May 12, 2011 Summary of Changes

Chapter	Passage	Summary
0200	**0240.0111**	Added Familial Dysautonomia to the list of HCBS waivers.
0600	**0610.0200**	Passage changes include information about broad-based categorical eligibility, simplified reporting and verified upon receipt information.
0800	**0810.0200** **0810.0501**	Passage changes include information about broad-based categorical eligibility, simplified reporting and verified upon receipt information.
1400	**1410.1911**	Changed time frame from 60 to 30 days for assessing voluntary quit for applicants.
	1440.0008	Minimum age requirement for the Comprehensive Adult Day Health Care waiver changed to age 60 or older. Added information for the Familial Dysautonomia HCBS waiver.
	1460.0000 **1460.0107**	Revised passages to reflect RAP aslyee eligibility beginning from date of status, not date of entry.
1600	**1640.0551**	Obsolete “refer to” passage number removed.
1800	**1810.0207, 1820.0207, 1860.0207**	Changed applicant verification requirements for terminated employment; required only when income is received in the month of application. The individual’s statement is acceptable for prior months.
	1830.0207, 1840.0207, 1850.0207	Clarified when income and loss of income must be verified; added language explaining income verification requirements for Medicaid reviews.
	1820.0209.01, 1860.0209.01	Removed reference to verifying reduction in income in preceding 60 days. Changed verification of loss of income to the month of application. Added the individual’s statement as acceptable for prior month loss of income.
	1810.0315, 1820.0315, 1830.0315, 1840.0315, 1850.0315, 1860.0315	Clarified when income and loss of income must be verified; added work calendars to the examples of acceptable self-employment records; added language explaining income verification requirements for Medicaid reviews.
2000	**2030.0704**	Changed wording to reflect the same time frame for PEPW coverage as listed in CFOP 165-9.

Chapter	Passage	Summary
	2040.0815.11	New passage with additional technical criteria for the Familial Dysautonomia HCBS waiver.
2200	**2210.0320.02**	Passage reflects the policy change to allow averaging of the 20 hours per week to pass the student eligibility test.
2600	**2640.0118**	Added information for the Familial Dysautonomia HCBS personal needs allowance.
3000	**3010.0102, 3020.0102, 3030.0102, 3040.0102, 3050.0102, 3060.0102**	Passage changes include verified upon receipt information.
Appendix	**A-14**	Updated the life expectancy table.

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), ~~and~~
11. Family and Supported Living (FSL), and~~.~~
12. Familial Dysautonomia (FD).

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, 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.

0610.0200 SIMPLIFIED REPORTING CHANGE REQUIREMENTS (FS)

Effective November 1, 2009, all food stamp households are simplified reporting.

Simplified reporting SFUs, that are broad-based categorically eligible, have no reporting requirements until recertification. Simplified reporting SFUs, that contain a member disqualified for IPV, fleeing felon, felony drug trafficking, or employment and training sanction, are not broad-based categorically eligible and must report a change only when income exceeds the 130% monthly gross income limit for the AG size or when an able-bodied adult subject to time limits has a change in work hours below twenty hours per week. The SFU must report the change by the 10th day of the month following the month of change.

Process only beneficial changes, sanction actions and data exchange responses that are considered verified upon receipt: Social Security (Bendex) ~~Bendex~~, State Data Exchange (SDX), ~~and~~ Unemployment Compensation Benefit (DEUC), Vital Statistics Death Match (DEDT), and Numident (DENU). ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections. Responses from other data exchanges require no action on the information provided ~~unless they suggest the SFU's income exceeds its food stamp gross income limit~~. Review these responses as part of the next recertification. Food stamp AGs that also receive TCA and/or Medicaid must report changes according to TCA and/or Medicaid Program requirements. Act on changes reported for TCA and/or Medicaid and make the change to affect all programs. For beneficial changes, if the household fails to verify the information,

leave the food stamp benefits the same. Do not act on reported adverse changes in food stamp only cases. In combination cases with food stamps, TCA, and/or Medicaid, process adverse changes based on the information provided by the household. ~~Action may be required for simplified reporting AGs based on whether verification is returned for other programs.~~

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0810.0501 Decreases in Benefits (FS)

When an adverse change is reported that contains sufficient information, do not process the change (except for households that also receive TCA and/or Medicaid) ~~unless the information indicates the SFU is over the gross income limit for the AG size~~. Obtain verification at the next eligibility review.

If delay in reporting the change or acting on the change causes overpayment, complete a BR referral.

1410.1911 Voluntary Quit/Voluntary Reduction of Hours (FS)

The term "Voluntary Quit" applies to voluntarily quitting employment or voluntarily reducing hours of employment without good cause. Voluntary quit/reduction of work hours does not apply to individuals exempt from work requirements.

At application for food stamp benefits or a report of loss of income determine if any member of the AG quit a job or reduced hours of employment without good cause within 30 ~~60~~ days prior to the date of application or after. Voluntary quit/voluntary reduction of hours applies if:

1. the individual quit a job where the individual was working 30 or more hours per week or earning an amount at least equal to the federal minimum wage multiplied by 30 without good cause; or
2. the individual reduced hours of employment to less than 30 hours per week, without good cause. If the individual reduces the hours of work to less than 30 but the wages equal the federal minimum wage multiplied by 30, voluntary quit/reduction of hours does not apply.

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.

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

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

For the Model waiver, individuals must:

1. be under 21 years of age,
2. be diagnosed as having a degenerative spinocerebeller disease,

3. meet the appropriate level of care for inpatient hospital care as determined by Children's Medical Services; and
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 medially 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 ~~75~~ 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.

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.

1460.0000 Refugee Assistance Program (RAP)

Refugee cash and medical assistance programs provide cash assistance to those meeting income but not other requirements for Temporary Cash Assistance (TCA), and medical assistance to those meeting income but not other requirements for Medicaid. Single refugee adults, as well as intact families, may apply, as deprivation is not a factor in determining eligibility for assistance, and benefits ~~services~~ may be approved ~~provided~~ on the basis of need for single individuals and families ~~without regard to family composition~~.

Individuals are eligible for the Refugee Assistance Program only if determined ineligible for TCA and all other factors of eligibility are met.

The following noncitizens are eligible to receive refugee assistance if they are within eight months of their date of entry into the U.S. and all other factors of eligibility are met:

1. Refugees admitted under Section 207 of the Immigration and Nationality Act (INA);
2. ~~Asylees admitted under Section 208 of the INA;~~
3. Cubans/Haitians paroled under Section 212(d)5 of the INA;
4. Cuban/Haitian asylum applicant;
5. Cubans/Haitians whose deportation is withheld or granted indefinite stay of Deportation under Section 243(h) or 241(b)3 of the INA as long as a final order of deportation has not been issued;
6. Cuban/Haitian entrants under Section 501(e) of the Refugee Assistance Act of 1980;
7. Amerasians from Vietnam;
8. Victims of Human Trafficking; and
9. Lawful permanent residents who were initially admitted in one of the categories listed above.

Asylees admitted under Section 208 of the INA are eligible to receive refugee assistance if they are within eight months of the date they obtained their asylee status.

Refugees eligible for refugee cash assistance are automatically eligible for Medicaid. However, the individuals may "opt not to receive" refugee cash assistance, but may continue to receive Medicaid for a period not to exceed eight months from date of arrival or entry.

1460.0107 Asylees (RAP)

Noncitizens granted asylum under Section 208,~~;~~ who have ~~has~~ received permission to remain in the U.S. based on a "well-founded fear of persecution" should the individual return to the individual's native land, may be considered for asylum. A prospective asylee applies for asylum after entering the U.S., a U.S. territory or a U.S. embassy, unlike a refugee who applies from abroad.

Proof of this status include:

1. USCIS Form I-94 showing grant of asylum under Section 208,
2. USCIS Form I-688B (Employment Authorization Card) annotated 274a.12(a)(5),
3. USCIS Form I-766 (Employment Authorization Card) annotated A5,
4. grant of asylum letter from the Asylum Office of the Immigration and Naturalization Service indicating this status is granted,
5. an order of an immigration judge granting asylum, or
6. other conclusive documentation of this status.

When determining eligibility for the Refugee Assistance Program (RAP), the asylee's status date ~~date of entry into the U.S~~. is used. Asylees whose date of application is within eight months of their status date ~~of entry into the U.S.~~ and are ineligible for Temporary Cash Assistance are eligible for RAP on the factor of noncitizen status.

To determine eligibility for RAP, the eligibility specialist may only use for verification the USCIS Form I-94, USCIS Form I-551 coded AS1, AS2, AS3, AS6, AS7, or AS8, an order of an immigration judge, or letter from USCIS indicating this status has been granted.

1640.0551 Life Estate Interest (MSSI, SFP)

Any life estate interest held by an individual, the individual's spouse, a child or specified relative is excluded as an asset to the individual. Also, transfers of life estates need not be examined for potential penalties.

Life estate received as a result of a transfer within 36 months of application for institutional care or HCBS must be evaluated under the transfer of assets policies ~~(refer to passage 1640.0614.03)~~.

Although individuals owning life estates have the right to obtain profits from the estate property they do not have exclusive rights to the benefits of the property. Therefore, only that portion of the income made available to the individual will be counted as income to the individual.

1810.0207 Verification of Earned Income (FS)

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

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

1. the first and last dates of employment (when income begins or ends),
2. the first and last day of pay,
3. gross income including overtime and tips,
4. frequency of payment,
5. the day of the week payment is received, and
6. the number of hours and days employed.

Note: Verification of terminated income from the employer, including the amount and date of last pay, is only required for an applicant when income is received in the month of application. The individual's statement is acceptable for income terminating prior to the month of application.

Acceptable forms of verification are:

1. 1099 forms, W-2 forms and income tax returns, including all schedules, 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 with employer, and
7. work calendar (for tips and daily cash payments).

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, the recipient). However, the individual's statement that his income exceeds the income standard is sufficient to deny or close the assistance group.

When reviewing the income information, the eligibility specialist must make certain that deductions are included in the gross earned income amount. Deductions from income that may appear include:

1. flex benefit plans,
2. savings accounts,
3. Christmas clubs,
4. stocks,
5. IRAs,
6. deferred compensation,
7. bonds,
8. mortgage/car payments,
9. insurance, and
10. SSA FICA withholding.

The eligibility specialist will determine the income amount by the best available information such as a collateral contact or previous pay stubs for similar work, if and when:

1. documentation is unavailable due to a lack of cooperation by the person or organization providing the income, or other factors beyond the individual's control; or
2. no other sources of verification are available.

1820.0207 Verification of Earned Income (TCA)

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

All non-exempt earned income must be verified by the employer. 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,
4. frequency of payment,
5. the day of the week payment is received, and
6. the number of hours and days employed.

Note: Verification of terminated income from the employer, including the amount and date of last pay, is only required for an applicant when income is received in the month of application. The individual's statement is acceptable for income terminating prior to the month of application.

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 with employer, and
7. work calendar (for tips and daily cash payments).

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, the recipient). Exceptions are as follows:

1. The individual's statement that his income exceeds the income standard is sufficient to deny or close FS, TCA, and RAP benefits. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Verification of income must be pursued for these situations in which the individual/AG appears to be Medicaid ineligible.
2. When documentation/verification of income that makes the assistance group ineligible cannot be obtained prior to the advance notice deadline, the case manager must redetermine the assistance group's eligibility based on its statement to avoid overpayment. In this situation, the cost of child care can be disregarded without verification.
3. The individual's statement regarding the begin date and amount of earned income is sufficient when authorizing transitional Medicaid.

1860.0207 Verification of Earned Income (RAP)

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

All non-exempt earned income must be verified by the employer. 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,
4. frequency of payment,
5. the day of the week payment is received, and
6. the number of hours and days employed.

Note: Verification of terminated income from the employer, including the amount and date of last pay, is only required for an applicant when income is received in the month of application. The individual's statement is acceptable for income terminating prior to the month of application.

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 with employer, or
7. work calendar (for tips and daily cash payments).

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, the recipient). Exceptions follow:

1. The individual's statement that his income exceeds the income standard is sufficient to deny or close FS, TCA, and RAP benefits. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Verification of income must be pursued for these situations in which the individual/AG appears to be Medicaid eligible.
2. When documentation/verification of income that makes the assistance group ineligible cannot be obtained prior to the advance notice deadline, the case manager must redetermine the assistance group's eligibility based on its statement to avoid overpayment. In this situation, the cost of child care can be disregarded without verification.
3. The individual's statement regarding the begin date and amount of earned income is sufficient when authorizing transitional Medicaid.

1830.0207 Verification of Earned Income (MFAM)

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

All non-exempt earned income must be verified ~~by the employer~~. 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.~~,~~
5. ~~the day of the week payment is received, and~~
6. ~~the number of hours and days employed.~~

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 with employer, and
7. work calendar (for tips and recording pay as received ~~daily cash payments~~).

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~~, the recipient~~).

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 ~~preceding 60 days~~ 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. ~~The reason for the loss or reduction of income will determine whether or not sanctions are necessary.~~

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,~~.~~ t~~T~~he 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. Continuous coverage must be considered for all children in the assistance group.

1840.0207 Verification of Earned Income (MSSI, SFP)

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

All non-exempt earned income must be verified ~~by the employer~~. 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,~~.~~
5. ~~the day of the week payment is received, and~~
6. ~~the number of hours and days employed.~~

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 ~~daily cash payments~~).

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~~, the recipient~~).

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.

1850.0207 Verification of Earned Income (CIC)

All case processing is done using information on the CIC Medicaid and Title IV-E applications completed by the Revenue Maximization or Juvenile Justice staff. If additional information is necessary, contact the Revenue Maximization or Juvenile Justice staff. Review any information received through data exchange.

~~All non-exempt earned income must be verified by at application and review unless otherwise specified.~~

~~All non-exempt earned income must be verified by the employer. 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,~~
4. ~~frequency of payment,~~
5. ~~the day of the week payment is received, and~~
6. ~~the number of hours and days employed.~~

~~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 with employer, or~~
7. ~~work calendar (for tips and daily cash payments).~~

~~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, the recipient). Exceptions follow:~~

1. ~~The individual's statement that his income exceeds the income standard is sufficient to deny or close FS, TCA, and RAP benefits. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Verification of income must be pursued for these situations in which the individual/AG appears to be Medicaid eligible.~~
2. ~~When documentation/verification of income that makes the assistance group ineligible cannot be obtained prior to the advance notice deadline, the case manager must redetermine the assistance group's eligibility based on its statement to avoid overpayment. In this situation, the cost of child care can be disregarded without verification.~~

~~The individual's statement regarding the begin date and amount of earned income is sufficient when authorizing transitional Medicaid.~~

1820.0209.01 Verification of Income (TCA)

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

Income can be verified through a telephone call or collateral contact with the employer or source of income. When verifying by this method the date and source of verbal verification and the date(s) and amount(s) of income received must be recorded.

The individual's statement regarding the amount of earned income is sufficient when authorizing transitional Medicaid.

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 ~~preceding 60 days 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. The individual's statement is acceptable for any loss of income prior to the month of application. ~~The reason for the loss or reduction of income will determine whether or not sanctions are necessary.~~

If documentation or verbal verification is not provided within specified time limits, the assistance group must be determined ineligible for assistance. However, 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 recipient 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. Refer to passage 1820.0207 for exception to documentation/verification of income that makes the assistance group ineligible.

1860.0209.01 Verification of Income (RAP)

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

Income can be verified through a telephone call or collateral contact with the employer or source of income. When verifying by this method the date and source of verbal verification and the date(s) and amount(s) of income received must be recorded.

The individual's statement regarding the amount of earned income is sufficient when authorizing transitional Medicaid.

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 ~~preceding 60 days 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. The individual's statement is acceptable for any loss of income prior to the month of application. ~~The reason for the loss or reduction of income will determine whether or not sanctions are necessary.~~

If documentation or verbal verification is not provided within specified time limits, the assistance group must be determined ineligible for assistance. However, 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 recipient 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. Refer to passage 1860.0207 for exception to documentation/verification of income that makes the assistance group ineligible.

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 ~~Acceptable verification to determine self-employment income should include~~:

1. income tax records necessary to determine gross income and deductible expenses,
2. purchases,
3. sales,
4. salaries,
5. capital improvements, ~~and~~
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, the eligibility specialist and supervisor should use the best information available and record this in 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,~~; and~~
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, 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.

1830.0315 Verification of Self-Employment Income (MFAM)

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,~~; and~~
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, 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.

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. 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,~~; and~~
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, 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.

1850.0315 Verification of Self-Employment Income (CIC)

All case processing is done using information on the CIC Medicaid and Title IV-E applications completed by the Revenue Maximization or Juvenile Justice staff. If additional information is necessary, contact the Revenue Maximization or Juvenile Justice staff. Review any information received through data exchange.

~~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; and~~
6. ~~utility, transportation, and other operating costs.~~

~~If the individual claims to have no business records, or that the records are inaccurate, 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.~~

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,~~; and~~
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, 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.

2030.0704 Presumptively Eligible Pregnant Women (MFAM)

Presumptive eligibility is a reasonable determination of eligibility made by a designated provider based on the applicant's verbal statements about the SFU's income. The income must be equal to or below 185% of the federal poverty level. There is no asset limit and citizenship status is not a factor of eligibility for this coverage group. The qualified designated provider (QDP) will refer the presumptively eligible pregnant woman to the local DCF office after opening the PEPW case for a determination of Medicaid eligibility.

This is temporary coverage that begins with the date ~~of~~ the presumptive eligibility determination is completed by the QDP and extends an additional two months, during which DCF makes a determination of eligibility for regular Medicaid ~~and ends when the pregnant woman's application for ongoing assistance is processed~~. Only one presumptive period per pregnancy is allowed and these benefits cover only ambulatory prenatal services provided by a Medicaid provider. It does not cover inpatient hospital services or delivery.

Note: Eligibility specialists are not to determine presumptive eligibility for pregnant women.

2040.0815.11 Additional Criteria - HCBS Familial Dysautonomia Waiver (MSSI)

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.

2210.0320.02 Student Eligibility Test (FS)

Complete the student eligibility test for students in institutions of higher education to determine if they meet a student exemption. Testing for student eligibility does not apply to individuals attending high school, individuals not attending school at least half-time, or individuals enrolled full-time in schools and training programs that are not institutions of higher education. Individuals pass the student eligibility test and are eligible to participate in the Food Stamp Program if they are:

1. age 17 or under or 50 or older. or

2. physically or mentally unfit. Individuals are physically or mentally unfit if they are receiving temporary or permanent disability benefits from government or private sources or are obviously physically or mentally unfit. Individuals meet the obviously unfit criteria if the impairment is so severe that they are not only unable to do their previous work but cannot, considering their education and experience, hold any other kind of job in the national, state, or local economy. If the unfitness is not obvious, get written or verbal verification from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, licensed or certified psychologist, social worker, or other medical personnel. Assist the individual in providing the verification. or

3. responsible for the care of a dependent standard filing unit (SFU) member under age six. or

4. households with two parents or members acting as the parents responsible for the care of a dependent SFU member age six but under the age of 12, for whom adequate child care is not available to allow the student to attend class and comply with the requirements of working an average number of work ~~20~~ hours that total 80 hours per month ~~week~~ or attend class and participate in a state or federally financed work study. or

5. receiving Temporary Cash Assistance benefits. or

6. assigned to or placed in an institution of higher learning through the Job Training Partnership Act, the Food Stamp Employment and Training Program (FSET), Regional Workforce Board coalition/contract provider, the Trade Act, or state or local government employment and training program where components are the same as required components in the FSET Program. or

7. participating in an on-the-job training program. The exemption applies only while the employer is training the individual. or

8. enrolled in the school because of participation in the JOBS Program or its successor programs through the Agency for Workforce Innovation under Title IV of the Social Security Act. or

9. single parents enrolled in school full-time and responsible for care of a dependent child under age 12 when there is only one natural, adoptive, or step-parent in the same food stamp SFU. or

10. working average work ~~a minimum of 20~~ hours that total 80 hours per month ~~week~~ and be paid for the work (with no allowance for substitution of wages equal to 80 ~~20~~ times the federal minimum wage), or self-employed average work ~~a minimum of 20~~ hours that total 80 hours per month ~~week~~ and receiving payment for the work at least equal to the federal minimum wage multiplied by 80 ~~20~~ hours per month ~~week~~. or

11. participating in a state or federally financed work-study program during the regular school term. The student must have approval for the work-study when they apply for food stamp benefits and anticipate actually participating in work-study during the school term. This exemption does not apply to students working in hospitals or as student teachers who must get actual experience as part of their course work or cooperative education students who attend classes full-time one semester and work at curriculum related jobs full-time the next semester. This work-study exemption does not continue during term breaks of more than a full month unless the student participates in work-study during the break.

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 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.
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.)

3010.0102 Processing Time Standards (FS)

As part of the application or recertification process, review and take action on data exchange responses, including responses received after the prior approval that required no previous action due to simplified reporting criteria. ~~Act upon other data exchange responses as reported changes only if they suggest the SFU's income exceeds its food stamp gross income limit.~~

Process beneficial changes, sanction responses, and review Social Security (BENDEX), Supplemental Security Income (SDX), ~~and~~ Unemployment Compensation Benefit (DEUC), Vital Statistics Death Match (DEDT), and Numident (DENU) responses considered verified upon receipt and dispose of them within 10 calendar days allowing for 10-day adverse notice. ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections within these same time standards.

Dispose of all other responses that are not verified upon receipt within 45 calendar days. Simplified reporting food stamp only AGs require no action on these responses ~~unless the information suggests the SFU's income exceeds its food stamp gross income limit~~. Review these responses as part of the next recertification. Action may be required for simplified reporting AGs based on whether verification is returned for other programs.

3020.0102 Processing Time Standards (TCA)

As part of the application or review process, review and take action on data exchange responses. Act upon other data exchange responses as reported changes.

Process sanction responses and review Social Security (BENDEX), Supplemental Security Income (SDX), Unemployment Compensation (DEUC), Vital Statistics, Numident (DENU), and Department of Education responses considered verified upon receipt and dispose of them within 10 calendar days allowing for 10-day adverse notice. ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections within these same time standards.

Dispose of all other responses that are not verified upon receipt within 45 calendar days. After the response is verified, take action allowing for 10-day adverse notice.

3030.0102 Processing Time Standards (MFAM)

As part of the application or review process, review and take action on data exchange responses. Act upon other data exchange responses as reported changes.

Process sanction responses and review Social Security (BENDEX), Supplemental Security Income (SDX), Unemployment Compensation DEUC), ~~and~~ Vital Statistics, and Numident (DENU) responses considered verified upon receipt and dispose of them within 10 calendar days allowing for 10-day adverse notice. ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections within these same time standards.

Dispose of all other responses that are not verified upon receipt within 45 calendar days. After the response is verified, take action allowing for 10-day adverse notice.

3040.0102 Processing Time Standards (MSSI)

As part of the application or review process, review and take action on data exchange responses. Act upon other data exchange responses as reported changes.

Process sanction responses and review Social Security (BENDEX), Supplemental Security Income (SDX), Unemployment Compensation (DEUC), ~~and~~ Vital Statistics, and Numident (DENU) responses considered verified upon receipt and dispose of them within 10 calendar days allowing for 10-day adverse notice. ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections within these same time standards.

Dispose of all other responses that are not verified upon receipt within 45 calendar days. After the response is verified, take action allowing for 10-day adverse notice.

3050.0102 Processing Time Standards (CIC)

As part of the application or review process, review and take action on data exchange responses. Act upon other data exchange responses as reported changes.

Process sanction responses and review Social Security (BENDEX), Supplemental Security Income (SDX), Unemployment Compensation (DEUC), ~~and~~ Vital Statistics, and Numident (DENU) responses considered verified upon receipt and dispose of them within 10 calendar days allowing for 10-day adverse notice. ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections within these same time standards.

Dispose of all other responses that are not verified upon receipt within 45 calendar days. After the response is verified, take action allowing for 10-day adverse notice.

3060.0102 Processing Time Standards (RAP)

As part of the application or review process, review and take action on data exchange responses. Act upon other data exchange responses as reported changes.

Process sanction responses and review Social Security (BENDEX), Supplemental Security Income (SDX), Unemployment Compensation (DEUC) ~~and~~ Vital Statistics, and Numident (DENU) responses considered verified upon receipt and dispose of them within 10 calendar days allowing for 10-day adverse notice. ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections within these same time standards.

Dispose of all other responses that are not verified upon receipt within 45 calendar days. After the response is verified, take action allowing for 10-day adverse notice.