from the month following disposition. For Medically Needy cases, evaluate the individual for reenrollment prior to the expiration of the current enrollment period.

If the household submits an application or interim contact form during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, keep the case pending using these rules:

1. If the household provides the verifications during the month following the month the review is due, leave the case open.
2. If the household does not provide the verifications, assess the correct Medicaid eligibility period or Continuous Medicaid at pulldown in the month following the month the review is due.

~~If the eligibility review is denied due to not providing requested verification(s) following an interview or when no interview is required reapprove Medicaid:~~

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Listing of Amended Passages

- ~~1. without a new application if an interim contact letter was submitted the month the eligibility review was due, and~~
- ~~2. the individual provides the verification within 60 days from the date the Department received the interim contact letter.~~

~~The new application date is the date the Department receives all requested information. If eligible, approve Medicaid using the date of Medicaid entitlement policy.~~

Explore retroactive Medicaid for any lost months, if the applicant indicates they have unpaid medical bills for that period and all information needed to determine eligibility for that month is received.

0840.0100 ELIGIBILITY REVIEWS (MSSI, SFP)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. If there are multiple AGs in the case, use the earliest review date of any AG in the case to review all AGs.

An eligibility review for Medicaid is defined as an application, or any time all applicable items addressed in the interim contact letter are evaluated.

If it becomes necessary to close TCA or food stamps, evaluate the Medicaid portion of the case separately to determine if closure is appropriate. If the eligibility determination was completed within the last 12 months, do not close the Medicaid AGs, but close the other programs as appropriate. Keep the Medicaid AGs open and schedule the eligibility review 12 months from the month Medicaid eligibility was last determined.

For applications assign a 12-month review period from the month of disposition, unless eligibility does not begin until a future month. At review assign a 12-month review period from the month following disposition. For Medically Needy cases, evaluate the individual for reenrollment prior to the expiration of the current enrollment period.

If the household submits an application or interim contact form during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, keep the case pending using these rules:

1. If the household provides the verifications during the month following the month the review is due, leave the case open.
2. If the household does not provide the verifications, assess the correct Medicaid eligibility period or Continuous Medicaid at pulldown in the month following the month the review is due.

~~If the eligibility review is denied due to not providing requested verification(s) following an interview or when no interview is required reapprove Medicaid:~~

- ~~1. without a new application if an interim contact letter was submitted the month the eligibility review was due, and~~
- ~~2. the individual provides the verification within 60 days from the date the Department received the interim contact letter.~~

~~The new application date is the date the Department receives all requested information. If eligible, approve Medicaid using the date of Medicaid entitlement policy.~~

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Listing of Amended Passages

Explore retroactive Medicaid for any lost months, if the applicant indicates they have unpaid medical bills for that period and all information needed to determine eligibility for that month is received.

0850.0100 ELIGIBILITY REVIEWS (CIC)

The Family Safety/Community Based Care (FS/CBC) counselor, private agency counselor or DJJ representative is the PIP for all CIC cases and is responsible for filing the eligibility review form on behalf of the child in care. The FS/CBC counselor, private agency counselor or DJJ must make all contacts with the family, child or foster parent representative.

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. Deprivation must continue to exist for the child to remain eligible for Title IV-E. If ineligibility or reduction in the funding rate occurs in any month, notify the FS/CBC, even if notification is retroactive.

Assign a 12-month review period from the month of disposition of an application or review. For Medically Needy cases, evaluate the child for reenrollment prior to the expiration of the current enrollment period.

0860.0100 ELIGIBILITY REVIEWS (RAP)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. If there are multiple AGs in the case, use the earliest review date of any AG in the case to review all AGs. Each eligibility review requires a new application form. An acceptable application must have the name, address and signature of the individual or authorized representative and may be submitted in person, by mail or facsimile or on the web.

Assign a six-month review period from the month of disposition of the application or review. In order to align a household's certification period with its food stamp simplified reporting certification period, a review period of less than, or greater than, six months may be assigned.

Regardless of the eligibility review period, no individual may receive more than eight months of RAP cash or Medicaid.

If the household submits an application during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, keep the case pending using these rules:

1. If the household provides the verifications during the month following the month the review is due, leave the case open.
2. Do not prorate the benefit.
3. If the household does not provide the verifications, close the case at pulldown in the month following the month the review is due.

~~If the eligibility review is denied due to not providing requested verification(s) following an interview or when no interview is required reapprove TCA:~~

- ~~1. without a new application if an application or interim contact letter was submitted the month the eligibility review was due, and~~
- ~~2. the individual provides the verification within 60 days from the date the Department received the application date or interim contact letter.~~

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Listing of Amended Passages

~~The new application date is the date the Department receives all requested information. If eligible, approve RAP Cash and Medicaid using the date of eligibility policy.~~

0830.0600 EX PARTE DETERMINATIONS (MFAM)

An ex parte determination assesses whether a Medicaid AG **member** that is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process has been completed.

Perform ex partes when:

1. An increase in income or assets causes ineligibility.
2. A child turns age 18 and is a member of a 1931 or transitional Medicaid AG.
3. An adult or child who has been receiving Medicaid coverage claims disability. Continue Medicaid and request a disability decision from DDD.
4. The transitional Medicaid period expires or ends when the last child turns 18.
5. The PEN coverage ends.
6. Cancellation of an individual's SSI Medicaid.
7. A child becomes ineligible for Medicaid through KidCare.

An ex parte determination does not require a new application. **There is no requirement for the individual to contact the Department to initiate the ex parte determination. When the determination is complete, send the individual a notice of case action advising of their eligibility.** If no one is eligible or is eligible only for Medically Needy with a SOC, notify the individual, ensuring 10 days advance notice.

Do not perform an ex parte determination when:

- ~~1. an individual fails to keep an appointment for an interview;~~
- ~~2. an individual fails to return requested information;~~
- ~~3. an individual moves out of state;~~
- ~~4. the Department is unable to locate the individual Medicaid SFU; or~~
- ~~5. an individual requests voluntary cancellation of Medicaid.~~

0840.0600 EX PARTE DETERMINATIONS (MSSI)

An ex parte determination assesses whether a Medicaid AG **member** that is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process has been completed.

Perform ex partes when:

1. An increase in income or assets causes ineligibility.
2. An adult or child who has been receiving Medicaid coverage claims disability. Request a disability decision from DDD.
3. Cancellation of **an** ~~the~~ individual's SSI Medicaid.

An ex parte determination does not require a new application. **There is no requirement for the individual to contact the Department to initiate the ex parte determination. When the determination is complete, send the individual a notice of case action advising of their eligibility.** If no one is eligible or is eligible only for Medically Needy with a SOC, notify the individual, ensuring 10 days advance notice.

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Listing of Amended Passages

Conduct an eligibility review when a Medicaid eligible individual requests ICP, Hospice, ~~or HCBS~~ **or PACE**. Review additional program specific information, such as appropriate placement, level of care and transfer of assets without fair compensation.

Do not perform an ex parte determination when:

- ~~1. an individual fails to keep an appointment for an interview;~~
- ~~2. an individual fails to return requested information;~~
- ~~3. an individual requests voluntary cancellation of Medicaid;~~
- ~~4. an individual moves out of state; or~~
- ~~5. the Department is unable to locate **the individual** Medicaid-SFU.~~

0860.0600 EX PARTE DETERMINATIONS (RAP)

An ex parte determination assesses whether a Medicaid AG **member** that is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process has been completed.

An ex parte determination does not require a new application. **There is no requirement for the individual to contact the Department to initiate the ex parte determination. When the determination is complete, send the individual a notice of case action advising of their eligibility.** If no one is eligible or is eligible only for Medically Needy with a SOC, notify the individual, ensuring 10 days advance notice.

Do not perform an ex parte determination when:

- ~~1. an individual fails to keep an appointment for an interview;~~
- ~~2. an individual fails to return requested information;~~
- ~~3. an individual moves out of state;~~
- ~~4. the Department is unable to locate the Medicaid-SFU **individual**;~~ or
- ~~5. an individual requests voluntary cancellation of Medicaid.~~

0850.0600 EX PARTE DETERMINATIONS (CIC)

An ex parte determination assesses whether a Medicaid AG **member** that is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process has been completed.

Perform an ex parte when:

1. An increase in income or assets causes ineligibility.
2. A child turns 18, unless the youth is under 21 and a participant in the Road to Independence Program **or receiving payments under Title IV-E, or the IV-E agreement is still in effect.**
3. Cancellation of an individual's SSI **Medicaid.**
4. The PEN coverage ends.

An ex parte determination does not require a new application. **There is no requirement for the individual to contact the Department to initiate the ex parte determination. When the determination is complete, send the Primary Information Person (PIP) a notice of case action advising of the child's eligibility.** If the child is not eligible or is eligible only for Medically Needy with a SOC, provide 10 days advance notice.

Close the Title IV-E and Medicaid and do not perform an ex parte determination when:

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Listing of Amended Passages

1. the counselor fails to return requested information.
2. the counselor requests voluntary cancellation of Medicaid.
3. the child moves out of state, or
4. the Department is unable to locate the child.

0840.0601 SSI Ex Parte (MSSI)

Upon termination of an individual's SSI cash benefits, AHCA mails the Medicaid redetermination letter informing the individual that the Department will see if they continue to qualify for Medicaid. ~~he receives notice of the Department's intent to terminate his Medicaid benefits unless he cooperates in a review of his eligibility.~~ There is no requirement for the individual to contact the Department to initiate the ex parte determination. ~~When the recipient contacts the Department, if necessary, the Department will extend eligibility, contact the individual for additional information and extend eligibility until the review is completed.~~

Complete the review within 30 days, unless an extension is needed, and send the individual a notice of case action advising of their eligibility when the determination is complete ~~notify the recipient in writing of the result.~~

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 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.

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Listing of Amended Passages

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 waiver 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 spinocerebellar disease,
3. meet the appropriate level of care for inpatient hospital care as determined by Children's Medical Services; and
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 Comprehensive Adult Day Health Care (ADHC/HCBS) waiver individuals must:~~

- ~~1. be aged 60 or older;~~
- ~~2. live within in the project area (Lee or Palm Beach county);~~
- ~~3. meet level of care requirement and special criteria as determined by CARES; and~~
- ~~4. be enrolled in the waiver as documented by form CF-ES 2515.~~

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Listing of Amended Passages

~~Eligible participants in the Comprehensive Adult Day Health Care waiver must live with a caregiver.~~

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.

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.

1430.0724.05 Verification of Unemployment/Underemployment Unemployment/Underemployment (MFAM)

Unemployment/Underemployment is verified by one of the following:

1. If the parents claim no current employment, the eligibility specialist must verify any loss of employment that occurred within the prior 60 days.
2. If one or both parents are employed, follow verification procedures in 1830.0207 to determine if the assistance group has net countable income equal to or less than the payment standard.

~~Unemployment is verified by one of the following:~~

- ~~1. If the PE claims no current employment, the eligibility specialist must verify any loss of employment that occurred within the prior 60 days.~~
- ~~2. If the PE is employed, the eligibility specialist must verify the number of hours worked during each month for which benefits are authorized at the time of application disposition.~~
- ~~3. If the PE is employed intermittently 100 hours or more per month, the eligibility specialist must also verify the number of hours worked during the two months prior to the month of approval and the anticipated number of hours to be worked the month following month of approval.~~

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Listing of Amended Passages

~~**Note:** If neither the assistance group nor the eligibility specialist can obtain required verification, a policy exception must be requested from the Region or Circuit Program Office.~~

1440.1204 Blindness/Disability Determinations (MSSI, SFP)

If the individual has not received a disability decision from SSA, a blindness/disability application must be submitted to the Division of Disability Determinations (DDD) for individuals under age 65 who are requesting Community Medicaid under community MEDS-AD, Medically Needy, and Emergency Medicaid for Alien Programs.

State disability determinations for disability-related Medicaid applications must be done for all applicants with pending Title II or Title XVI claims unless SSA has denied their disability within the past year. If SSA has denied disability within the past year and the decision is under appeal with SSA, do not consider the case as pending. Use the decision SSA has already rendered. The SSA denial stands while the case is pending appeal.

When the individual files an application within 12 months after the last unfavorable disability determination by SSA and provides evidence of a new condition not previously considered by SSA, the state must conduct an independent disability determination. Request a copy of the SSA denial letter. The SSA denial letter contains an explanation of all the conditions considered and the reason for denial.

The Region or Circuit Medical Review Team (DMRT) handles all other necessary disability determinations (including ICP, OSS, HCBS, and PACE). In some regions or circuits, Children's Medical Services (CMS) and the Multi-Handicapped Assessment Team (CMAT) handle disability determinations for children under age 21.

The disability determination for the Home Care for Disabled Adults (HCDA) Program is determined by the Adult Services Counselor.

A medical prognosis with a life expectancy of six months or less satisfies the disability requirement for an individual who elects Hospice.

A level of care from CARES giving an appropriate level for Project AIDS Care (PAC) applicant/recipients satisfies the disability criteria for the PAC Waiver Program.

A level of care from [the Agency for Persons with Disabilities](#) ~~Developmental Services (DS)~~ giving an appropriate level for the [iBudget Florida](#) or [DS Waivers](#) ~~Waiver~~ satisfies the disability requirement for the DS Waiver [Programs](#) ~~Program~~.

For individuals applying for dual programs such as OSS and MEDS-AD, the DMRT may be used to determine disability for both. When determining eligibility for ongoing ICP or HCBS and the individual is requesting MEDS-AD or Medically Needy for the prior months, use DMRT for both.

Note: If Social Security determines an individual is not disabled, the decision generally replaces that which was made by the state. Refer to passages 1440.1205 and 1440.1206 for guidance.

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

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Listing of Amended Passages

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, Assisted Living, Traumatic Brain and Spinal Cord Injury, Long-Term Care Community Diversion, ~~or Cystic Fibrosis or Comprehensive Adult Day Health Care.~~
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.
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, ~~and~~ Family and Supported Living and ~~iBudget Florida~~ 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.

1410.2300 COOPERATION WITH QUALITY CONTROL (FS)

Households are required to cooperate with ~~state and federal~~ Quality Control (QC) reviewers. ~~If any individual in the household refuses to cooperate, a sanction will be imposed against the non-cooperative individual affecting the eligibility of the entire household. Refusal to cooperate will result in the denial or termination denial/termination of benefits for the entire household eligibility.~~

~~The sanction will follow the non-cooperative individual. If the non-cooperative individual moves out of the household, the remaining household members can apply for benefits. If the non-cooperative individual applies for benefits for them self or moves in with another household, benefits will be denied or terminated for this household.~~

~~If QC issues a finding indicating the a household refused refuses to cooperate with QC, the eligibility staff specialist will provide issue the household written notice allowing 10 calendar days a Notice of Pending/Request for Additional Information, indicating that the household has 10 days to cooperate with QC. If the household does not respond contact the office or cooperate with QC within 10 calendar days, advance notice of adverse action is required prior to denying or terminating the benefits the household will be issued a Notice of Denial/Termination of Benefits. If the a household that was terminated or denied for refusal to cooperate with QC subsequently reapplies, eligibility staff must contact must be made with QC to determine if the household has~~

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Listing of Amended Passages

cooperated or if the household **remains** ~~must still be considered~~ ineligible based on refusal to cooperate.

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:

1. **\$3250** ~~\$3,000~~ 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. \$2,000 for all other assistance groups.

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

1640.0307.01 Home Ownership (MSSI, SFP)

Home ownership interest is indicated by documentation such as titles, deeds, tax assessments, and mortgage statements. As long as a home is the individual's principal place of residence it is excluded from assets regardless of the type or degree of ownership.

If the home is not the individual's principal place of residence, the home or any portion of the home owned by the individual is included as an asset when determining the individual's eligibility.

Individuals filing an initial application or reapplication for ICP, institutionalized MEDS-AD, Institutionalized Hospice, Home and Community Based Services Programs or PACE on or after November 1, 2007, are subject to **the home equity interest standard** ~~a \$500,000 home equity cap~~ unless they meet an exception situation. [Refer to Appendix A-9.](#)

1640.0307.03 Shared Home Ownership (MSSI, SFP)

If an individual shares ownership interest in a home with other persons, the home is excluded regardless of the eligibility status of the other owners.

Where the home is personal property, such as a house trailer, and an individual shares ownership of the land on which it rests with other individuals, the land is also excluded. If the individual has no ownership interest in the land, any free use of the land must be excluded as well as the personal property home. Where the home is affixed to land owned solely by another, but the individual is shown to have an interest in the land, the policy in passage 1640.0307.02 applies.

An individual may also own the land but live in a personal property home owned by another. In such cases, the shelter remains the property of the other individual and the above policy applies although the land is excluded as the individual's place of residence.

Individuals filing an initial application or reapplication for ICP, institutionalized MEDS-AD, Institutionalized Hospice, Home and Community Based Services Programs or PACE on or after November 1, 2007, are subject to **the home equity interest standard** ~~a \$500,000 home equity cap~~ unless they meet an exception situation. [Refer to Appendix A-9.](#)

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Listing of Amended Passages

1640.0307.04 Home Equity (MSSI, SFP)

Apply the following policy to individuals who file an initial application or reapplication for ICP, institutionalized MEDS-AD, Institutional Hospice, Home and Community Based Services Programs or PACE on or after November 1, 2007. Do not apply the policy to individuals who were determined eligible for the above programs prior to November 1, 2007 and have had no break in eligibility.

Individuals with an equity interest in their home greater than [the home equity interest standard in Appendix A-9](#) ~~\$500,000~~ are ineligible for nursing facility or other long-term care services, unless one of the following relatives of the institutionalized individual is residing in the home:

1. spouse;
2. child under age 21; or
3. blind or disabled child, regardless of age or marital status.

Home equity is not an asset test. This does not change the policy that excludes a home of any value from countable assets.

Individuals ineligible solely due to their home equity will not qualify for nursing home care or other long term care services but will be eligible for general Medicaid benefits.

If an individual shares ownership interest in the home with other persons, only consider the equity value of the individual's shared fractional interest.

The equity value of the home is the current market value minus any indebtedness. Current market value is the price for which the home can reasonably be expected to sell on the open market in the particular geographic area involved.

Unless questionable, accept the individual or designated representative's statement as to equity value of a home that is less than \$450,000. For equity value of \$450,000 or more, the individual or designated representative must provide verification of current market value and indebtedness.

Verification of the current market value must be obtained from a knowledgeable source commonly involved in the housing industry such as a real estate broker, mortgage broker, property appraiser, or builder. The statement must include:

1. the current market value,
2. the name of the person providing the estimate, and
3. contact information of the business or agency for whom the person providing the estimate works. The home equity provision may be waived when denial of long term care services would result in demonstrated hardship to the individual.

The home equity provision may be waived when denial of long term care services would result in demonstrated hardship to the individual.

1640.0307.06 Processing Undue Hardship Requests for Excess Home Equity (MSSI)

When it is determined that an individual has equity interest in his/her home that exceeds [the home equity interest standard in Appendix A-9](#) ~~\$500,000~~, and the individual's spouse, minor child, or blind or disabled child does not reside in the home, the individual must be notified and offered an opportunity to waive the policy. Mail form CF-ES 2354, Notice of Excess Home Equity Interest, to the individual and designated representative, informing the individual to contact the eligibility specialist within fifteen days to discuss the matter. The eligibility specialist will include his/her office phone number, rather than the Customer Call Center number.

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Listing of Amended Passages

If contacted by the individual, designated representative, or legal representative, use the Waiver of Home Equity Interest Questionnaire (CF-ES 2345A) as a guide to interview the individual and record the individual's statement on the form.

Request from the individual any additional documentation (such as legal documents, realtor agreements, relevant correspondence, statements from other individuals) needed to substantiate the individual's statements during the interview.

Evaluate the Questionnaire and any supporting documentation presented using form CF-ES 2357, Rebuttal/Undue Hardship Evaluation, and form instructions. If the home equity limit is not waived because the individual's spouse, minor child, or blind or disabled child does not reside in the home, complete Part II (Undue Hardship Evaluation) of form CF-ES 2357 and forward the evaluation form and documentary evidence to the Region or Circuit Program Office for review and signature approving or denying hardship. All undue hardship claim decisions must be reviewed by the Region or Circuit Program Office.

The evaluation must be completed within 10 calendar days following the interview date, not considering individual delay days. The Region or Circuit Program Office will communicate the decision to the eligibility specialist and return all documents. The eligibility specialist will complete the case on FLORIDA based on the outcome of the evaluation.

1610.0593 Assets Excluded by Federal Law (FS)

Items excluded by federal law as income are also excluded as assets. These items include, but are not limited to the following:

1. Payments to a natural child of a Vietnam veteran born with spina bifida, except spina bifida occulta, as a result of the exposure of one or both parents to Agent Orange (P.L. 104-204).
2. Payments to a natural child of a woman Vietnam veteran born with one or more birth defects resulting in permanent physical or mental disability (P.L. 106-419).
3. Disaster assistance payments (P.L. 100-707). This exclusion applies to federal disaster assistance and comparable state or local assistance.
4. Payments received under the Alaska Native Claims Settlement Act (P.L. 92-203, Section 29 and the Amendments P.L. 100-241, 2/3/88). All compensation (including cash, stock, partnership interest, land, interest in land, and other benefits) are excluded.
5. Payments received for children under the Child Nutrition Act [P.L. 89-642, section 11(b)]. Programs include the Special Milk Program, the School Breakfast Program and the WIC Program.
6. Coupons that may be exchanged for food at farmers' markets, as part of a WIC demonstration project, which are received as a result of the Child Nutrition Act of 1966 (P.L. 100-435, Section 501, 9/19/88).
7. Payments received as a result of the Federal Earned Income Tax Credit are not counted as an asset in the month of receipt or the following month (P.L. 101-505, 11/5/90) until 9/1/94. Beginning 9/1/94, these payments are excluded for 12 months for individuals who are participating in the program at the time the payment is received and who continue to participate during the 12 month period (Chapter 3, P.L. 103-66). Individuals

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Listing of Amended Passages

who are ineligible for one month or less due to administrative reasons, such as a delayed redetermination of eligibility, do not lose this exclusion.

8. Educational assistance is not considered an asset. Excluded funds commingled in an account with other funds are excluded for six months from the date they were combined. Excluded funds kept in a separate account are excluded from assets for an unlimited amount of time.
9. Payments set aside as part of an SSI approved Plan for Achieving Self-Support (PASS) are excluded. These assets must be separated from other funds.
10. Monies paid as compensation to individuals or their heirs for compensation as a result of the Radiation Exposure Compensation Act (Public Law 101-426), effective October 15, 1990.
11. Assets of household members who receive SSI or TCA benefits and reside in a "mixed" food stamp household. (These members are considered categorically eligible on the factor of assets).

Note: A "mixed" food stamp household is a household containing some SSI or TCA members and other household members who do not receive SSI or TCA.
12. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act (P.L. 91-646, Section 216).
13. Payments received as a result of the Wartime Relocation of Civilians [P.L. 100-383, Section 105(f)(2)]. This includes payments to U.S. citizens of Japanese ancestry and permanent resident Japanese aliens or their survivors and Aleut residents of the Pribilof Islands and the Aleutian Islands West of Unimak Island.
14. Payments made to individuals because of their status as victims of Nazi persecution (P.L. 103-286).
15. Payments received under the Crime Victim Compensation Program that offers compensation to victims and survivors of victims of criminal violence, including drunk driving and domestic violence (P.L. 103-322).
16. Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398).
17. Payments to American Indians:
 - a. Per capita and interest payments received by the Assiniboine Tribe of the Fort Belknap Indian Community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) (P.L. 98-124, Section 5).
 - b. Payments received by the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) (P.L. 97-408).
 - c. Per capita and trust funds of the Chippewas of Lake Superior (certain reservations in Michigan, Minnesota and Wisconsin) [P.L. 99-146, Section 6.(b)].
 - d. Per capita payments received by the Chippewas of Mississippi (P.L. 99-377, Section 4.b.).

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Listing of Amended Passages

- e. Per capita and interest payments received by the Red Lake Band of Chippewas (P.L. 98-123, Section 3, 10/13/83).
- f. Payments received by the Saginaw Chippewa Indian Tribe of Michigan (P.L. 99-346, Section 6.b.2).
- g. Payments received by the Turtle Mountain Band of Chippewas, Arizona (P.L. 97-403).
- h. Payments received by the Confederate Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (P.L. 103-436).
- i. Monies paid under the White Earth Reservation Land Settlement Act of 1985 to the White Earth Band (Minnesota) of Chippewa Indians (P.L. 99-264, Section 16).
- j. Payments received from certain submarginal land held in trust for the following Indian tribes (P.L. 94-114, Section 6):
 - 1. Assiniboine and Sioux Tribes
 - 2. Blackfeet Tribe
 - 3. Cherokee Nation of Oklahoma
 - 4. Bad River Band of the Lake Superior Tribe of Chippewa
 - 5. Indians of Wisconsin
 - 6. Lac Courte Oreilles Band of Lake Superior Chippewa
 - 7. Indians
 - 8. Minnesota Chippewa Tribe
 - 9. Fort Belknap Indian Community
 - 10. Keweenaw Bay Indian Community
 - 11. Navajo Tribe
 - 12. Cheyenne River Sioux Tribe
 - 13. Crow Creek Sioux Tribe
 - 14. Devils Lake Sioux Tribe
 - 15. Lower Brule Sioux Tribe
 - 16. Oglala Sioux Tribe
 - 17. Rosebud Sioux Tribe
 - 18. Standing Rock Sioux Tribe
 - 19. Shoshone-Bannock Tribes
- k. Payments received by the heirs of deceased Indians received under the Old Age Assistance Claims Settlement Act shall not be used to deny food stamps except for the per capita shares in excess of \$2,000 (P.L. 98-500, Section 8).
- l. Per capita payments (judgement awards) of \$2,000 or less received under the Indian Judgement Fund Act (P.L. 93-134 as amended by P.L. 97-458, Section 1407, and P.L. 98-64). The asset exclusion applies to each payment made to each individual. This exclusion includes per capita payments from funds which are held in trust by the Secretary of Interior (trust fund distribution).
- m. Payments for relocation assistance received by members of the Navajo and Hopi Tribes (P.L. 93-531, Section 22).
- n. Payments received from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).

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Listing of Amended Passages

- o. Payments received by the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliset pursuant to the Maine Indians Claims Settlement Act of 1980 (P.L. 96-420, Section 9c).
- p. Funds, assets or income from the Puyallup Tribe of Indians Settlement Act of 1989 [P.L. 101-41, Sections 6(b), 10(b) and 10(c)].
- q. Payments received under the Sac and Fox Indian claims agreement (P.L. 94-189).
- r. Funds of \$2,000 or less appropriated in satisfaction of judgments awarded to the Seminole Indians. Included tribes are the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, the Miccosukee Tribe of Indians of Florida and the independent Seminole Indians of Florida (P.L. 101-277).
- s. Payments received under the Seneca Nation Settlement Act of 1990 [P.L. 101-503, Section 8.(b)].
- t. Payments received by the Confederated Tribes and Bands of the Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation, from the Indian Claims Commission (P.L. 95-433).
- u. Payments from child and family service programs under the Indian Child Welfare Act (P.L. 95-608). These programs provide a wide range of services including various types of individual, family and community assistance. Some of the provided services are homemaking, day care, recreation, home improvement, education, training, respite care and professional assistance/training in child welfare matters.

Note: Information about Apache is with Yakima, Assiniboine, Papago and Grosventre with Blackfeet, Maliseet with Passamaquoddy and Penobscot, Miccosukee with Seminole, Fox with Sac and Hopi with Navajo.

1620.0593 Assets Excluded by Federal Law (TCA)

Each program has certain assets excluded by federal law. These exclusions are discussed in this section.

The eligibility specialist must verify or document the amount of the benefit received from the following sources, since they are potential assets:

1. SSI benefits or SSI lump sum payments.
2. Assistance from a vocational rehabilitation agency within certain limitations.
3. Disaster assistance payments (P.L. 100-707). This exclusion applies to federal disaster assistance and comparable state or local assistance.
4. Emergency payments made by another agency prior to the date direct assistance is received.
5. Any grant, loan, gift or scholarship received by the individual. Effective 7/1/93, this includes financial assistance provided under programs in Title IV of the Higher Education Act and under Bureau of Indian Affairs student assistance programs. Effective 7/1/93, student financial assistance for attendance costs under the Carl D. Perkins Vocational and Applied Technology Education Act is also excluded. Attendance costs include:

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Listing of Amended Passages

tuition and fees (as required by the institution of all students in the same course of study); and books, supplies, transportation, dependent care and miscellaneous personal expenses (as included in the assistance grant) for those attending on at least a half-time basis, as defined by the institution. Living expenses are not allowed as attendance costs unless the assistance grant includes funds for this purpose as part of miscellaneous personal expenses.

Funds derived from the following sources are not considered available income or assets, and it is not required that the source be verified or documented:

1. Payments to a natural child of a Vietnam veteran born with spina bifida, except spina bifida occulta, as a result of the exposure of one or both parents to Agent Orange (P.L. 104-204).
2. Payments to a natural child of a woman Vietnam veteran born with one or more birth defects resulting in permanent physical or mental disability (P.L. 106-419).
3. The employment related expense reimbursement received by a participant in an Employment and Training Program.
4. Assistance payments received by households from the Low-income Home Energy Assistance Program administered by the Department of Community Affairs.
5. Any payment received by foster parents from any agency intended to provide for the needs of foster children or adults placed in their home; or adoption assistance payments for an individual whose needs are not included in the filing unit.
6. Income for children who are in the custody of the Department, which is collected by Fee Collections and placed into a Fee Collections trust account on behalf of a child, is not counted. The funds which remain in the Fee Collections trust account are not counted as an asset. The income and assets are considered unavailable and are excluded in the eligibility determination.
7. Other trust accounts belonging to the child, or on behalf of the child, must be evaluated by the eligibility specialist for consideration in the Medicaid eligibility determination. Follow trust policy contained in the ACCESS Florida Program Policy Manual, beginning with passage 1620.0575.01, for evaluation of the trust account.
8. The value of the benefits under the Food Stamp Act of 1977, as amended, the value of USDA donated foods, the value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Lunch Act.
9. Any benefits received under Title VII, Nutrition Program for the Elderly of the Older Americans Act of 1965, as amended.
10. Assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
11. Any funds distributed per capita to or held in trust for members of any Indian tribe under Public Laws 92-254, 93-134 or 94-540 and initial purchases made with funds distributed under Public Law 93-134 or Public Law 98-64.

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Listing of Amended Passages

12. Any of the following distributions made to a household, individual native or descendant of a native, by a Native Corporation established by the Alaska Native Claims Settlement Act (Public Law 92-203 as amended):
 - a. Per capita payments of \$2,000 or less per year, including cash dividends on stock from a Native Corporation,
 - b. Stocks (including stock issued or distributed by a Native Corporation as a dividend or distribution on stock),
 - c. A partnership interest,
 - d. Land or interest in land (including land or interest in land received from a Native Corporation as a dividend or distribution on stock), or
 - e. An interest in a settlement trust.
13. Payments under the Experimental Housing Allowance Program under Section 23 of the U.S. Housing Act of 1937, under contracts fully executed prior to January 1, 1975.
14. Assistance provided to volunteers who participate in ACTION Programs funded under Public Law 93-113, including VISTA and other programs under Title I of that law.
15. Payments for supportive services or reimbursement for expenses made to volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving on the Service Corps of Retired Executives, Active Corps of Executives, and other programs under Titles II and III, Public Law 93-113, Section 419.
16. Payments from federal income taxes for earned income tax credit (EITC) and retroactive child tax credit payments. This also includes retroactive and advance EITC payments from employers. This source is excluded as an asset only for the month of receipt and month following.
17. Payments made pursuant to the Radiation Exposure Compensation Act, to individuals (or their survivors) who became ill or died as a result of exposure to radiation through nuclear testing or uranium mining.
18. Funds received by a member of the Passamaquoddy Indian Tribe, the Penobscot Nation, or the Houlton Band of Maliseet Indians pursuant to the Maine Indian Claims Settlement Act of 1980 will be disregarded as income and assets in the determination of eligibility for benefits under the TCA Programs.
19. Standard filing units receiving Temporary Cash Assistance which have funds paid to a homeless shelter either by themselves or on their behalf, will have such funds excluded as a countable asset, providing that such moneys are to enable the family to pay deposits or other cost associated with moving into a stable shelter arrangement.
20. Payments received under the Crime Victim Compensation Program that offers compensation to victims and survivors of victims of criminal violence, including drunk driving and domestic violence. (P.L. 103-322).
21. [Payments made to individuals under the Energy Employees Occupational Illness Compensation Program \(EEOICP\) Act of 2000 \(Public Law 106-398\).](#)

1630.0593 Assets Excluded by Federal Law (MFAM)

The eligibility specialist must verify or document the amount of the benefit received from the following sources, since they are potential assets:

1. SSI benefits or SSI lump sum payments.

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Listing of Amended Passages

2. Assistance from a vocational rehabilitation agency within certain limitations.
3. Disaster assistance payments (P.L. 100-707). This exclusion applies to federal disaster assistance and comparable state or local assistance.
4. Emergency payments made by another agency prior to the date direct assistance is received.
5. Any grant, loan, gift or scholarship received by the individual. Effective 7/1/93, this includes financial assistance provided under programs in Title IV of the Higher Education Act and under Bureau of Indian Affairs student assistance programs. Effective 7/1/93, student financial assistance for attendance costs under the Carl D. Perkins Vocational and Applied Technology Education Act is also excluded. Attendance costs include: tuition and fees (as required by the institution of all students in the same course of study); and books, supplies, transportation, dependent care and miscellaneous personal expenses (as included in the assistance grant) for those attending on at least a half-time basis, as defined by the institution. Living expenses are not allowed as attendance costs unless the assistance grant includes funds for this purpose as part of miscellaneous personal expenses.

Funds derived from the following sources are not considered available income or assets, and it is not required that the source be verified or documented:

1. Payments to a natural child of a Vietnam veteran born with spina bifida, except spina bifida occulta, as a result of the exposure of one or both parents to Agent Orange (P.L. 104-204).
2. Payments to a natural child of a woman Vietnam veteran born with one or more birth defects resulting in permanent physical or mental disability (P.L. 106-419).
3. The employment related expense reimbursement received by a participant in Employment & Training Program.
4. Assistance payments received by households from the Low-income Home Energy Assistance Program administered by the Department of Community Affairs.
5. Any payment received by foster parents from any agency intended to provide for the needs of foster children or adults placed in their home; or adoption assistance payments for an individual whose needs are not included in the filing unit.
6. Income for children who are in the custody of the Department, which is collected by Fee Collections and placed into a Fee Collections trust account on behalf of a child, is not counted. The funds which, remain in the Fee Collections trust account are not counted as an asset. The income and assets are considered unavailable and are excluded in the eligibility determination.
7. Other trust accounts belonging to the child, or on behalf of the child, must be evaluated by the eligibility specialist for consideration in the Medicaid eligibility determination. Follow trust policy contained in the ACCESS Florida Program Policy Manual, beginning with passage 1630.0573, for evaluation of the trust account.
8. The value of the benefits under the Food Stamp Act of 1977, as amended, the value of USDA donated foods, the value of supplemental food assistance received under the

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Listing of Amended Passages

- Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Lunch Act.
9. Any benefits received under Title VII, Nutrition Program for the Elderly of the Older Americans Act of 1965, as amended.
 10. Assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
 11. Any funds distributed per capita to or held in trust for members of any Indian tribe under Public Laws 92-254, 93-134 or 94-540 and initial purchases made with funds distributed under Public Law 93-134 or Public Law 98-64.
 12. Any of the following distributions made to a household, individual native or descendant of a native, by a Native Corporation established by the Alaska Native Claims Settlement Act (Public Law 92-203 as amended):
 - a. per capita payments of \$2,000 or less per year, including cash dividends on stock from a Native Corporation,
 - b. stocks (including stock issued or distributed by a Native Corporation as a dividend or distribution on stock),
 - c. a partnership interest,
 - d. land or interest in land (including land or interest in land received from a Native Corporation as a dividend or distribution on stock), or
 - e. an interest in a settlement trust.
 13. Payments under the Experimental Housing Allowance Program under Section 23 of the U.S. Housing Act of 1937, under contracts fully executed prior to January 1, 1975.
 14. Assistance provided to volunteers who participate in ACTION Programs funded under Public Law 93-113, including VISTA and other programs under Title I of that law.
 15. Payments for supportive services or reimbursement for expenses made to volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving on the Service Corps of Retired Executives, Active Corps of Executives, and other programs under Titles II and III, Public Law 93-113, Section 419.
 16. Payments from federal income taxes for earned income tax credit (EITC) and retroactive child tax credit payments. This also includes retroactive and advance EITC payments from employers. This source is excluded as an asset only for the month of receipt and month following.
 17. Payments made pursuant to the Radiation Exposure Compensation Act, to individuals (or their survivors) who became ill or died as a result of exposure to radiation through nuclear testing or uranium mining.
 18. Funds received by a member of the Passamaquoddy Indian Tribe, the Penobscot Nation, or the Houlton Band of Maliseet Indians pursuant to the Maine Indian Claims Settlement Act of 1980 will be disregarded as income and assets in the determination of eligibility for benefits under the TCA Program.
 19. Standard filing units receiving Temporary Cash Assistance and Medicaid which have funds paid to a homeless shelter either by themselves or on their behalf, will have such

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Listing of Amended Passages

- funds excluded as a countable asset, providing that such moneys are to enable the family to pay deposits or other cost associated with moving into a stable shelter arrangement.
20. Payments received under the Crime Victim Compensation Program that offers compensation to victims and survivors of victims of criminal violence, including drunk driving and domestic violence (P.L. 103-322).
 21. [Payments made to individuals under the Energy Employees Occupational Illness Compensation Program \(EEOICP\) Act of 2000 \(Public Law 106-398\).](#)

1640.0593 Assets Excluded by Federal Law (MSSI, SFP)

Items excluded by federal law as income are also excluded as assets. These items include, but are not limited to the following:

1. Payments to a natural child of a Vietnam veteran born with spina bifida, except spina bifida occulta, as a result of the exposure of one or both parents to Agent Orange (P.L. 104-204).
2. Payments to a natural child of a woman Vietnam veteran born with one or more birth defects resulting in permanent physical or mental disability (P.L. 106-419).
3. Lump sum SSI, Social Security, Earned Income Tax Credit and Child Tax Credit payments are excluded for nine consecutive calendar months following the month of receipt or until funds are spent, whichever occurs first. This exclusion applies only to the extent that funds are kept separate and identifiable from other assets.
4. Value of any assistance paid with respect to a dwelling unit under the U.S. Housing Act of 1937, as amended; the National Housing Act; Section 101 of the HUD Act of 1965; or Title V of the Housing Act of 1949.
5. Disaster assistance payments (P.L. 100-707). This exclusion applies to federal disaster assistance and comparable state or local assistance.
6. All student financial assistance received under Title IV of the Higher Education Act of 1965, or under Bureau of Indian Affairs (BIA) student assistance programs is excluded from income and assets, regardless of use. Examples of Title IV Programs include, but are not limited to: Pell grants, State Student incentives, Academic Achievement Incentive Scholarships, Supplemental Educational Opportunities grants, Upward Bound, work-study programs.
7. Any portion of a grant, scholarship, loan, gift or fellowship received by an individual to pay the costs of tuition, fees or other necessary educational expenses.
8. German, Japanese, or Aleutian reparation payments.
9. Any increase in the value of excluded burial funds that are left to accumulate.
10. Netherlands reparation payments based on Nazi persecution during World War II.
11. Austrian Reparation Payments made under Sections 500-506 of the Austrian General Social Insurance Act.

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Listing of Amended Passages

12. Payments made to class members under the Factor VIII of IX Concentrate Blood Products lawsuit settlement. This exclusion applies only to the extent that funds are kept separate and identifiable.
13. Payments received under the Crime Victim Compensation Program that offers compensation to victims and survivors of victims of criminal violence, including drunk driving and domestic violence (P.L. 103-322).
14. [Payments made to individuals under the Energy Employees Occupational Illness Compensation Program \(EEOICP\) Act of 2000 \(Public Law 106-398\).](#)

1650.0593 Assets Excluded by Federal Law (CIC)

The eligibility specialist must verify or document the amount of the benefit received from the following sources, since they are potential assets:

1. SSI benefits or SSI lump sum payments.
2. Assistance from a vocational rehabilitation agency within certain limitations.
3. Disaster assistance payments (P.L. 100-707). This exclusion applies to federal disaster assistance and comparable state or local assistance.
4. Emergency payments made by another agency prior to the date direct assistance is received.
5. Any grant, loan, gift or scholarship received by the individual. Effective 7/1/93, this includes financial assistance provided under programs in Title IV of the Higher Education Act and under Bureau of Indian Affairs student assistance programs. Effective 7/1/93, student financial assistance for attendance costs under the Carl D. Perkins Vocational and Applied Technology Education Act is also excluded. Attendance costs include: tuition and fees (as required by the institution of all students in the same course of study); and books, supplies, transportation, dependent care and miscellaneous personal expenses (as included in the assistance grant) for those attending on at least a half-time basis, as defined by the institution. Living expenses are not allowed as attendance costs unless the assistance grant includes funds for this purpose as part of miscellaneous personal expenses.

Funds derived from the following sources are not considered available income or assets, and it is not required that the source be verified or documented:

1. Payments to a natural child of a Vietnam veteran born with spina bifida, except spina bifida occulta, as a result of the exposure of one or both parents to Agent Orange (P.L. 104-204).
2. Payments to a natural child of a woman Vietnam veteran born with one or more birth defects resulting in permanent physical or mental disability (P.L. 106-419).
3. The employment related expense reimbursement received by a participant in employment & training.
4. Assistance payments received by households from the Low-income Home Energy Assistance Program administered by the Department of Community Affairs.

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Listing of Amended Passages

5. Any payment received by foster parents from any agency intended to provide for the needs of foster children or adults placed in their home; or adoption assistance payments for an individual whose needs are not included in the filing unit.
6. Income for children who are in the custody of the Department, which is collected by Fee Collections and placed into a Fee Collections trust account on behalf of a child, is not counted. The funds which remain in the Fee Collections trust account are not counted as an asset. The income and assets are considered unavailable and are excluded in the eligibility determination.
7. Other trust accounts belonging to the child, or on behalf of the child, must be evaluated by the eligibility specialist for consideration in the Medicaid eligibility determination. Follow trust policy contained in the ACCESS Florida Program Policy Manual, beginning with passage 1650.0573, for evaluation of the trust account.
8. The value of the benefits under the Food Stamp Act of 1977, as amended, the value of USDA donated foods, the value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Lunch Act.
9. Any benefits received under Title VII, Nutrition Program for the Elderly of the Older Americans Act of 1965, as amended.
10. Assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
11. Any funds distributed per capita to or held in trust for members of any Indian tribe under Public Laws 92-254, 93-134 or 94-540 and initial purchases made with funds distributed under Public Law 93-134 or Public Law 98-64.
12. Any of the following distributions made to a household, individual native or descendant of a native, by a Native Corporation established by the Alaska Native Claims Settlement Act (Public Law 92-203 as amended):
 - a. per capita payments of \$2,000 or less per year, including cash dividends on stock from a Native Corporation;
 - b. stocks (including stock issued or distributed by a Native Corporation as a dividend or distribution on stock);
 - c. a partnership interest;
 - d. land or interest in land (including land or interest in land received from a Native Corporation as a dividend or distribution on stock); or
 - e. an interest in a settlement trust.
13. Payments under the Experimental Housing Allowance Program under Section 23 of the U.S. Housing Act of 1937, under contracts fully executed prior to January 1, 1975.
14. Assistance provided to volunteers who participate in ACTION Programs funded under Public Law 93-113, including VISTA and other programs under Title I of that law.
15. Payments for supportive services or reimbursement for expenses made to volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving on the Service Corps of Retired Executives, Active Corps of Executives, and other programs under Titles II and III, Public Law 93-113, Section 419.

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Listing of Amended Passages

16. Payments from federal income taxes for earned income tax credit (EITC) and retroactive child tax credit payments. This also includes retroactive and advance EITC payments from employers. This source is excluded as an asset only for the month of receipt and month following.
17. Payments made pursuant to the Radiation Exposure Compensation Act, to individuals (or their survivors) who became ill or died as a result of exposure to radiation through nuclear testing or uranium mining.
18. Funds received by a member of the Passamaquoddy Indian Tribe, the Penobscot Nation, or the Houlton Band of Maliseet Indians pursuant to the Maine Indian Claims Settlement Act of 1980 will be disregarded as income and assets in the determination of eligibility for benefits under the TCA Program.
19. Standard filing units receiving Temporary Cash Assistance and Medicaid which have funds paid to a homeless shelter either by themselves or on their behalf, will have such funds excluded as a countable asset, providing that such moneys are to enable the family to pay deposits or other cost associated with moving into a stable shelter arrangement.
20. Payments received under the Crime Victim Compensation Program that offers compensation to victims and survivors of victims of criminal violence, including drunk driving and domestic violence (P.L. 103-322).
21. Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398).

1660.0593 Assets Excluded by Federal Law (RAP)

The eligibility specialist must verify or document the amount of the benefit received from the following sources, since they are potential assets:

1. SSI benefits or SSI lump sum payments.
2. Assistance from a vocational rehabilitation agency within certain limitations.
3. Disaster assistance payments (P.L. 100-707). This applies to federal disaster assistance and comparable state or local assistance.
4. Emergency payments made by another agency prior to the date direct assistance is received.
5. Any grant, loan, gift or scholarship received by the individual. Effective 7/1/93, this includes financial assistance provided under programs in Title IV of the Higher Education Act and under Bureau of Indian Affairs student assistance programs. Effective 7/1/93, student financial assistance for attendance costs under the Carl D. Perkins Vocational and Applied Technology Education Act is also excluded. Attendance costs include: tuition and fees (as required by the institution of all students in the same course of study); and books, supplies, transportation, dependent care and miscellaneous personal expenses (as included in the assistance grant) for those attending on at least a half-time basis, as defined by the institution. Living expenses are not allowed as attendance costs unless the assistance grant includes funds for this purpose as part of miscellaneous personal expenses.

Funds derived from the following sources are not considered available income or assets, and it is not required that the source be verified or documented:

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Listing of Amended Passages

1. The employment related expense reimbursement received by a participant in employment & training.
2. Assistance payments received by households from the Low-income Home Energy Assistance Program administered by the Department of Community Affairs.
3. Any payment received by foster parents from any agency intended to provide for the needs of foster children or adults placed in their home; or adoption assistance payments for an individual whose needs are not included in the filing unit.
4. Income for children who are in the custody of the Department, which is collected by Fee Collections and placed into a Fee Collections trust account on behalf of a child, is not counted. The funds which remain in the Fee Collections trust account are not counted as an asset. The income and assets are considered unavailable and are excluded in the eligibility determination.
5. Other trust accounts belonging to the child, or on behalf of the child, must be evaluated by the eligibility specialist for consideration in the Medicaid eligibility determination. Follow trust policy contained in the ACCESS Florida Program Policy Manual, beginning with passage 1650.0573, for evaluation of the trust account.
6. The value of the benefits under the Food Stamp Act of 1977, as amended, the value of USDA donated foods, the value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Lunch Act.
7. Any benefits received under Title VII, Nutrition Program for the Elderly of the Older Americans Act of 1965, as amended.
8. Assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
9. Any funds distributed per capita to or held in trust for members of any Indian tribe under Public Laws 92-254, 93-134 or 94-540 and initial purchases made with funds distributed under Public Law 93-134 or Public Law 98-64.
10. Any of the following distributions made to a household, individual native or descendant of a native, by a Native Corporation established by the Alaska Native Claims Settlement Act (Public Law 92-203 as amended):
 - a. per capita payments of \$2,000 or less per year, including cash dividends on stock from a Native Corporation;
 - b. stocks (including stock issued or distributed by a Native Corporation as a dividend or distribution on stock);
 - c. a partnership interest;
 - d. land or interest in land (including land or interest in land received from a Native Corporation as a dividend or distribution on stock); or
 - e. an interest in a settlement trust.
11. Payments under the Experimental Housing Allowance Program under Section 23 of the U.S. Housing Act of 1937, under contracts fully executed prior to January 1, 1975.

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Listing of Amended Passages

12. Assistance provided to volunteers who participate in ACTION Programs funded under Public Law 93-113, including VISTA and other programs under Title I of that law.
13. Payments for supportive services or reimbursement for expenses made to volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving on the Service Corps of Retired Executives, Active Corps of Executives, and other programs under Titles II and III, Public Law 93-113, Section 419.
14. Payments from federal income taxes for earned income tax credit (EITC) and retroactive child tax credit payments. This also includes retroactive and advance EITC payments from employers. This source is excluded as an asset only for the month of receipt and month following.
15. Payments made pursuant to the Radiation Exposure Compensation Act, to individuals (or their survivors) who became ill or died as a result of exposure to radiation through nuclear testing or uranium mining.
16. Funds received by a member of the Passamaquoddy Indian Tribe, the Penobscot Nation, or the Houlton Band of Maliseet Indians pursuant to the Maine Indian Claims Settlement Act of 1980 will be disregarded as income and assets in the determination of eligibility for benefits under the TCA Program.
17. Standard filing units receiving Temporary Cash Assistance and Medicaid which have funds paid to a homeless shelter either by themselves or on their behalf, will have such funds excluded as a countable asset, providing that such moneys are to enable the family to pay deposits or other cost associated with moving into a stable shelter arrangement.
18. Payments received under the Crime Victim Compensation Program that offers compensation to victims and survivors of victims of criminal violence, including drunk driving and domestic violence (P.L. 103-322).
19. [Payments made to individuals under the Energy Employees Occupational Illness Compensation Program \(EEOICP\) Act of 2000 \(Public Law 106-398\).](#)

1840.0207 Verification of Earned Income (MSSI, SFP)

All non-exempt earned income must be verified at application unless otherwise specified.

All non-exempt earned income must be verified. Information that must be verified includes:

1. the first and last dates of employment,
2. the first and last day of pay,
3. gross income including overtime and tips, and
4. frequency of payment.

Acceptable forms of verification include, but are not limited to, the following:

1. W-2 forms and income tax returns for self-employed individuals,
2. wage receipts,
3. wage statements,
4. pay stubs,
5. employment verification form or written statements containing the required information,
6. collateral contact complete with contact person's name, title, and telephone number, and
7. work calendar (for tips and recording pay as received).

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Listing of Amended Passages

If the employee reports actual tips to the employer, the employer is the source of verification. If the actual tips are not reported to the employer, the individual should keep records on a daily basis. The tip amount reported by the employee can be accepted unless questioned.

Any document used to verify income must be copied and retained in the case record. All documents must be completed and signed by the appropriate individuals (for example, the employer).

As a part of verifying last date of employment and last day of pay, any loss of or reduction in income which occurred within the month of application and the reason for the loss or reduction, must be verified when possible. Examples of circumstances that might make verification impossible are when a business closes or when a person for whom child care was provided moves and the new address is unknown.

If documentation or verbal verification is required and is not provided within specified time limits, the assistance group must be determined ineligible for assistance. The eligibility specialist must submit a policy exception request to the Region or Circuit Program Office, or at the Region or Circuit's discretion the unit supervisor. If the individual reports an inability to secure required documentation or verification due to factors beyond their control, the Region or Circuit Program Office or the unit supervisor, if authorized by the Region or Circuit Program Office, may grant or deny the exception.

At review, previously verified income does not need to be re-verified unless the customer reports:

1. a decrease in income which results in a member of the household becoming eligible for full coverage Medicaid. For example, the loss of income will allow a household member to move from Medically Needy to Medicaid.
2. a change in countable earnings which puts an assistance group within \$50 of being ineligible for full coverage Medicaid.
3. income from a new source.
4. questionable information.

Staff should continue to use available sources at hand (data exchanges, collateral contacts from the employer, etc.) to verify income before asking a customer to provide documentation.

Exception: The individual's statement that his income exceeds the income standard is sufficient to deny or close medical assistance. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility.

1810.0315 Verification of Self-Employment Income (FS)

Self-employed individuals must verify earned income at application and recertification. In addition, these individuals must make all business records available to the eligibility specialist. Examples of business records include documentation on:

1. income tax records necessary to determine gross income and deductible expenses,
2. purchases,
3. sales,
4. salaries,
5. capital improvements,
6. utility, transportation, and other operating costs, and
7. work calendars for tips and recording pay as received.

If the individual claims to have no business records, or that the records are inaccurate, **discuss with the individual their most recent representative income.** ~~The eligibility specialist and~~

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Listing of Amended Passages

supervisor should then use the best information available and record this in CLRC the case record.

1820.0315 Verification of Self-Employment Income (TCA)

Self-employed individuals must verify earned income at application and review. In addition, these individuals must make all business records available to the eligibility specialist. Examples of business records include documentation on:

1. income tax records necessary to determine gross income and deductible expenses,
2. purchases,
3. sales,
4. salaries,
5. capital improvements,
6. utility, transportation, and other operating costs, and
7. work calendars for tips and recording pay as received.

If the individual claims to have no business records, or that the records are inaccurate, discuss with the individual their most recent representative income. the eligibility specialist may request their supervisor to grant an exception to the verification requirements. The exception and supervisor's approval must be documented in CLRC- should explain how the income was determined.

1830.0315 Verification of Self-Employment Income (MFAM)

Self-employed individuals must verify earned income at application. In addition, these individuals must make all business records available to the eligibility specialist. Examples of business records include documentation on:

1. income tax records necessary to determine gross income and deductible expenses,
2. purchases,
3. sales,
4. salaries,
5. capital improvements,
6. utility, transportation, and other operating costs, and
7. work calendars for tips and recording pay as received.

If the individual claims to have no business records, or that the records are inaccurate, discuss with the individual their most recent representative income. the eligibility specialist may request their supervisor to grant an exception to the verification requirements. The exception and supervisor's approval must be documented in CLRC- should explain how the income was determined.

At review, previously verified income does not need to be re-verified unless the customer reports:

1. a decrease in income which results in a member of the household becoming eligible for full coverage Medicaid. For example, the loss of income will allow a household member to move from Medically Needy to Medicaid.
2. a change in countable earnings which puts an assistance group within \$50 of being ineligible for full coverage Medicaid.
3. income from a new source.
4. questionable information.

Staff should continue to use available sources at hand (data exchanges, collateral contacts from the employer, etc.) to verify income before asking a customer to provide documentation.

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Listing of Amended Passages

Exception: The individual's statement that his income exceeds the income standard is sufficient to deny or close medical assistance. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Continuous coverage must be considered for children in the assistance group.

1840.0315 Verification of Self-Employment Income (MSSI, SFP)

Self-employed individuals must verify earned income at application and review. In addition, these individuals must make all business records available to the eligibility specialist. Examples of business records include documentation on:

1. income tax records necessary to determine gross income and deductible expenses,
2. purchases,
3. sales,
4. salaries,
5. capital improvements,
6. utility, transportation, and other operating costs, and
7. work calendars for tips and recording pay as received.

If the individual claims to have no business records, or that the records are inaccurate, [discuss with the individual their most recent representative income](#). ~~the eligibility specialist may request their supervisor to grant an exception to the verification requirements. The exception and supervisor's approval must be documented in CLRC-~~ [should explain how the income was determined](#).

1860.0315 Verification of Self-Employment Income (RAP)

Self-employed individuals must verify earned income at application and review. In addition, these individuals must make all business records available to the eligibility specialist. Examples of business records include documentation on:

1. income tax records necessary to determine gross income and deductible expenses,
2. purchases,
3. sales,
4. salaries,
5. capital improvements,
6. utility, transportation, and other operating costs, and
7. work calendars for tips and recording pay as received.

If the individual claims to have no business records, or that the records are inaccurate, [discuss with the individual their most recent representative income](#). ~~the eligibility specialist may request their supervisor to grant an exception to the verification requirements. The exception and supervisor's approval must be documented in CLRC-~~ [should explain how the income was determined](#).

1810.0914 Energy Employees Occupational Illness Compensation Program ~~Benefits Received Due to Federal Law~~ (FS)

[Payments made to individuals under the Energy Employees Occupational Illness Compensation Program \(EEOICP\) Act of 2000 \(Public Law 106-398\) are excluded as income.](#) ~~Benefits may be received due to Federal Statute.~~

New language in passages appear [blue](#) in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

1820.0914 Energy Employees Occupational Illness Compensation Program Benefits Received Due to Federal Law (TCA)

Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398) are excluded as income. ~~Benefits may be received due to Federal Statute from the following sources:~~

- ~~1. Domestic Volunteer Services Act,~~
- ~~2. Older Americans Act,~~
- ~~3. Indian Tribe/Alaskan Natives laws,~~
- ~~4. German Reparation or Japanese/Aleutian Restitution payments,~~
- ~~5. Agent Orange payments,~~
- ~~6. Crisis Intervention Program,~~
- ~~7. Experimental Housing Allowance,~~
- ~~8. Earned Income Credit,~~
- ~~9. Radiation Exposure Compensation Act,~~
- ~~10. Plan for Achieving Self-Support,~~
- ~~11. Maine Indian Claims Settlement Act,~~
- ~~12. Child Nutrition Act,~~
- ~~13. Veterans' Benefits Improvement and Health Care Act,~~
- ~~14. Netherlands/Austrian reparations payments,~~
- ~~15. Factor VIII or IX Concentrate Blood Products,~~
- ~~16. Crime victim compensation (Victims Crime Act of 1984).~~

1830.0914 Energy Employees Occupational Illness Compensation Program Benefits Received Due to Federal Law (MFAM)

Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398) are excluded as income. ~~Benefits may be received due to Federal Statute from the following sources:~~

- ~~1. Domestic Volunteer Services Act,~~
- ~~2. Older Americans Act,~~
- ~~3. Indian Tribe/Alaskan Natives laws,~~
- ~~4. German Reparation or Japanese/Aleutian Restitution payments,~~
- ~~5. Agent Orange payments,~~
- ~~6. Crisis Intervention Program,~~
- ~~7. Experimental Housing Allowance,~~
- ~~8. Earned Income Credit,~~
- ~~9. Radiation Exposure Compensation Act,~~
- ~~10. Plan for Achieving Self-Support,~~
- ~~11. Maine Indian Claims Settlement Act,~~
- ~~12. Child Nutrition Act,~~
- ~~13. Veterans' Benefits Improvement and Health Care Act,~~
- ~~14. Netherlands/Austrian reparations payments,~~
- ~~15. Factor VIII or IX Concentrate Blood Products,~~
- ~~16. National and Community Services Trust, and~~
- ~~17. Crime Victim Compensation (Victims Crime Act of 1984).~~

1840.0914 Energy Employees Occupational Illness Compensation Prog. Benefits Received Due to Federal Law (MSSI, SFP)

Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398) are excluded as income. ~~Benefits may be received due to Federal Statute from the following sources (refer to Chapter 1600 for applicable asset exclusions):~~

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Listing of Amended Passages

1. ~~Domestic Volunteer Services Act,~~
2. ~~Older Americans Act,~~
3. ~~Indian Tribe/Alaskan Natives laws,~~
4. ~~German Reparation or Japanese/Aleutian Restitution payments,~~
5. ~~Agent Orange payments,~~
6. ~~Crisis Intervention Program,~~
7. ~~Experimental Housing Allowance,~~
8. ~~Earned Income Credit,~~
9. ~~Radiation Exposure Compensation Act,~~
10. ~~Plan for Achieving Self-Support,~~
11. ~~Maine Indian Claims Settlement Act,~~
12. ~~Child Nutrition Act,~~
13. ~~Veterans' Benefits Improvement and Health Care Act,~~
14. ~~Netherlands/Austrian reparations payments,~~
15. ~~Factor VIII or IX Concentrate Blood Products and~~
16. ~~Victims Restitution Payments.~~

1850.0914 Energy Employees Occupational Illness Compensation Benefits Received Due to Federal Law (CIC)

Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398) are excluded as income. Benefits may be received due to Federal Statute from the following sources (refer to Chapter 1600 for applicable asset exclusions):

1. ~~Domestic Volunteer Services Act,~~
2. ~~Older Americans Act,~~
3. ~~Indian Tribe/Alaskan Natives laws,~~
4. ~~German Reparation or Japanese/Aleutian Restitution payments,~~
5. ~~Agent Orange payments,~~
6. ~~Crisis Intervention Program,~~
7. ~~Experimental Housing Allowance,~~
8. ~~Earned Income Credit,~~
9. ~~Radiation Exposure Compensation Act,~~
10. ~~Plan for Achieving Self-Support,~~
11. ~~Maine Indian Claims Settlement Act,~~
12. ~~Child Nutrition Act,~~
13. ~~Veterans' Benefits Improvement and Health Care Act,~~
14. ~~Netherlands/Austrian reparations payments, and~~
15. ~~Factor VIII or IX Concentrate Blood Products.~~

1860.0914 Energy Employees Occupational Illness Compensation Benefits Received Due to Federal Law (RAP)

Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398) are excluded as income. Benefits may be received due to Federal Statute from the following sources (refer to Chapter 1600 for applicable asset exclusions):

1. ~~Domestic Volunteer Services Act,~~
2. ~~Older Americans Act,~~
3. ~~Indian Tribe/Alaskan Natives laws,~~
4. ~~German Reparation or Japanese/Aleutian Restitution payments,~~
5. ~~Crisis Intervention Program,~~

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Listing of Amended Passages

- ~~6. Experimental Housing Allowance,~~
- ~~7. Earned Income Credit,~~
- ~~8. Radiation Exposure Compensation Act,~~
- ~~9. Plan for Achieving Self-Support,~~
- ~~10. Maine Indian Claims Settlement Act,~~
- ~~11. Child Nutrition Act,~~
- ~~12. Veterans' Benefits Improvement and Health Care Act,~~
- ~~13. Netherlands/Austrian reparations payments, and~~
- ~~14. Factor VIII or IX Concentrate Blood Products.~~

1810.1300 INCOME FROM OTHER SOURCES ~~PERSONAL LOANS~~ (FS)

~~This section presents the application of policy for other sources of income. Personal loans include all loans with intent to repay, including loans from private individuals as well as commercial institutions and are excluded as income.~~

1810.1301 Loans Excluded as Income (FS)

All loans, including loans from private individuals as well as commercial institutions are excluded income ~~if there is intent to repay~~. This includes ~~crop loans regardless of whether living expenses are included in the loan amount.~~

When the eligibility specialist questions that a ~~bona fide~~ valid loan exists, the individual recipient must verify the existence of the ~~bona fide~~ loan ~~from the source~~. This may mean the individual ~~has to get a~~. A signed statement from the loan provider that confirms that repayments are being made or will be made in accordance with an established payment schedule ~~is sufficient~~.

When an individual is the **borrower**:

Proceeds of a valid loan received by the borrower are not income in the month of receipt. If the loan is determined not to be valid, the proceeds are considered income in the month received. The amount remaining from the loan in the month following receipt is considered as an asset to the borrower.

When an individual is the **lender**:

If the loan is determined to be valid and negotiable, the loan is a countable asset; only the interest portion of the payment received is excluded as income to the lender. The principal portion of the payment is conversion of an asset, not income. If the loan is determined to be not valid and not negotiable the loan is not a countable asset, the entire payment received (principal and interest) is counted as income.

1810.1302 ~~1810.1307~~ Contributions (FS)

All direct money payments from any source that represent a gain or benefit to the individual are included as unearned income.

A contribution is cash received by any member of the standard filing unit. A contribution may be received on a one-time basis or on regular or irregular intervals.

An allowance is considered a contribution when paid to an individual by a person outside the individual's standard filing unit. This would apply to money from a non-legal father when there is a legal father.

New language in passages appear blue in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

The individual must provide verification of the amount received as a gift or contribution. When written verification is unavailable, documentation must include the following information:

1. date oral verification received,
2. source of verification,
3. source of funds,
4. date made, and
5. the amount.

Standard verbal verification policy applies. If the individual is unable to obtain verification, discuss with the individual. The eligibility specialist should then use the best information available and record this in CLRC.

1810.1303 Trusts (FS)

Monies that are withdrawn from a trust fund by the assistance group are to be considered income in the month of receipt. The withdrawal is considered income to the assistance group without regard to whether the trust account is considered an available or an unavailable asset. Dividends and interest from the trust, which the assistance group has the option to receive or reinvest in the trust, are excluded as income.

1810.1304 Gifts (FS)

A gift may be excluded if it is infrequent or irregular. To be a gift, an item must meet the following requirements:

1. must be given irrevocably;
2. must not be compensation or return for services or other consideration; and
3. must be given without legal obligation on the part of the donor.

1810.1305 Prizes and Awards (FS)

Cash prizes and cash awards are included as income unless they can be excluded as infrequent or irregular.

An award is generally something of value received as a result of a decision or judgment of a court, board of arbitration, or similar action. Awards are almost always cash or its equivalent.

If a prize or award is not substantial, then the eligibility specialist must consider whether it may be excluded from income as infrequent/irregular income.

1820.1300 INCOME FROM OTHER SOURCES ~~PERSONAL LOANS~~ (TCA)

This section presents the application of policy for other sources of income. ~~Personal loans include all loans with intent to repay, including loans from private individuals as well as commercial institutions. Refer to passage 1820.1204 for treatment of educational loans.~~

~~If the individual receiving the loan does not realize a net profit on the loan, then the loan is excluded. If more money is borrowed than is required to be repaid, the difference is considered a contribution and included as income. As long as there is an intent to repay, the loan purpose and timing of the repayment period do not matter.~~

1820.1301 ~~1820.1302~~ Verification of Loans (TCA)

All loans, including loans from private individuals as well as commercial institutions are excluded income if there is intent to repay.

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

When the eligibility specialist questions that a valid loan exists, the individual must verify the existence of the loan from the source. A signed statement from the loan provider that confirms that repayments are being made or will be made in accordance with an established payment schedule is sufficient.

When an individual is the **borrower**:

Proceeds of a valid loan received by the borrower are not income in the month of receipt. If the loan is determined not to be valid, the proceeds are considered income in the month received. The amount remaining from the loan in the month following receipt is considered as an asset to the borrower.

When an individual is the **lender**:

If the loan is determined to be valid and negotiable, the loan is a countable asset; only the interest portion of the payment received is excluded as income to the lender. The principal portion of the payment is conversion of an asset, not income. If the loan is determined to be not valid and not negotiable the loan is not a countable asset, the entire payment received (principal and interest) is counted as income.

~~Loans with an intent to repay must be substantiated through a written statement that is signed by the borrower (applicant or recipient) and includes the loan amount, date borrowed, amount to be repaid, and lender's name and address or phone number.~~

~~Intent to repay a loan exists when:~~

- ~~1. there is a written statement signed by the lender and borrower that specifies the amount of money borrowed and the amount of money to be repaid; or~~
- ~~2. the borrower expresses an intent to repay the loan; or~~
- ~~3. the borrower expresses an intent to repay the loan when money is available; or~~
4. the borrower expresses an intent to repay the loan by pledging collateral.

1820.1302 ~~1820.1307~~ Contributions (TCA)

All direct money payments from any source that represent gain or benefit to the individual are included as unearned income.

A contribution is cash received by a child, parent or relative with no intent to repay. A contribution may be received on a one-time basis or on regular or irregular intervals.

An allowance is considered a contribution when paid to an individual by a person outside the individual's assistance group. This would apply to money from a non-legal father when there is a legal father.

The individual ~~should~~ **must** provide ~~written~~ verification of the amount received as a gift or contribution. When written verification is unavailable, documentation must include the following information:

1. date oral verification received,
2. source of verification,
3. source of funds,
4. date made, and
5. the amount.

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

Standard verbal verification policy applies. If the individual is unable to obtain verification, discuss with the individual. The eligibility specialist should then use the best information available and record this in CLRC. ~~a request for exception to verification of income may be submitted to the Region or Circuit Program Office. The Region or Circuit Program Office may grant the supervisor the authority to approve or to deny the policy exception.~~

1820.1303 Trusts (TCA)

Monies that are withdrawn from a trust fund by the assistance group are to be considered income in the month of receipt. The withdrawal is considered income to the assistance group without regard to whether the trust account is considered an available or an unavailable asset. Dividends and/or interest from the trust, which the assistance group has the option to receive or reinvest in the trust, are excluded as income.

1820.1304 Gifts (TCA)

A gift may be excluded if it is infrequent or irregular. To be a gift, an item must meet the following requirements:

1. must be given irrevocably;
2. must not be compensation or return for services or other consideration; and
3. must be given without legal obligation on the part of the donor.

1820.1305 Prizes and Awards (TCA)

Cash prizes and cash awards are included as income unless they can be excluded as infrequent or irregular.

An award is generally something of value received as a result of a decision or judgment of a court, board of arbitration, or similar action. Awards are almost always cash or its equivalent.

If a prize or award is not substantial, then the eligibility specialist must consider whether it may be excluded from income as infrequent/irregular income.

1830.1300 INCOME FROM OTHER SOURCES ~~PERSONAL LOANS~~ (MFAM)

This section presents the application of policy for other sources of income. ~~Personal loans include all loans with intent to repay, including loans from private individuals as well as commercial institutions. Refer to Section 1830.1200 for treatment of educational loans. If the individual receiving the loan does not realize a net profit on the loan, then the loan is excluded. If more money is borrowed than is required to be repaid, the difference is considered a contribution and included as income. As long as there is an intent to repay, the loan purpose and timing of the repayment period do not matter.~~

1830.1301 ~~1830.1302~~ Verification of Loans (MFAM)

All loans, including loans from private individuals as well as commercial institutions are excluded income if there is intent to repay.

When the eligibility specialist questions that a valid loan exists, the individual must verify the existence of the loan from the source. A signed statement from the loan provider that confirms that repayments are being made or will be made in accordance with an established payment schedule is sufficient.

When an individual is the borrower:

New language in passages appear blue in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

Proceeds of a valid loan received by the borrower are not income in the month of receipt. If the loan is determined not to be valid, the proceeds are considered income in the month received. The amount remaining from the loan in the month following receipt is considered as an asset to the borrower.

When an individual is the **lender**:

If the loan is determined to be valid and negotiable, the loan is a countable asset; only the interest portion of the payment received is excluded as income to the lender. The principal portion of the payment is conversion of an asset, not income. If the loan is determined to be not valid and not negotiable the loan is not a countable asset, the entire payment received (principal and interest) is counted as income.

~~Loans with an intent to repay must be substantiated through a written statement that is signed by the borrower (applicant or recipient) and includes the loan amount, date borrowed, amount to be repaid, and lender's name and address or phone number.~~

~~Intent to repay a loan exists when:~~

- ~~1. there is a written statement signed by the lender and borrower that specifies the amount of money borrowed and the amount of money to be repaid; or~~
- ~~2. the borrower expresses an intent to repay the loan; or~~
- ~~3. the borrower expresses an intent to repay the loan when money is available; or~~
- ~~4. the borrower expresses an intent to repay the loan by pledging collateral.~~

1830.1302 ~~1830.1307~~ **Contributions (MFAM)**

All direct money payments from any source that represent gain or benefit to the individual are included as unearned income.

A contribution is cash received by any member of the standard filing unit. A contribution may be received on a one-time basis or on regular or irregular intervals.

An allowance is considered a contribution when paid to an individual by a person outside the individual's standard filing unit. This would apply to money from a non-legal father when there is a legal father.

The individual ~~should~~ **must** provide ~~written~~ verification of the amount received as a gift or contribution. When written verification is unavailable, documentation must include the following information:

1. date oral verification received,
2. source of verification,
3. source of funds,
4. date made, and
5. the amount.

Standard verbal verification policy applies. If the individual is unable to obtain verification, **discuss with the individual. The eligibility specialist should then use the best information available and record this in CLRC.** ~~a request for exception to verification of income may be submitted to the Region or Circuit Program Office. The Region or Circuit Program Office may grant the supervisor the authority to approve or to deny the policy exception.~~

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

1830.1303 Trusts (MFAM)

Monies that are withdrawn from a trust fund by the assistance group are to be considered income in the month of receipt. The withdrawal is considered income to the assistance group without regard to whether the trust account is considered an available or an unavailable asset. Dividends and or interest from the trust, which the assistance group has the option to receive or reinvest in the trust, are excluded as income.

1830.1304 Gifts (MFAM)

A gift may be excluded if it is infrequent or irregular. To be a gift, an item must meet the following requirements:

1. must be given irrevocably;
2. must not be compensation or return for services or other consideration; and
3. must be given without legal obligation on the part of the donor.

1830.1305 Prizes and Awards (MFAM)

Cash prizes and cash awards are included as income unless they can be excluded as infrequent or irregular.

An award is generally something of value received as a result of a decision or judgment of a court, board of arbitration, or similar action. Awards are almost always cash or its equivalent.

If a prize or award is not substantial, then the eligibility specialist must consider whether it may be excluded from income as infrequent/irregular income.

1840.1300 ~~INCOME FROM OTHER SOURCES~~ ~~PERSONAL LOANS~~ (MSSI, SFP)

This section presents the application of policy for other sources of income.

~~Personal loans include all loans with intent to repay, including loans from private individuals as well as commercial institutions. Refer to Section 1840.1200 for treatment of educational loans.~~

1840.1301 ~~1840.1303~~ Loans (MSSI, SFP)

All loans including loans from private individuals as well as commercial institutions are excluded income if there is an intent to repay. ~~The following is policy for determining if proceeds from a loan are income to the borrower or to the lender.~~

When an individual is the **borrower**:

Proceeds of a **valid bona fide** loan received by the borrower are not income in the month of receipt. If the loan is determined not to be **valid bona fide**, the proceeds are considered income in the month received. The amount remaining from the loan in the month following receipt is considered as an asset to the borrower.

When an individual is the **lender**:

If the loan is determined to be **valid bona fide** and negotiable, the loan is a countable asset; only the interest portion of the payment received is excluded as income to the lender. The principal portion of the payment is conversion of an asset, not income. If the loan is determined to be not **valid bona fide** and not negotiable the loan is not a countable asset, the entire payment received (principal and interest) is counted as income.

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

Note: Loans signed before March 1, 2005 may be excluded as income producing property. When a loan is excluded from countable assets under income producing property policy, the entire payment received (principal and interest) is counted as income.

1840.1302 ~~1840.1307~~ Contributions (MSSI, SFP)

All direct money payments from any source that represent gain or benefit to the individual are included as unearned income.

A contribution is cash received by any member of the standard filing unit. A contribution may be received on a one-time basis or on regular or irregular intervals.

An allowance is considered a contribution when paid to an individual by a person outside the individual's standard filing unit. This would apply to money from a non-legal father when there is a legal father.

The individual must provide verification of the amount received as a gift or contribution. When written verification is unavailable, documentation must include the following information:

1. date oral verification received,
2. source of verification,
3. source of funds,
4. date made, and
5. the amount.

Standard verbal verification policy applies. If the individual is unable to obtain verification, discuss with the individual. The eligibility specialist should then use the best information available and record this in CLRC.

Contributions to a Facility:

For OSS, contributions made to the facility on behalf of the individual are not considered as income as long as the payment is made directly to the facility and does not exceed two times the recognized cost of care.

Note: Social Security does consider contributions as income (in-kind support and maintenance) to determine the amount of an SSI payment. If an OSS applicant/recipient's SSI is decreased, rejected or terminated because of contributions to the facility, the OSS payment cannot be increased to offset the SSI reduction.

1840.1303 Trusts (MSSI, SFP)

A trust is a right of property held by one party for the benefit of another. The person for whose benefit the trust is created is the beneficiary. If the beneficiary has a right to the income from the principal of the trust, then it is counted as unearned income as it becomes available. If the beneficiary has no right to the income from the principal of the trust and the income is added to the principal, then the earnings from the principal are not considered income.

Refer to passages 1640.0576.01 - 1640.0576.11 for specific information regarding availability of trusts as an asset.

1840.1305 ~~1840.1306~~ Prizes and Awards (MSSI, SFP)

Cash prizes and cash awards are included as income unless they can be excluded as infrequent or irregular.

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

~~A prize is generally something won in a contest, lottery, or game of chance. Prizes are most often in a form other than cash (for example, a vacation trip or a household appliance).~~

An award is generally something of value received as a result of a decision or judgment of a court, board of arbitration, or similar action. Awards are almost always cash or its equivalent.

If a prize or award is not substantial, then the eligibility specialist must consider whether it may be excluded from income as infrequent/irregular income.

1850.1300 **INCOME FROM OTHER SOURCES** ~~PERSONAL LOANS~~ (CIC)

~~This section presents the application of policy for other sources of income. Personal loans include all loans with intent to repay, including loans from private individuals as well as commercial institutions. Refer to Section 1850.1200 for treatment of educational loans.~~

~~If the individual receiving the loan does not realize a net profit on the loan, then the loan is excluded. If more money is borrowed than is required to be repaid, the difference is considered a contribution and included as income. As long as there is an intent to repay, the loan purpose and timing of the repayment period do not matter.~~

1850.1301 ~~1850.1302~~ **Verification of Loans** (CIC)

All loans, including loans from private individuals as well as commercial institutions with intent to repay, are excluded income.

When the eligibility specialist questions that a loan exists, the individual must verify the existence of the loan. A signed statement from the loan provider that confirms that repayments are being made or will be made in accordance with an established payment schedule is sufficient.

When an individual is the **borrower**:

Proceeds of a valid loan received by the borrower are not income in the month of receipt. If the loan is determined not to be valid, the proceeds are considered income in the month received. The amount remaining from the loan in the month following receipt is considered as an asset to the borrower.

When an individual is the **lender**:

If the loan is determined to be valid and negotiable, the loan is a countable asset; only the interest portion of the payment received is excluded as income to the lender. The principal portion of the payment is conversion of an asset, not income. If the loan is determined to be not valid and not negotiable the loan is not a countable asset, the entire payment received (principal and interest) is counted as income.

~~Loans with an intent to repay must be substantiated through a written statement that is signed by the borrower (applicant or recipient) and includes the loan amount, date borrowed, amount to be repaid, and lender's name and address or phone number.~~

~~Intent to repay a loan exists when:~~

- ~~1. there is a written statement signed by the lender and borrower that specifies the amount of money borrowed and the amount of money to be repaid; or~~
- ~~2. the borrower expresses an intent to repay the loan; or~~
- ~~3. the borrower expresses an intent to repay the loan when money is available; or~~
- ~~4. the borrower expresses an intent to repay the loan by pledging collateral.~~

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

1850.1302 ~~1850.1307~~ **Contributions (CIC)**

All direct money payments from any source that represent gain or benefit to the individual are included as unearned income.

A contribution is cash received by any member of the standard filing unit. A contribution may be received on a one-time basis or on regular or irregular intervals.

An allowance is considered a contribution when paid to an individual by a person outside the individual's standard filing unit. This would apply to money from a non-legal father when there is a legal father.

The individual ~~should~~ **must** provide ~~written~~ verification of the amount received as a gift or contribution. When written verification is unavailable, documentation must include the following information:

1. date oral verification received,
2. source of verification,
3. source of funds,
4. date made, and
5. the amount.

Standard verbal verification policy applies. If the individual is unable to obtain verification, a request for exception to verification of income may be submitted to the Region or Circuit Program Office. The Region or Circuit Program Office may grant the supervisor the authority to approve or to deny the policy exception.

1850.1304 **Gifts (CIC)**

A gift may be excluded if it is infrequent or irregular. To be a gift, an item must meet the following requirements:

1. must be given irrevocably;
2. must not be compensation or return for services or other consideration; and
3. must be given without legal obligation on the part of the donor.

1850.1305 **Prizes and Awards (CIC)**

Cash prizes and cash awards are included as income unless they can be excluded as infrequent or irregular.

If a prize or award is not substantial, then the eligibility specialist must consider whether it may be excluded from income as infrequent/irregular income.

1860.1300 **INCOME FROM OTHER SOURCES** ~~PERSONAL LOANS~~ **(RAP)**

~~This section presents the application of policy for other sources of income. Personal loans include all loans with intent to repay, including loans from private individuals as well as commercial institutions. Refer to Section 1860.1200 for treatment of educational loans.~~

~~If the individual receiving the loan does not realize a net profit on the loan, then the loan is excluded. If more money is borrowed than is required to be repaid, the difference is considered a contribution and included as income. As long as there is an intent to repay, the loan purpose and timing of the repayment period do not matter.~~

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

1860.1301 ~~1860.1302~~ **Verification of Loans (RAP)**

All loans, including loans from private individuals as well as commercial institutions with intent to repay, are excluded income.

When the eligibility specialist questions that a loan exists, the individual must verify the existence of the loan. A signed statement from the loan provider that confirms that repayments are being made or will be made in accordance with an established payment schedule is sufficient.

When an individual is the **borrower**:

Proceeds of a valid loan received by the borrower are not income in the month of receipt. If the loan is determined not to be valid, the proceeds are considered income in the month received. The amount remaining from the loan in the month following receipt is considered as an asset to the borrower.

When an individual is the **lender**:

If the loan is determined to be valid and negotiable, the loan is a countable asset; only the interest portion of the payment received is excluded as income to the lender. The principal portion of the payment is conversion of an asset, not income. If the loan is determined to be not valid and not negotiable the loan is not a countable asset, the entire payment received (principal and interest) is counted as income.

~~Loans with an intent to repay must be substantiated through a written statement that is signed by the borrower (applicant or recipient) and includes the loan amount, date borrowed, amount to be repaid, and lender's name and address or phone number.~~

~~Intent to repay a loan exists when:~~

- ~~1. there is a written statement signed by the lender and borrower that specifies the amount of money borrowed and the amount of money to be repaid; or~~
- ~~2. the borrower expresses an intent to repay the loan; or~~
- ~~3. the borrower expresses an intent to repay the loan when money is available; or~~
4. the borrower expresses an intent to repay the loan by pledging collateral.

1860.1302 ~~1860.1307~~ **Contributions (RAP)**

All direct money payments from any source that represent gain or benefit to the individual are included as unearned income.

A contribution is cash received by any member of the standard filing unit. A contribution may be received on a one-time basis or on regular or irregular intervals.

An allowance is considered a contribution when paid to an individual by a person outside the individual's standard filing unit. This would apply to money from a non-legal father when there is a legal father.

The individual ~~should~~ **must** provide ~~written~~ verification of the amount received as a gift or contribution. When written verification is unavailable, documentation must include the following information:

1. date oral verification received,
2. source of verification,
3. source of funds,
4. date made, and

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

5. the amount.

Standard verbal verification policy applies. If the individual is unable to obtain verification, [discuss with the individual. The eligibility specialist should then use the best information available and record this in CLRC.](#) ~~a request for exception to verification of income may be submitted to the Region or Circuit Program Office. The Region or Circuit Program Office may grant the supervisor the authority to approve or to deny the policy exception.~~

1860.1304 Gifts (RAP)

A gift may be excluded if it is infrequent or irregular. To be a gift, an item must meet the following requirements:

1. must be given irrevocably;
2. must not be compensation or return for services or other consideration; and
3. must be given without legal obligation on the part of the donor.

1860.1305 Prizes and Awards (RAP)

Cash prizes and cash awards are included as income unless they can be excluded as infrequent or irregular.

If a prize or award is not substantial, then the eligibility specialist must consider whether it may be excluded from income as infrequent/irregular income.

2040.0800 SSI-RELATED MEDICAID COVERAGE GROUPS (MSSI)

1. Aged, Blind and/or Disabled Medicaid for SSI eligible individuals (could be ICP, Hospice or HCBS);
2. Protected SSI Medicaid, including Regular COLA Protected Medicaid, Disabled Widow(er) I Protected Medicaid, Disabled Widow(er) II Protected Medicaid, Disabled Widow(er) III Protected Medicaid, Disabled Adult Child Protected Medicaid, and Protected Medicaid for SSI children;
3. SSI-Related MEDS for Aged or Disabled (Medicaid Expansion designated by SOBRA - Aged or Disabled);
4. Emergency Medical Assistance for Noncitizens, from an SSI-Related Medicaid category;
5. Medically Needy from an SSI-Related Medicaid category;
6. SSI Eligible ICP (includes Hospice);
7. SSI-EEI ICP (includes Hospice);
8. SSI-Related ICP except for transfer of assets (not eligible for ICP due solely to transfer of assets, cannot receive vendor payments for institutional services, but is eligible for all other services);
9. SSI MEDS ICP for Aged and Disabled;
10. SSI Medically Needy in a Long Term Care Facility;
11. Hospice Services Medicaid, including SSI Eligible Hospice Services, SSI-EEI Hospice Services, SSI MEDS Hospice Services for Aged and Disabled, and SSI Medically Needy Hospice Services;
12. Home and Community Based Services (HCBS) Medicaid waivers, including Channeling Waiver, Project AIDS Care Waiver, Aged and Disabled Adults Waiver, Developmental Services Waiver, Assisted Living Waiver, Traumatic Brain and Spinal Cord Injury Waiver, Model Waiver, Long-Term Care Diversion Waiver, ~~and Cystic Fibrosis Waiver~~ [and iBudget Florida Waiver](#);
13. Qualified Medicare Beneficiaries Medicaid for all categorical Medicaid where the individual is Part A Medicare eligible;
14. Special Low Income Medicare Beneficiary Medicaid;

New language in passages appear [blue](#) in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

15. Qualified Individuals 1;
16. Working Disabled entitled to payment of Part A Medicare premium only (cannot receive other coverage);
17. Retroactive Medicaid;
18. Posthumous Medicaid;
19. Breast and Cervical Cancer Treatment; and
20. Program of All-Inclusive Care for the Elderly (PACE).

2210.0323 Income/Assets of Ineligible/Disqualified Members (FS)

Disqualified Individuals

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.

Technically Ineligible Individuals

Technically ineligible individuals fail a technical factor of eligibility. 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. The income will be prorated and count all but the ineligible members share will count 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. ~~The household expenses paid by or billed to the ineligible member must be prorated and all but the ineligible member's share will be allowed as a deduction for the remaining household members. 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.

Refer to passage 2610.0410 for an explanation of what constitutes disqualification and technical ineligibility.

2220.0417.07 Noncitizen's Sponsor Assets Included (TCA)

The assets of the individual sponsor of a noncitizen are considered available to the noncitizen in their entirety.

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

Listing of Amended Passages

This does not refer to sponsoring agencies or organizations. [See 2620.0203.09 regarding TCA eligibility of individuals sponsored by agencies or organizations.](#) ~~See Chapter 1600 for a discussion of how to consider assets of a sponsoring agency in determining a noncitizen's eligibility.~~

2230.0417.07 Noncitizen's Sponsor Assets Included (MFAM)

The assets of the individual sponsor of a noncitizen are considered available to the noncitizen in their entirety.

This does not refer to sponsoring agencies or organizations. ~~See Chapter 1600 for a discussion of how to consider assets of a sponsoring agency in determining a noncitizen's eligibility.~~

2220.0420.02 Parent Excluded in the AG/SFU (TCA)

A parent whose needs cannot be included in the standard filing unit (SFU) because of having been sanctioned due to failure to comply with work requirements ~~or TPL requirements~~ must have income and assets included in determining the child's eligibility and SFU amount. Penalized individuals are entitled to disregards if otherwise eligible.

A parent whose needs cannot be included in the SFU because of technical ineligibility (for example, due to welfare enumeration or noncitizen status) must have income and assets included in determining the child's eligibility and SFU amount.

Exception: ~~While the income of an IRCA parent who is ineligible for assistance due to the five year disqualification period is counted, it must be deemed to the eligible child by applying the standard Temporary Cash Assistance deeming formula. Unlike other technically ineligible noncitizens, the income is not counted in its entirety.~~

2230.0420.02 Parent Excluded in AG/SFU (MFAM)

A parent whose needs cannot be included in the standard filing unit (SFU) because of having been sanctioned due to failure to comply with CSE requirements ~~or TPL requirements~~ must have income and assets included in determining the child's eligibility and SFU amount. Penalized individuals are entitled to disregards if otherwise eligible.

A parent whose needs cannot be included in the SFU because of technical ineligibility (for example, due to welfare enumeration or noncitizen status) must have income and assets included in determining the child's eligibility and SFU amount.

Exception: ~~While the income of an IRCA parent who is ineligible for assistance due to the five year disqualification period is counted, it must be deemed to the eligible child by applying the standard Temporary Cash Assistance deeming formula. Unlike other technically ineligible noncitizens, the income is not counted in its entirety.~~

2220.0420.07 Income of Sponsor (TCA)

The individual sponsor of a noncitizen will have [all](#) ~~a portion~~ of their assets and income included in the eligibility determination. This does not refer to a child sponsored by agencies or organizations.

2230.0420.07 Income of Sponsor (MFAM)

The individual sponsor of a noncitizen will have [all](#) ~~a portion~~ of their assets and income included in the eligibility determination. This does not refer to a child sponsored by agencies or organizations.

New language in passages appear [blue](#) in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

2250.0420.07 Income of Sponsor (CIC)

The individual sponsor of a noncitizen will have ~~all a portion~~ of their assets and income included in the eligibility determination. This does not refer to a child sponsored by agencies or organizations.

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.

- 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.
- ~~**DL** - Deemed Sponsor (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 or father of unborn child when mother receives TCA based on 9th month or third trimester unborn.](#)
- ~~**ADCR** - Parent ineligible due to SSN or noncitizen status requirements or to work penalties, or CSE sanction.*~~
- ~~**ADCU** - The father of third trimester unborn.~~
- ~~**ADCI** - The father of 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.](#)

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Listing of Amended Passages

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.

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.

2250.0422 Participation Status Codes (CIC)

The following section will present participation codes for CIC.

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:

EA - Eligible or Potentially Eligible Adult (all programs including AFDC family eligibility for Title IV-E Foster Care) - The income, assets, and needs are included. The individual is entitled to the appropriate disregards and receives benefits.

EC - Eligible or Potentially Eligible Child (all programs including AFDC family eligibility for Title IV-E Foster Care) - The income, assets, and needs are included. The individual is entitled to the appropriate disregards and receives benefits.

DS - Deemed Spouse (TCA, MFAM) - The assets are not considered. Income is deemed.

DS - Deemed Spouse (RAP) - The assets will be counted in full. Income is deemed.

DP - Deemed Parent (TCA, MFAM) - For TCA and the associated Medicaid. The assets are not considered. Income is deemed.

DP - Deemed Parent (RAP) - The assets will be counted in full. Income is deemed.

DT - Deemed Stepparent (TCA and the associated Medicaid groups) - The assets are not considered. Income is deemed.

~~**DL** - Deemed Sponsor (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:

ADCR - Parent ineligible due to SSN or noncitizen status requirements or to work penalties or CSE sanction.*

ADCU - The father of third trimester unborn.

ADCI - The father of third trimester unborn.

RAP - Individual ineligible due to SSN, noncitizen status, time limits or work and training.

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.

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

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

XC - Excluded Child (all programs). 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.

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

2260.0422 Participation Status Codes (RAP)

The following section will present participation codes for RAP.

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:

EA - Eligible or Potentially Eligible Adult (all programs including AFDC family eligibility for Title IV-E Foster Care) - The income, assets, and needs are included. The individual is entitled to the appropriate disregards and receives benefits.

EC - Eligible or Potentially Eligible Child (all programs including AFDC family eligibility for Title IV-E Foster Care) - The income, assets, and needs are included. The individual is entitled to the appropriate disregards and receives benefits.

DS - Deemed Spouse (TCA, MFAM) - The assets are not considered. Income is deemed.

DS - Deemed Spouse (RAP) - The assets will be counted in full. Income is deemed.

DP - Deemed Parent (TCA, MFAM) - For TCA and the associated Medicaid. The assets are not considered. Income is deemed.

DP - Deemed Parent (RAP) - The assets will be counted in full. Income is deemed.

DT - Deemed Stepparent (TCA and the associated Medicaid groups) - The assets are not considered. Income is deemed.

~~**DL** - Deemed Sponsor (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:~~

~~ADCR - Parent ineligible due to SSN or noncitizen status requirements or to work penalties or CSE sanction.*~~

~~ADCU - The father of third trimester unborn.~~

~~ADCI - The father of third trimester unborn.~~

~~RAP - Individual ineligible due to SSN, noncitizen status, time limits or work and training.~~

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.

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

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Listing of Amended Passages

XC - Excluded Child (all programs) - 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.~~

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

2440.0363 Student Earned Income Disregard (MSSI)

An amount of **an eligible student's earned income may be disregarded \$1,640 per month with a maximum of \$6,600 per calendar year is excluded from the earned income of an eligible student.** ~~Refer to Appendix A-9 for the amounts.~~ To qualify for this exclusion, the individual must be:

1. under the age of 22; and
2. a student regularly attending a school, college, university, or a course of vocational training designed to prepare them for gainful employment; and
3. disabled according to federal criteria.

2630.0109.01 Eligibility Standard Test (MFAM)

The Eligibility Standard Test applies only to cases that use the payment standard as the financial eligibility criteria. In order to be eligible, the assistance group's gross income cannot exceed the appropriate Eligibility Standard at the initial determination. The Eligibility Standard is based on the size of the assistance group and whether the assistance group has a shelter obligation. Total gross income for this test is computed as follows:

Step 1 - Earned and unearned income from all sources is totaled. This includes, but is not limited to, countable net deemed income of sponsors of certain noncitizens, ~~IRCA parents under the five-year disqualification period,~~ stepparents and grandparents.

Step 2 - The \$50 maximum child support disregard is allowed and the income of a full-time student for a six-month period per calendar year is excluded in this test.

Step 3 - The standard earned income disregard, child or incapacitated individual care costs, and the \$200 and 1/2 disregards are not deducted in this test.

2650.0109.01 Eligibility Standard Test (CIC)

The Eligibility Standard Test applies only to cases which use the payment standard or the CNS as the financial eligibility criteria.

In order to be eligible, the assistance group's gross income cannot exceed the appropriate Eligibility Standard at the initial determination. The Eligibility Standard is based on the size of the assistance group and whether the assistance group has a shelter obligation. Total gross income for this test is computed as follows.

Step 1 - Earned and unearned income from all sources is totaled. This includes, but is not limited to, countable net deemed income of sponsors of certain noncitizens, ~~IRCA parents under the five-year disqualification period,~~ stepparents and grandparents.

Step 2 - The \$50 maximum child support disregard is allowed and the income of a full-time student for a six month period per calendar year is excluded in this test.

Step 3 - The standard earned income disregard and the child or incapacitated individual care costs are not deducted in this test.

New language in passages appear **blue** in color and ~~strikethrough~~ is used for deleted language. The Introduction, Glossary, Appendices and deleted or renumbered passages are excluded.

Listing of Amended Passages

2660.0109.01 Eligibility Standard Test (RAP)

The Eligibility Standard Test applies only to cases which use the payment standard or the CNS as the financial eligibility criteria.

In order to be eligible, the assistance group's gross income cannot exceed the appropriate Eligibility Standard at the initial determination. The Eligibility Standard is based on the size of the assistance group and whether the assistance group has a shelter obligation. Total gross income for this test is computed as follows.

Step 1 - Earned and unearned income from all sources is totaled. This includes, but is not limited to, countable net deemed income of sponsors of certain noncitizens, ~~IRCA parents under the five year disqualification period~~, stepparents and grandparents.

Step 2 - The \$50 maximum child support disregard is allowed and the income of a full-time student for a six month period per calendar year is excluded in this test.

Step 3 - The standard earned income disregard and the child or incapacitated individual care costs are not deducted in this test.

2610.0200 DEEMING (FS)

This section discusses deeming of income. Deeming refers to the consideration of ~~a portion of~~ income of, for example, the stepparent(s), grandparent(s), teen parent, noncitizen's sponsor(s) ~~or the temporarily ineligible noncitizen parent who received legalization under the Immigration Reform and Control Act (IRCA) of 1986~~, as available to the assistance group. Note that much of the policy regarding deeming requires knowledge of budgeting.

2620.0200 DEEMING (TCA)

This section discusses deeming of income. Deeming refers to the consideration of ~~a portion of~~ income of, for example, the stepparent(s), grandparent(s), teen parent, noncitizen's sponsor(s) ~~or the temporarily ineligible noncitizen parent who received legalization under the Immigration Reform and Control Act (IRCA) of 1986~~, as available to the assistance group. Note that much of the policy regarding deeming requires knowledge of budgeting.

2630.0200 DEEMING (MFAM)

This section discusses deeming of income. Deeming refers to the consideration of ~~a portion of~~ income of, for example, the stepparent(s), grandparent(s), teen parent, noncitizen's sponsor(s) ~~or the temporarily ineligible noncitizen parent who received legalization under the Immigration Reform and Control Act (IRCA) of 1986~~, as available to the assistance group. Note that much of the policy regarding deeming requires knowledge of budgeting.

2650.0200 DEEMING (CIC)

This section discusses deeming of income. Deeming refers to the consideration of ~~a portion of~~ income of, for example, the stepparent(s), grandparent(s), teen parent, noncitizen's sponsor(s) ~~or the temporarily ineligible noncitizen parent who received legalization under the Immigration Reform and Control Act (IRCA) of 1986~~, as available to the assistance group. Note that much of the policy regarding deeming requires knowledge of budgeting.

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Listing of Amended Passages

2620.0201 Sponsored Noncitizens (TCA)

All ~~A portion~~ of the income and assets of the noncitizen's sponsor is deemed to the noncitizen for purposes of determining eligibility.

2650.0201 Sponsored Noncitizens (CIC)

All ~~A portion~~ of the income and assets of the noncitizen's sponsor is deemed to the noncitizen for purposes of determining eligibility.

2610.0301 Application Processed Outside Time Standard (FS)

If the application is processed ~~beyond~~ outside the ~~30th 30 day processing standard~~, the receipt of ~~retroactive~~ benefits ~~for the month of application~~ will be based on whether ~~or not~~ the reason for the delay in processing was the fault of the DCF or the assistance group. If the delay is the fault of DCF, the assistance group is entitled to ~~prorated retroactive~~ benefits for the month of application ~~based on the date of application~~. If the assistance group was at fault for the delay beyond the ~~30th 30 day processing standard~~ but is found eligible during the pending period, the assistance group will be given benefits ~~prorated~~ only from the ~~date the household provides the verifications~~. ~~month following the month of application, and those benefits will be prorated from the date the eligibility specialist received the requested information or verification. Refer to Chapter 600 for information on determining delay.~~

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; 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.

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.

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Listing of Amended Passages

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~~ ~~The income will be prorated and count all~~ but the ineligible member's share ~~will count~~ 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 will count 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. ~~The household expenses paid by or billed to the ineligible member must be prorated and all but the ineligible member's share will be allowed as a deduction for the remaining household members. 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.

2640.0117 Patient Responsibility Computation (MSSI)

The following policy applies to ICP, institutionalized MEDS, institutionalized Hospice, Community Hospice, PACE and the following HCBS Waiver Programs:

1. Assisted Living,
2. Long-Term Care Diversion,
3. Cystic Fibrosis,
4. ~~Comprehensive Adult Day Health Care, and~~
5. Family and Supported Living-, and
6. [iBudget Florida](#)

After the individual is determined eligible, the amount of monthly income to be applied to the cost of care (patient responsibility) is computed as follows:

Step 1 - Deduct the personal needs allowance and one half of the gross therapeutic wages up to the maximum of \$111 if applicable. Refer to 2640.0118 for information regarding the personal needs allowance.

Step 2 - Deduct the community spouse income allowance, family member allowance, or the dependent's allowance, if applicable.

Step 3 - Consider protection of income policies for the month of admission or the month of discharge, if appropriate (refer to 2640.0123) for the following programs:

1. Institutional Care Programs, (including institutionalized MEDS and institutionalized Hospice) - the month of admission to and discharge from a nursing facility,
2. Assisted Living Waiver - the month of admission to and discharge from an ALF,
3. PACE and Long-Term Care Diversion - the month of admission or discharge from a nursing home facility or from an assisted living facility.

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Listing of Amended Passages

Step 4 - Deduct uncovered medical expenses as discussed in passages 2640.0125.01 through 2640.0125.04.

The balance is the amount of the patient responsibility.

Note: The following individuals have no patient responsibility:

1. ICP children (aged 3-17 years) in ICF/DDs.
2. QMB individuals (with income 100% or less of the federal poverty level) while in a nursing home under Medicare coinsurance period, and
3. SSI recipients who have no other source of income and are only entitled to a \$30 SSI payment.

2640.0118 Personal Needs Allowance (MSSI)

The amount of the individual's income which is designated as a personal needs allowance (PNA) varies by program.

For ICP and institutionalized MEDS-AD, the personal needs allowance is \$35 as follows:

1. If the individual has less than \$35 total countable income, a supplemental payment must be authorized through the Supplemental Payment System (SPS). The personal needs allowance supplement (PNAS) cannot exceed \$5 a month.
2. Single veterans (and surviving spouses) in nursing homes who receive a VA \$90 pension (disregarded as income in both eligibility and patient responsibility computations) are also entitled to the \$35 PNA.
3. Single veterans (and surviving spouses) with no dependents who reside in state Veterans Administration nursing homes may keep \$90 of their veterans payments, including payments received for aid and attendance and unreimbursed medical expenses, for their personal needs. Any amount exceeding \$90 will be part of their patient responsibility to the facility. These individuals are also entitled to the \$35 PNA.

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

For institutionalized Hospice, the PNA is \$35. There is no provision to supplement this PNA.

For the Assisted Living waiver, the PNA is equal to the current OSS rate plus OSS personal needs allowance.

For the Cystic Fibrosis, ~~Comprehensive Adult Day Health Care, and Family Supported Living~~ and [iBudget Florida](#) waivers, the PNA is equal to 300% of the federal benefit rate. Because the PNA is the same as the HCBS income limit, only those individuals who become eligible using an income trust will have a patient responsibility.

For the Long Term Care Community Diversion Waiver and the Program for All-Inclusive Care for the Elderly (PACE), the personal needs allowance is as follows:

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

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Listing of Amended Passages

3. For an individual residing in a nursing home, the PNA is \$35.

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

For individuals in the above programs who earn therapeutic wages, an additional amount equal to one half of the therapeutic wages, up to \$111, can be deducted or protected for personal needs. The total amount of income to be protected as therapeutic wages cannot exceed \$111. (This is in addition to the \$35 personal needs allowance.)

3220.0112 Payee (TCA)

The payee is the caretaker relative with whom the child lives and who assumes primary responsibility for the daily care, supervision, and control of the child. Usually, this relative is the parent who lives in the home with the child on a continuing basis. When the parent fails to assume primary responsibility for the child's care due to causes such as physical illness or handicap, mental or emotional illness, personal instability, poor adjustment, or other personal problems, the specified relative in the home who does assume primary responsibility for the child must be the payee.

The payee is the primary cardholder for the Electronic Benefits Transfer (EBT) card.

The payee of a TCA benefit may not receive more than one TCA benefit at a time, regardless of the number or relationship of the children for whom responsible.

Exception: Relative payees may receive one or more TCA benefits for Relative Caregiver eligible children as well as a TCA benefit for other children who are not Relative Caregiver eligible.