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0610.0000 Food Stamps

This chapter presents application processing policy.

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.

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.

Individuals residing in a shelter for battered persons 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.

0610.0101 Date of Application (FS)

For all SFUs in which the PIP is a member (except sponsors), or is acting as an authorized representative, the date of application is the date the Department receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the 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.

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 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.

0610.0103 Screening for SSI Eligibility (FS)

Screen all applicants to determine potential eligibility for SSI. If an applicant is potentially eligible for SSI, advise the individual of this potential eligibility and how to apply.

0610.0105 Eligibility Interview (FS)

Conduct an eligibility interview by asking the series of questions concerning the household circumstances provided on the application. Resolve discrepancies and ask the individual to add any missing information to the application.

Deny an application if an individual refuses to cooperate with the application process. Refusal is when the individual is able to cooperate, but clearly demonstrates that he will not take required actions. Once denied or terminated for refusal to cooperate, the individual may reapply, but will not be determined eligible until he cooperates.

0610.0106 Face-To-Face Interview (FS)

Conduct a face-to-face interview with a responsible SFU unit member or authorized representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship:

1. Waive the face-to-face interview in favor of a telephone interview on a case by case basis and record the reason in the case record; or
2. Conduct the interview at an alternate location, such as the individual's home. Schedule home visits in advance.

When an applicant cannot be interviewed on the day of application, schedule an appointment and give a notice to the individual specifying the date and time of the interview. Schedule the interview to give sufficient time to determine eligibility and provide benefits within time standards.

Inform all individuals of the availability of appointments outside normal office hours and the criteria for out-of-office interviews.

0610.0107 Who May Be Interviewed (FS)

Conduct interviews with a responsible adult or minor member of the SFU (except for a sponsor) or an authorized representative. The individual interviewed must be able to represent the SFU by providing sufficient and accurate information. An applicant must authorize a representative in writing.

If the SFU member or an authorized representative is not responsible, that member may not represent the SFU and may not authorize a representative. Record the information to support this decision.

Authorized representatives or minors serving as representatives assume responsibility for the accuracy of the information provided and are subject to the same disqualification penalties and possible prosecution as responsible SFU members.

Exceptions:

Do not interview or allow the following to act as an authorized representative:

1. Eligibility staff, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.
2. Food stamp retailers authorized to accept food stamps.
3. Individuals disqualified for fraud during the period of disqualification, unless the disqualified individual is the only adult member of the SFU able to act on the SFU's behalf.
4. Homeless meal providers for homeless individuals.
5. Authorized representatives who have knowingly provided false information or improperly used food stamps. These individuals may be disqualified from being a representative for a period of up to one year. Disqualification of representatives does not apply in the case of drug and alcoholic treatment centers and those group facilities that act as authorized representatives for their residents. In these instances, the facility is liable for any over-issuance that may occur.

0610.0108 SSI/FS Joint Applications (FS)

An SSI applicant may file a simplified food stamp application with the Social Security Administration (SSA) if the applicant:

1. is not already participating in the Food Stamp Program;
2. has not applied for food stamps in the 30 days preceding application for SSI benefits; or
3. does not have a pending application for food stamps.

The date of application is the date SSA receives the signed application. If it is an expedited case, it is the date DCF receives the application. Do not require an additional interview with the SFU. There is no requirement to contact the SFU to obtain information unless:

1. the applicant completes the application improperly;
2. the applicant omits mandatory verification; and/or
3. any information on the application is questionable.

0610.0110 Rights and Responsibilities (FS)

Each individual has the right to file an application, have an interview and have a determination of eligibility. Provide a copy of the rights and responsibilities and discuss them with the applicant during the eligibility interview.

The SFU has the primary responsibility to obtain and provide information required to determine eligibility for benefits. If the applicant is unable to obtain information, assist the individual by providing addresses, writing to other agencies and obtaining medical reports and all other necessary information.

Inform SFUs at the time of the initial interview of their responsibility to report changes.

0610.0200 SIMPLIFIED REPORTING CHANGE REQUIREMENTS (FS)

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

Simplified Reporting households must report a change when the total household income exceeds 130% of the federal poverty level 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. Households in all programs must report any changes in the household living and/or mailing address. The SFU must report the change by the 10th day of the month following the month of change.

Process beneficial changes, sanction actions and data exchange responses that are considered verified upon receipt: Social Security (Bendex), State Data Exchange (SDX), 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. Review responses from other data exchanges as part of the next review. 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 three 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 unless the change is the total household income exceeds 130% of the federal poverty level for the AG size. In combination cases with food stamps, TCA, and/or Medicaid, process adverse changes based on the information provided by the household.

0610.0400 APPLICATION TIME STANDARDS (FS)

The time standard begins upon receipt of a signed application. Begin counting processing days the day following the date of application.

Application time standards apply to initial applications and to untimely reapplications. An untimely reapplication is one received from the 16th day of the last month of the certification period through 30 days after the end of the certification period.

If an AG is eligible, the Department must provide assistance no later than 30 days after the date of application.

Process applications and make a determination of eligibility or ineligibility within the following time frames:

Non-expedited:

1. If an individual does not have an Electronic Benefits Transfer (EBT) card, authorize food stamps by the 26th day.

2. If an individual has an EBT card, authorize food stamps by the 29th day.

Expedited:

1. If an individual does not have an EBT card, authorize food stamps no later than 11:00 AM EST on the 4th day.
2. If an individual has an EBT card, authorize food stamps by the end of the sixth day.

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.

If prescreening fails to identify an eligible SFU as eligible for expedited services because the applicant household made an error or failed to provide complete information on the application, provide expedited services upon discovery of the error.

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

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

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

0610.0500 DETERMINATION OF ELIGIBILITY (FS)

An AG must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Approve or deny the application immediately upon obtaining all required information. Do not delay the decision to approve or deny the case while awaiting information that is not directly related to a factor of eligibility, or if a TCA/RAP determination has not been made. Notify the SFU in advance that benefits may be reduced or terminated when TCA/RAP approves benefits.

0610.0501 Categorical Eligibility (FS)

Standard filing units are categorically eligible if they:

1. file a joint application for food stamps and TCA,
2. file for SSI benefits,
3. file for FS and SSI benefits,
4. have a TCA or SSI application pending and are denied food stamps but are later determined categorically eligible,
5. are SFUs in which all members receive income from TCA, RAP, or SSI, or
6. are SFUs in a food stamp household that does not contain a member disqualified for any one of the four reasons listed below.

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

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

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

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

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

0610.0502 Date of Eligibility (FS)

The date of eligibility is the date of application, unless SFU delay has occurred. Prorate the first month's benefits from the date of application when approved within 30 days or when any delay in the 30 days is due to Department delay. Prorate the first month's benefits from the date the Department receives the last verification if delay is beyond 30 days and due to the applicant.

0610.0600 NON-DUPLICATION OF ASSISTANCE (FS)

Recipients may not receive benefits from more than one state or be included in more than one AG in any month.

Nutritional Assistance Program (NAP) benefits from Puerto Rico are the same as food stamp benefits in the United States. However, if the customer moves to the United States, the NAP benefits do not count as income to the household and the household is not receiving duplicate benefits. It is not necessary to attempt to contact Puerto Rico to confirm the closure of the NAP case prior to approval of food stamp benefits.

Exception: Battered spouse AGs temporarily residing in a shelter for battered persons may receive benefits beginning the month they enter the shelter even though they were included in the allotment of the former AG containing the individual who subjected them to abuse.

0620.0000 Temporary Cash Assistance

This chapter presents application processing policy.

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.

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

0620.0101 Date of Application (TCA)

For all SFUs in which the PIP is a member (except sponsors), or is acting as an authorized representative, the date of application is the date the Department receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

0620.0103 Screening for SSI Eligibility (TCA)

Screen all applicants to determine potential eligibility for SSI. If an applicant is potentially eligible for SSI, advise the individual of his potential eligibility and how to apply.

0620.0105 Eligibility Interview (TCA)

Conduct an eligibility interview by asking the series of questions concerning the household circumstances provided on the application. Resolve discrepancies and ask the individual to add any missing information to the application.

Deny an application if an individual refuses to cooperate with the application process. Refusal is when the individual is able to cooperate, but clearly demonstrates that he will not take required actions. Once denied or terminated for refusal to cooperate, the individual may reapply, but will not be determined eligible until he cooperates.

0620.0106 Face-To-Face Interview (TCA)

Conduct a face-to-face interview with a responsible household member or authorized representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship:

1. Waive the face-to-face interview in favor of a telephone interview on a case by case basis and record the reason in the case record; or
2. Conduct the interview at an alternate location, such as the individual's home. Schedule home visits in advance.

When an applicant cannot be interviewed on the day of application, schedule an appointment and give a notice to the individual specifying the date and time of the interview. Schedule the interview to give sufficient time to determine eligibility and provide benefits within the time standards.

Inform all individuals of the availability of appointments outside normal office hours and the criteria for out-of-office interviews.

0620.0107 Who May Be Interviewed (TCA)

Conduct interviews with a responsible member of the SFU (except for a sponsor), an authorized representative or a specified relative of the SFU. A responsible member is any member able to represent the SFU by providing sufficient and accurate information concerning the SFU's circumstances.

The responsible member may be an adult or a responsible minor in the SFU. If the responsible member is a minor under the parental control of an adult, confirm the minor's representative status with an adult household member.

An applicant must authorize a representative in writing to act on behalf of the household. When the applicant is incompetent or incapacitated, an authorized representative may be self-designated.

If the household member or an authorized representative is not responsible, that member may not represent the SFU and may not authorize a representative. Record the information that supports this decision.

Authorized representatives or minors serving as representatives assume responsibility for the accuracy of the information provided and are subject to the same disqualification penalties and possible prosecution as responsible household members.

Exceptions:

Do not interview or allow the following to act as an authorized representative:

1. Eligibility staff, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.
2. Individuals disqualified for fraud during the period of disqualification, unless the disqualified individual is the only adult member of the SFU able to act on the SFU's behalf.

0620.0110 Rights and Responsibilities (TCA)

Each individual has the right to file an application, have an interview and have a determination of eligibility. Provide a copy of the rights and responsibilities and discuss them with the applicant during the eligibility interview.

The SFU has the primary responsibility to obtain and provide information required to determine eligibility for benefits. If the applicant is unable to obtain information, assist the individual by providing addresses, writing to other agencies and obtaining medical reports and all other necessary information.

Inform SFUs of their responsibility to report changes within ten calendar days of the date the change becomes known. Assistance groups must report the absence of a minor child within five calendar days. These provisions apply any time after receipt of the application.

0620.0400 APPLICATION TIME STANDARDS (TCA)

Process applications as soon as possible after the assistance group (AG) completes all eligibility requirements. If the household completes all requirements and provides all information, process the application by the 30th day after the application date.

0620.0401 Requests for Additional Information/Time Standards (TCA)

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

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

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

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

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

0620.0500 DETERMINATION OF ELIGIBILITY (TCA)

An AG must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Approve or deny the application immediately upon receiving all required information. Do not delay the decision to approve or deny a case while awaiting information that is not directly related to a factor of 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.

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.

0620.0600 NON-DUPLICATION OF ASSISTANCE (TCA)

Include the needs of a child, parent or relative in only one cash AG at a time.

Recipients may not receive duplicate payments from more than one state in any month. A recipient from another state may have his needs included in an AG in Florida during the same month only if the payment in the other state was for a partial month. In this case, consider the amount paid in the other state as unearned income in the budgeting process.

0620.0700 TIME LIMITS (TCA)

Time limits apply to applicants and recipients of TCA beginning with the first non-prorated benefit issued on or after 10/96.

An individual is limited to a cumulative lifetime total of 48 months as an adult, unless granted a hardship exemption. Count months of cash assistance received in another state toward the 48-month lifetime limit.

The following are exempt from time limits:

1. Child only cases. . (This does not include cases where the standard filing unit includes a sanctioned or disqualified parent.)
2. SSI or SSDI recipients.
3. An Individual who receives cash assistance while living on an Indian reservation or in an Alaskan native village, if at least 1,000 individuals were living on the reservation or in the village, and at least 50 percent of adults were unemployed.
4. A minor child.
5. An individual responsible for the care of a disabled family member when the need is verified, and no alternative care is available.

0620.0800 TIME LIMITED EXTENSIONS FOR SSI/SSDI APPLICANTS (TCA)

If an applicant subject to time limits has an application pending for SSI or SSDI, extend the time limit until there is a final determination, and all appeals and reviews are exhausted. The individual with a time extension due to a pending SSI/SSDI application is still subject to work referral and may be sanctioned by the RWB provider for noncompliance.

In a two-parent family where one parent has an SSI/SSDI application pending, extend the time limit of both parents.

0620.0900 TIME LIMITED HARDSHIP EXEMPTIONS (TCA)

An individual may request a hardship exemption to the lifetime time limit at any time before or after the time limit expires. The Regional Workforce Board (RWB) considers requests and approves hardship exemptions. Approve applicants for the hardship exemption only after the RWB approves them.

0620.1000 UP-FRONT DIVERSION (TCA)

As an alternative to TCA, individuals with an emergency circumstance may be eligible for a one-time payment of up to a \$1,000. The RWBs determine eligibility and amount of payment.

To receive diversion, individuals must sign an agreement restricting any member of the family from receiving TCA for three months beginning with the first month of diversion, unless another emergency occurs. If a diverted individual reapplies for TCA within the three-month period and the RWB confirms an emergency exists, approve TCA and prorate the entire diversion payment over the next eight months of eligibility.

0620.1100 RELOCATION ASSISTANCE PROGRAM (TCA)

As an alternative to TCA, individuals needing to relocate due to domestic violence or to become self-sufficient may be eligible for relocation assistance.

The RWB determines the need to relocate as well as the amount of the payment when a recipient or potentially eligible applicant requests relocation assistance. Upon request from the RWB provider, issue payment and deny/terminate TCA. There is no limit to the number of times an individual can receive relocation assistance. The month of the relocation assistance payment does not count toward the TCA time limit.

Individuals who receive relocation assistance for reasons other than domestic violence must sign an agreement with the RWB provider not to apply for TCA for six months, unless they demonstrate an emergency situation to the RWB. If an AG reapplies within the six-month period due to an emergency other than domestic violence and is found eligible, the relocation assistance must be repaid as outlined in the Procedure Guide.

0630.0000 Family-Related Medicaid

This chapter presents application processing policy.

0630.0100 APPLICATION FOR ASSISTANCE (MFAM)

Individuals may apply for public assistance in person, by phone, 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.

The application must be the Department's web-based application, which is the Self Service Portal, or the application used by the Department and Florida KidCare (Family-Related Medical Assistance Application), or a single streamlined application for all insurance affordability programs developed by the federal department of Health and Human Services.

Provide the individual or the individual's designated representative 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 Department staff, an application signed with a mark must have two witness' signatures.

An individual must submit a Family-Related Medicaid application at initial application and at reapplication.

0630.0101 Date of Application (MFAM)

For all households in which the PIP is a member (except sponsors), or is acting as a designated representative, the date of application is the date the Department receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If the Department receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

The date the federally qualified health center or disproportionate share hospital receives and date stamps a signed application is the official date of application for Medicaid. In the absence of a date stamp, the application date is the date the applicant signs and dates it.

0630.0105 Eligibility Interview (MFAM)

Conduct interviews only when requested by the applicant or when eligibility is questionable or error prone. In these cases conduct the eligibility interview by asking the series of questions concerning the household circumstances provided on the application. Resolve discrepancies and ask the individual to add any missing information to the application.

Deny an application if an individual refuses to cooperate with the application process. Refusal is when the individual is able to cooperate, but clearly demonstrates that he will not take required actions. Once denied or terminated for refusal to cooperate, the individual may reapply, but will not be determined eligible until he cooperates.

0630.0106 Face-To-Face Interview (MFAM)

If an interview is requested, conduct interviews by telephone unless a face-to-face is more appropriate. Inform all individuals of the availability of appointments outside normal office hours and the criteria for out-of-office interviews.

When an applicant wants, or the Department needs, an interview and one cannot be held on the day of application, schedule an appointment. Provide notice to the individual specifying the date and time of the interview. Schedule the interview to give sufficient time to determine eligibility and provide benefits within the time standards.

Home visits are face-to-face interviews and must be scheduled in advance.

0630.0107 Who May be Interviewed (MFAM)

Conduct interviews with a responsible member of the household (except for a sponsor), a designated representative or a specified relative. A responsible member is any member able to represent the household by providing sufficient and accurate information concerning the household's circumstances.

The responsible member may be an adult or a responsible minor in the household. If the responsible member is a minor under the parental control of an adult, confirm the minor's representative status with an adult household member.

Exception: Do not interview or allow eligibility staff to act as a designated representative, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.

0630.0109 Designated Representatives (MFAM)

An applicant/recipient, their spouse, legal guardian, Power of Attorney, or a responsible member of the assistance group may appoint an individual or organization to act responsibly on their behalf in assisting with the application and redetermination of eligibility and other ongoing communication with the Department. A designated representative may be appointed or self-designated to act on behalf of the household. If the individual does not select a specific person as designated representative, determine if the self-designated representative is the most appropriate person to fulfill this responsibility. An organization cannot self-designate, but an individual employee of an organization may continue to self-designate. If the individual employee of an organization self-designates, the preferred method is to complete the CF-ES 2505 form. If this is done, only that employee may communicate with the Department and not any other employee of the organization. The designated representative is authorized in writing prior to eligibility determination or anytime during the review period.

If the household member or a designated representative is not responsible, that member may not represent the household and may not designate a representative. Record the information that supports this decision.

Designated representatives assume responsibility for the accuracy of the information provided and are subject to the same disqualification penalties and possible prosecution as responsible household members.

0630.0110 Rights and Responsibilities (MFAM)

Each individual has the right to file an application, have an interview if requested and have a determination of eligibility. Inform applicants of their rights and responsibilities.

The household has the primary responsibility to obtain and provide information required to determine eligibility for benefits. If the applicant is unable to obtain information, assist the individual by providing addresses, writing to other agencies and obtaining medical reports and all other necessary information.

Inform households of the responsibility to report changes within 10 calendar days of the date the change becomes known. This provision applies any time after receipt of the application.

0630.0111 Medical Provider Referrals (MFAM)

Hospitals and other Medicaid providers refer individuals who are potentially eligible for Medicaid to the Department for the purpose of making application. Upon receipt of a referral, contact the individual to obtain an application, determine eligibility status and notify the provider of the disposition.

If a medical assistance referral is received on an Emergency Medical Assistance for Noncitizens case during their 12-month eligibility period, Medicaid benefits should be opened for the new date(s) of emergency using the information supplied on the referral. The individual does not need to be contacted for an eligibility determination.

0630.0112 Certified Application Counselors (MFAM)

The staff and volunteers of state-designated organizations may act as application assisters, authorized to provide assistance to applicants and recipients with the application and redetermination process. Certified Application Counselors (CAC) are trained in the Medicaid eligibility policies and adhere to all rules and regulations relating to safeguarding and confidentiality of customer information.

The assistance provided by CAC's includes: providing information on Medicaid programs, helping individuals complete an application/redetermination, assisting the individuals to provide required documentation, submitting documents to the Department, making inquiries as to the status of the applications and redeterminations, assisting individuals with responding to Department requests.

0630.0400 APPLICATION TIME STANDARDS (MFAM)

Process applications as soon as possible after the assistance group (AG) completes all eligibility requirements. If the household completes all requirements and provides all information, process the application by the 30th day after the application date.

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 after the date of the interview or if there is no interview requirement, 10 days after the date the pending notice is generated. If the due date falls on a holiday or weekend, the deadline for the requested information is the next business day.

At the individual's request, extend the due date. Leave the case pending until the 30th day after the date of application to allow the household a chance to provide verifications. Assist applicants with getting missing verifications when needed.

1. If the applicant completes the interview if requested, provides all verifications, and meets all eligibility factors, approve the application by the 30th day for Medicaid. If the 30th day falls on a weekend or holiday, approve the application on the business day before the 30th day.
2. If the household does not return the verifications by the 30th day after the date of application, deny the application on the 30th day. If the 30th day falls on a weekend or holiday, deny the application on the next business day after the 30th day.

3. If the household returns the verifications after the 30th day but by the 60th day, approve the application as soon as possible following receipt of the verifications as long as disposal occurs by the 60th day. Do not require a new application.

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

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

0630.0500 DETERMINATION OF ELIGIBILITY (MFAM)

An AG must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Approve or deny the application immediately upon receiving all information. Do not delay the decision to approve or deny a case while awaiting information that is not directly related to a factor of eligibility.

Assign a 12-month review period from the month of disposition. For the Medically Needy Program, eligibility ends at the end of the eligibility period.

0630.0502 Date of Medicaid Eligibility (MFAM)

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.

For these programs, the date of initial eligibility begins the date the AG is determined eligible:

1. Emergency Medical Assistance for Noncitizens cases,
2. Presumptively eligible individuals, and
3. Medically Needy SOC cases.

0630.0508 Medically Needy Eligibility Dates (MFAM)

The enrollment date is the first day of the month the individual meets all technical eligibility criteria and ends 12 months from the month of application disposition. The initial enrollment period may exceed twelve months when the month of application is prior to the month of authorization. Individuals may be enrolled with or without a SOC. When there is a zero SOC, verify income prior to authorization.

Income verification is not required to enroll with an estimated SOC. Verify income the month the individual meets his SOC.

Eligibility begins the day that an individual meets the SOC and ends the last day of the month. If the individual is eligible with no SOC, the beginning date of eligibility is the first day of the month the applicant meets all other eligibility criteria.

0630.0509 Retroactive Medicaid (MFAM)

Medicaid is available for any one or more of the three calendar months preceding the application month, provided:

1. at least one member of the AG has received Medicaid reimbursable services during the retroactive period;
2. the individual meets all factors of eligibility during the month(s) he requests retroactive Medicaid.

The applicant may request retroactive Medicaid at any time, as long as the coverage period is for any one of three months prior to any Medicaid application.

Retroactive coverage is not affected by:

1. the application's disposition (approval or denial);
2. whether or not the individual was alive at the time of the application; or
3. when the request for assistance or request to add was made.

When the request for retroactive Medicaid for an unpaid bill(s) is for only one member of the household determine Medicaid eligibility for the individual. Determine eligibility for each month there were unpaid medical services provided; do not consider the month the bill was issued. Accept the individual's statement that a member of the household has an unpaid bill.

0630.1200 POSTHUMOUS BENEFITS (MFAM)

If an individual for whom assistance is requested is deceased, apply the following:

1. Accept an application for benefits from a relative or designated representative of the deceased or an administrator/trustee appointed by the court.
2. Determine eligibility for the individual as it existed prior to the individual's death.
3. Include the deceased individual's needs for the month(s) the individual was alive to determine the eligibility of other members of the AG.

Do not authorize Medicaid for a stillborn child.

0630.1400 SSI DENIALS (MFAM)

An application for Supplemental Security Income (SSI) is also an application for Medicaid. An SSI denial only pertains to the SSI cash payment and not to the Medicaid.

Individuals whose applications for SSI are denied will receive a notice indicating that although their SSI cash is denied, they may still be eligible for Medicaid. The notice will advise them that they have 30 days from the date of the written notice to contact the Department, or have their Medicaid application denied, unless good cause exists. If good cause exists, proceed with determining the individual's eligibility. Good cause includes situations beyond the individual's control, such as: hospitalization of the individual, family emergency, out-of-town travel, etc.

If the individual contacts the Department within 30 days of the date of the notice, determine eligibility for Medicaid under all potential Medicaid coverage groups, including family based coverage, back to the date of application for SSI.

The date of application is the date the individual applied for SSI. Normal application processing time standards apply from the date the individual contacts the Department. Send a notice to inform the individual of the eligibility decision.

0640.0000 SSI-Related Medicaid, State Funded Programs

This chapter presents application processing policy.

0640.0100 APPLICATION FOR ASSISTANCE (MSSSI, 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.

A signed Financial Information Release Form (CF-ES 2613) or a written permission to release financial records to the Department is required in the determination of eligibility for individuals applying for or receiving Medicaid, including those individuals whose assets are deemed to evaluate eligibility on the basis of age (65 or older), blindness or disability.

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

0640.0101 Date of Application (MSSSI, SFP)

For all SFUs in which the PIP is a member (except sponsors), or is acting as a designated representative, the date of application is the date the Department receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

The date the federally qualified health center or disproportionate share hospital receives and date-stamps a signed application is the official date of application for Medicaid. In the absence of a date stamp, the application date is the date the applicant signs and dates it.

0640.0103 Screening for SSI Eligibility (MSSSI, SFP)

Screen all applicants to determine potential eligibility for SSI. If an applicant is potentially eligible for SSI, inform the individual of his potential eligibility and how to apply.

If the OSS applicant is potentially eligible for SSI, the individual must apply at Social Security. Hold the application pending until disposition of the SSI application.

0640.0104 Expedited Service for Disability-Related Medicaid (MSSSI, SFP)

Screen applications for disability related Medicaid to see if an expedited interview is necessary. Provide eligible AGs expedited services regardless of whether or not they are requested.

Individuals or families are entitled to expedited services if an AG member is:

1. under age 65 and claiming a disability; and
2. not currently receiving SSI or SSDI benefits from the Social Security Administration (SSA); and

3. not applying for Nursing Home coverage.

This expedited service does not apply to waiver, Hospice groups, or ICP (non DDD) cases.

Provide the individual a copy of the Screening for Expedited Medicaid Appointments form. Inform the individual that the Department uses all recorded information to determine eligibility for an expedited interview. Provide individuals eligible for expedited services with a notice of the time and date of the scheduled interview.

Schedule an interview for an expedited applicant within three working days; conduct an interview and complete the disability packet within seven calendar days of the date of application. If the application is dropped off or mailed, contact the household by phone to tell them of the scheduled appointment, and mail a follow-up appointment notice. If unable to reach the applicant by phone, schedule the appointment five to seven calendar days from the application date.

Provide individuals with a brochure titled Notice of Disability Information and Request Form. The brochure includes a list of the information the individual will need to bring to the interview to complete the disability forms used by the Division of Disability Determinations to determine whether the applicant is disabled. The date of the scheduled interview is the verification due date for these households. The notice/brochure will also advise the individual that failure to show for the interview or to bring the requested information to the interview may delay application processing.

Document the date the applicant receives the notice/brochure.

0640.0105 Eligibility Interview (MSSI)

Conduct interviews when requested by the applicant and when eligibility is questionable or error prone, including cases that require a disability determination. In these cases conduct the eligibility interview by asking the series of questions concerning the household circumstances provided on the application. Resolve discrepancies and request the individual add missing information to the application.

Deny an application if an individual refuses to cooperate with the application process. Refusal is when the individual is able to cooperate, but clearly demonstrates that he will not take required actions. Once denied or terminated for refusal to cooperate, the individual may reapply, but will not be determined eligible until he cooperates.

0640.0106 Face-To-Face Interview (MSSI, SFP)

Conduct interviews by telephone unless a face-to-face is more appropriate. Inform all individuals of the availability of appointments outside normal office hours and the criteria for out-of-office interviews.

When an applicant wants, or the Department needs, an interview and one cannot be held on the day of application, schedule an appointment. Provide notice to the individual specifying the date and time of the interview. Schedule the interview to give sufficient time to determine eligibility and provide benefits within the time standards.

Home visits are face-to-face interviews and must be scheduled in advance.

Conduct a phone interview with the applicant when information provided by the designated representative is questionable or incomplete. Waive the phone interview if the participant is mentally or physically unable to provide the necessary information.

0640.0107 Who May be Interviewed (MSSSI, SFP)

Conduct interviews with a responsible member of the SFU (except for a sponsor) or a designated representative. A responsible member is any member able to represent the SFU by providing sufficient and accurate information concerning the SFU's circumstances.

The responsible member may be an adult or a responsible minor in the SFU. If the responsible member is a minor under the parental control of an adult, confirm the minor's representative status with an adult household member.

Exceptions:

Do not interview or allow the following to act as a designated representative:

1. Eligibility staff, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval for each designation.
2. A nursing home administrator (including administrators of ICF/MRs and State Hospitals), or anyone in a position to act as nursing home administrator, unless the administrator is the individual's legal guardian.

0640.0109 Designated Representatives (MSSSI)

An applicant/recipient, their spouse, legal guardian, Power of Attorney, or a responsible member of the assistance group may appoint an individual or organization to act responsibly on their behalf in assisting with the application and redetermination of eligibility and other ongoing communication with the Department.

A designated representative may be appointed or self-designated to act on behalf of the household. If the individual does not select a specific person as designated representative, determine if the self-designated representative is the most appropriate person to fulfill this responsibility. An organization cannot self-designate, but an individual employee of an organization may continue to self-designate. If the individual employee of an organization self-designates, the preferred method is to complete the CF-ES 2505 form. If this is done, only that employee may communicate with the Department and not any other employee of the organization. The designated representative is authorized in writing prior to eligibility determination or anytime during the review period. The applicant does not have to be functionally or legally incompetent to have a designated representative.

If the individual has been declared legally incompetent and has a legal guardian, the legal guardian must act as the designated representative. If the legal guardian will not cooperate or cannot be located, someone else may act as designated representative. When someone other than the legal guardian is the designated representative, send a written notice to the legal guardian advising him that a designated representative has been appointed. Maintain a copy of the written notice in the case record.

If the household member or a designated representative is not responsible, that member may not represent the SFU and may not designate a representative. Record the information that supports this decision.

Designated representatives or minors serving as designated representatives assume responsibility for the accuracy of the information provided and are subject to the same penalties and possible prosecution as responsible household members.

0640.0110 Rights and Responsibilities (MSSSI, SFP)

Each individual has the right to file an application, have an interview and have a determination of eligibility. Inform applicants of their rights and responsibilities.

The SFU has the primary responsibility to obtain and provide information required to determine eligibility for benefits. If the applicant is unable to obtain information, assist the individual by providing addresses, writing to other agencies and obtaining medical reports and all other necessary information.

Inform SFUs of the responsibility to report changes within 10 calendar days of the date the change becomes known. This provision applies any time after receipt of the application.

0640.0111 Medical Provider Referrals (MSSSI)

Hospitals and other Medicaid providers refer individuals who are potentially eligible for Medicaid. Upon receipt of a referral, contact the individual, determine eligibility status and notify the provider of the disposition.

If a medical assistance referral is received on an Emergency Medicaid for Aliens case during their 12-month eligibility period, Medicaid benefits should be opened for the new dates of emergency using the information supplied on the referral. The individual does not need to be contacted for an eligibility determination.

0640.0400 APPLICATION TIME STANDARDS (MSSSI, SFP)

The time standard begins upon receipt of a signed application.

Process applications as soon as possible after the assistance group (AG) completes all eligibility requirements. If the household completes all requirements and provides all information, process the application by the 30th day after the application date. Process applications and determine eligibility or ineligibility within 90 calendar days after the date of the application for individuals who claim a disability.

Disability/Blindness Decision:

1. Conduct an interview and complete a disability/blindness packet within seven calendar days from the application date.
2. Request a disability/blindness decision within two calendar days of receipt of appropriate information.
3. Submit the packet no more than nine calendar days following the date of application.

Level of Care Determination:

1. Request a level of care determination on ICP cases from the CARES Unit within two days of receipt of the application.
2. The CARES Unit provides the level of care decision within 12 days of receipt of the request.

Begin counting processing days the day following the date of application. Evaluate any delay beyond the time standards listed above in the application process to determine applicant or Department delay. Department delay occurs when application processing exceeds 90 days, and the delay cannot be attributed to the applicant.

Note: Hold the application pending up to an additional 30 days beyond the time standard for ICP cases upon the applicant or designated representative's request, and attribute delay to the applicant when:

1. the individual meets all criteria except for placement, or
2. the individual meets all criteria but the facility is pending certification. Provide coverage to the eligible individual back to the date of facility certification. Do not provide coverage prior to the three month retroactive Medicaid period.

0640.0401 Requests for Additional Information/Time Standards (MSSSI, 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 after the date of the interview or if there is no interview requirement, 10 days after the date the pending notice is generated. 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 day. At the individual's request, extend the due date. Leave the case pending until the 30th day after the date of application to allow the household a chance to provide verifications. Assist applicants with getting missing verifications when needed.

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

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

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

0640.0402 Administrative Desk Reviews for Disability-Related Apps (MSSSI)

When a disability-related application has been pending for 100 days, conduct an administrative desk review within two working days. Neither the assigned eligibility specialist nor the specialist's immediate supervisor may conduct the review. Determine the reason the case remains pending and what additional information the Department needs for the final eligibility decision. Document the desk review in the FLORIDA system. Send a copy of the findings to the applicant and maintain a copy in the applicant's file.

Continue to track all cases pending over 100 days on a weekly basis until approved or denied.

0640.0500 DETERMINATION OF ELIGIBILITY (MSSSI, SFP)

An AG must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Approve or deny the application immediately upon receiving all required information. Do not delay the decision to approve or deny a case while awaiting information that is not directly related to a factor of eligibility.

Assign a 12-month review period from the month of disposition. For the Medically Needy Program, eligibility ends at the end of the entitlement period.

0640.0502 Date of Medicaid Entitlement (MSSSI)

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.

Eligibility for:

1. ICP cannot begin prior to the date of placement.
2. Hospice cannot begin prior to the election date.
3. HCBS cannot begin prior to the date the individual is enrolled in the waiver.

Exceptions: For these programs, the date of initial entitlement begins the date the AG is eligible.

1. Emergency Medical Assistance for Aliens cases,
2. Presumptively eligible pregnant women, and
3. Medically Needy SOC cases.

Supplemental Security Income (SSI) cash assistance begins the first eligible month following the initial eligible month. The individual is not entitled to SSI cash payment for the first eligible month, but is eligible for SSI Medicaid benefits effective the first day of the first eligible month. This is known as the EO2 month. If there is an interim month of ineligibility, determine if the individual is eligible for any other Medicaid coverage group during the period the individual is ineligible for SSI.

When an individual who is receiving SSI cash moves to Florida, the date of entitlement for Medicaid benefits is the first day of the month the individual arrives in the state.

0640.0503 Date of OSS Entitlement (SFP)

Appropriate placement is a condition of eligibility for OSS. When placement occurs in a month prior to the month of OSS application, begin entitlement the first day of the month of application, as long as the individual meets all factors of eligibility for that month. Never authorize OSS benefits for any month prior to the date of application. When placement occurs on or after the month of application, prorate OSS assistance from the date of placement through the last calendar day of the month.

0640.0504 Date of HCDA Entitlement (SFP)

The adult services counselor determines the date of entitlement for Home Care for the Disabled Adult (HCDA).

0640.0505 PNAS Entitlement Date (MSSSI)

The individual is entitled to the personal needs allowance supplement for any month for which he is entitled to ICP and is in need of the supplement. This includes retroactive Medicaid months.

0640.0506 Months of ICP Eligibility (MSSI)

If an individual requests the additional benefit of institutional care services, the entitlement date is the first day of the month the individual is admitted to the facility, provided the level of care determination reflects appropriate placement back to the date of admission.

If the individual is not eligible for the application month or for the month(s) between the date of application and date of disposition, authorize benefits only for those months the individual is eligible. The notice of application disposition must inform the individual of denial or approval of assistance for the month(s) between the month of application and month of disposition.

0640.0508 Medically Needy Eligibility Dates (MSSI)

The enrollment date is the first day of the month the individual meets all asset limitations and technical eligibility criteria. The initial enrollment period may exceed twelve months when the month of application is prior to the month of authorization. Enroll individuals with or without a SOC. When there is a zero SOC, verify income prior to authorization.

Income verification is not required to enroll with an estimated SOC. Verify income the month the individual meets his SOC.

Eligibility begins the day that an individual/SFU meets the SOC and ends the last day of the month. If the individual is eligible with no SOC, the beginning date of eligibility is the first day of the month the applicant meets all other eligibility criteria.

0640.0509 Retroactive Medicaid (MSSI)

This policy does not apply to QMB.

Medicaid is available for any one or more of the three calendar months preceding the application month, provided:

1. at least one member of the SFU has received Medicaid reimbursable services during the retroactive period, and
2. the individual meets all factors of eligibility during the month(s) he requests retroactive Medicaid.

The applicant may request retroactive Medicaid at any time, as long as the coverage period is for any one of three months prior to any Medicaid or SSI application.

This retroactive coverage is not affected by:

1. the application's disposition (approval or denial);
2. whether or not the individual was alive at the time of the application; or
3. when the request for assistance or request to add was made.

When the request for retroactive Medicaid for an unpaid bill(s) is for only one member of a SFU, determine Medicaid eligibility for the entire AG. Determine eligibility for each month there were unpaid medical services provided; do not consider the month the bill was issued. Accept the individual's statement that a member of the SFU has an unpaid bill.

0640.1200 POSTHUMOUS BENEFITS (MSSI)

If an individual for whom assistance is requested is deceased, apply the following:

1. Accept an application for benefits from a relative or designated representative of the deceased or an administrator/trustee appointed by the court.
2. Determine eligibility of the AG as it existed prior to the individual's death.

3. Include the deceased individual's needs for the month(s) the individual was alive to determine the eligibility of other members of the AG.

Do not authorize Medicaid for a stillborn child.

0640.1400 SSI DENIALS (MSSI)

An application for Supplemental Security Income (SSI) is also an application for Medicaid. An SSI denial only pertains to the SSI cash payment and not to the Medicaid.

Individuals whose applications for SSI are denied will receive a notice indicating that although their SSI cash is denied, they may still be eligible for Medicaid. The notice will advise them that they have 30 days from the date of the written notice to contact the Department, or have their Medicaid application denied, unless good cause exists. If good cause exists, proceed with determining the individual's eligibility. Good cause includes situations beyond the individual's control, such as: hospitalization of the individual, family emergency, out-of-town travel, etc.

If the individual contacts the Department within 30 days of the date of the notice, determine eligibility for Medicaid under all potential Medicaid coverage groups, back to the date of application for SSI. If the individual is claiming disability, and the Social Security Administration has not issued a disability decision, request a disability decision.

The date of application is the date the individual applied for SSI. Normal application processing time standards apply from the date the individual contacts the Department. Send a notice to inform the individual of the eligibility decision.

0650.0000 Child In Care

This chapter presents application processing policy.

0650.0100 APPLICATION FOR ASSISTANCE (CIC)

The Child Welfare/Community Based Care (CW/CBC) counselor, private agency counselor or 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 Medicaid only or Title IV-E and Medicaid. The CW/CBC counselor, private agency counselor or representative must make all contacts with the family, child, or foster parent.

0650.0101 Date of Application (CIC)

The date of application is the date the Department receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or a facsimile application after normal business hours, establish the first business day following receipt as the application date.

0650.0110 Rights and Responsibilities (CIC)

Any child's representative has the right to file an application and have a determination of eligibility. Inform counselors of the child's rights and responsibilities.

The counselor has the primary responsibility to obtain and provide information required to determine eligibility for benefits. If the counselor is unable to obtain information, assist the individual by providing addresses, writing to other agencies and obtaining medical reports and all other necessary information.

Inform the counselor of the responsibility to report changes within 10 calendar days of the date the change becomes known. This provision applies any time after receipt of the application.

0650.0111 Responsibility to Obtain Information (CIC)

The counselor has the primary responsibility to obtain and provide information required to determine eligibility for benefits. The eligibility specialist may need to assist the counselor by providing addresses, writing to other agencies and obtaining medical reports and all other necessary information.

0650.0112 Responsibility to Report Changes (CIC)

Inform counselors at the time of the application and at each subsequent eligibility redetermination of the responsibility to report changes. Counselors must report changes within ten calendar days of the date the change becomes known.

0650.0400 APPLICATION TIME STANDARDS (CIC)

The time standard begins upon receipt of a signed and dated CIC application form. Process applications as soon as possible after the assistance group (AG) completes all eligibility requirements. If the household completes all requirements and provides all information, process the application by the 30th day after the application date.

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/information due date is 10 calendar days after the date of the interview or if there is no interview requirement, 10 days after the date the pending notice is generated. If the verification due date falls on a holiday or weekend, the deadline for the requested information is the next business day. At the counselor's request, extend the due date.

0650.0500 DETERMINATION OF ELIGIBILITY (CIC)

The child must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Approve or deny the application immediately upon receipt of all required information. Do not delay the decision to approve or deny a case while awaiting information that is not directly related to a factor of eligibility. Title IV-E and Medicaid eligibility may be determined separately.

0650.0502 Date of Medicaid Entitlement (CIC)

Provided the applicant is eligible in the month, the entitlement date for Medicaid benefits is the first day of the month of application receipt, without regard to 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.

Exceptions:

1. Emergency Medical Assistance for Aliens cases,
2. Presumptively eligible pregnant women, and
3. Medically Needy share of cost (SOC) cases.

For these programs, the date of initial entitlement begins the date in the child is eligible.

0650.0507 Dates of Title IV-E Eligibility (CIC)

The date of eligibility for Title IV-E is the date the state becomes entitled to federal reimbursement. The date of eligibility can be as early as the date of the detention hearing for emergency shelter if all eligibility criteria are met, including appropriate wording on the court order.

The child may be eligible for Title IV-E funding during the months the child is in emergency shelter. Sometimes there is no detention order because the child comes into care through a dispositional order or an order on the motion to change custody or placement. Therefore, the date of entitlement for these cases is the date of the dispositional hearing or order on the motion, if all eligibility criteria are met, including the appropriate wording. The date of eligibility is the date of the hearing, even if the order is signed subsequently. Use this date to determine retroactive Title IV-E eligibility for up to 24 months.

Title IV-E may begin from the first date of placement if all eligibility criteria are met, regardless of whether a TCA payment has been made on the child's behalf for that month.

0650.0508 Medically Needy Eligibility Dates (CIC)

This policy applies only to non-Title IV-E Medically Needy.

The beginning effective date for an initial 12-month enrollment period is the first day of the month the individual meets all asset limitations and technical eligibility criteria. The initial enrollment period may exceed twelve months when the month of application is prior to the month of authorization. Individuals may be enrolled with or without a SOC. When there is a zero SOC, verify income prior to authorization.

If an applicant enrolls with estimated SOC income, no verification is required. Verify income the month the individual meets his SOC.

The beginning effective date of eligibility for benefits is the day in each month that an individual meets the SOC, or if the individual is eligible with no SOC, the beginning date of eligibility is the first day of the month in which all other eligibility criteria are met.

0650.0509 Retroactive Medicaid (CIC)

Medicaid is available for any one or more of the three calendar months preceding the application month, provided:

1. the child has received Medicaid reimbursable services during the retroactive period, and
2. the child would have met all factors of eligibility during the month(s) he requests retroactive Medicaid.

The applicant may request retroactive Medicaid at any time, as long as the coverage period is for any one of three months prior to any Medicaid or SSI application.

This retroactive coverage is not affected by:

1. the application's disposition (approval or denial);
2. whether or not the child was alive at the time of the application; or
3. when the request for assistance was made.

Determine eligibility for each month there were unpaid medical services provided; do not consider the month the bill was issued. Accept the counselor's statement that a child has an unpaid bill.

0650.1200 POSTHUMOUS BENEFITS (CIC)

If a child for whom assistance is requested is deceased, apply the following:

1. Accept an application from the counselor or an administrator/trustee appointed by the court.
2. Determine eligibility of the child, as it existed prior to death.
3. Include the deceased child's needs for the month the child was alive to determine the eligibility for Title IV-E and Medicaid.

Do not authorize Medicaid for a stillborn child.

0660.0000 Refugee Assistance Program

This chapter presents application processing policy.

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.

0660.0101 Date of Application (RAP)

For all SFUs in which the PIP is a member or is acting as an authorized representative, the date of application is the date the Department receives a signed application. When an applicant submits a paper application or verification, the scan/fax date is the date of receipt and the application date. If a site receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

The official date of application for Medicaid is the date the federally qualified health center or disproportionate share hospital receives and date stamps the signed application. In the absence of a date stamp, the application date is the date the individual signs and dates the application.

0660.0103 Screening for SSI Eligibility (RAP)

Screen all applicants to determine potential eligibility for SSI. If an applicant is potentially eligible for SSI, advise the individual of his potential eligibility and how to apply.

0660.0105 Eligibility Interview (RAP)

Conduct an eligibility interview by asking the series of questions concerning the household circumstances provided on the application. Resolve discrepancies and request the individual add missing information to the application.

Deny an application if an individual refuses to cooperate with the application process. Refusal is when the individual is able to cooperate, but clearly demonstrates that he will not take required actions. Once denied or terminated for refusal to cooperate, the individual may reapply, but will not be determined eligible until he cooperates.

0660.0106 Face-To-Face Interview (RAP)

Conduct a face-to-face interview with a responsible household member or authorized representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship:

1. Waive the face-to-face interview in favor of a telephone interview on a case by case basis and record reason in case record; or
2. Conduct the interview at an alternate location, such as the individual's home. Home visits are face-to-face interviews; schedule them in advance.

When an applicant cannot be interviewed on the day of application, schedule an appointment and give a notice to the individual specifying the date and time of the interview. Schedule the interview to give sufficient time to determine eligibility and provide benefits within the time standards.

Inform all individuals of the availability of appointments outside normal office hours and the criteria for out-of-office interviews.

0660.0107 Who May be Interviewed (RAP)

Conduct interviews with a responsible member of the SFU, an authorized representative, or a specified relative of the SFU. A responsible member is any member able to represent the SFU by providing sufficient and accurate information concerning the SFU's circumstances.

The responsible member may be an adult or a responsible minor in the SFU. If the responsible member is a minor under the parental control of an adult, confirm the minor's representative status with an adult household member.

An applicant must authorize a representative in writing to act on behalf of the household. When the applicant is incompetent or incapacitated, an authorized representative may be self-designated.

If the household member or an authorized representative is not responsible, that member may not represent the SFU and may not authorize a representative. Record the information that supports this decision.

Authorized representatives or minors serving as representatives assume responsibility for the accuracy of the information provided and are subject to the same disqualification penalties and possible prosecution as responsible household members.

Exceptions:

Do not interview or allow the following to act as an authorized representative:

1. Eligibility staff, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.
2. Individuals disqualified for fraud during the period of disqualification, unless the disqualified individual is the only adult member of the SFU able to act on the SFU's behalf.

0660.0110 Rights and Responsibilities (RAP)

Each individual has the right to file an application, have an interview and have a determination of eligibility. Provide a copy of the rights and responsibilities and discuss them with the applicant during the eligibility interview.

The SFU has the primary responsibility to obtain and provide information required to determine eligibility for benefits. If the applicant is unable to obtain information, assist the individual by providing addresses, writing to other agencies and obtaining medical reports and all other necessary information.

Inform SFUs of the responsibility to report changes within 10 calendar days of the date the change becomes known. This provision applies any time after receipt of the application.

0660.0111 Medical Provider Referrals (RAP)

Hospitals and other Medicaid providers refer individuals when potential eligibility for Medicaid exists. Upon receipt of a referral, contact the individual, determine whether eligibility exists, and notify the provider of the disposition.

If a medical assistance referral is received on an Emergency Medicaid for Aliens case during their 12-month eligibility period, Medicaid benefits should be opened for the new dates of emergency using the information supplied on the referral. The individual does not need to be contacted for an eligibility determination.

0660.0400 APPLICATION TIME STANDARDS (RAP)

Process applications as soon as possible after the assistance group (AG) completes all eligibility requirements. If the household completes all requirements and provides all information, process the application by the 30th day after the application 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 by the seventh day after the date the appointment letter is generated. The verification/information due date is 10 calendar days after the date of the interview or if there is no interview requirement, 10 days after the date the pending notice is generated. If the due date falls on a holiday or weekend, the deadline for the requested information is the next business day. At the individual's request, extend the due date. Leave the case pending until the 30th day after the date of application to allow the household a chance to provide verifications. Assist applicants with getting missing verifications when needed.

1. If the applicant completes the interview, provides all verifications, and meets all eligibility factors, approve the application by the 30th day for Medicaid. If the 30th day falls on a weekend or holiday, approve the application on the business day before the 30th day.
2. If the household does not return the verifications by the 30th day after the date of application, deny the application on the 30th day. If the 30th day falls on a weekend or holiday, deny the application on the next business day after the 30th day.

3. If the household returns the verifications after the 30th day but by the 60th day, approve the application as soon as possible following receipt of the verifications as long as disposal occurs by the 60th day. Do not require a new application.

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

0660.0500 DETERMINATION OF ELIGIBILITY (RAP)

An AG must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Approve or deny the application immediately upon obtaining all required information. Do not delay the decision to approve or deny a case while awaiting information that is not directly related to a factor of eligibility.

For the Medically Needy Program, eligibility ends at the end of the entitlement period.

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.

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.

0660.0600 NON-DUPLICATION OF ASSISTANCE (RAP)

Include the needs of a child, parent or relative in only one cash AG at a time.

Recipients of RAP benefits may not receive duplicate payments from more than one state in any month.