

## July 21, 2011 Summary of Changes

<b>Chapter</b>	<b>Passage</b>	<b>Summary</b>
<b>1400</b>	<b>1430.1400, 1440.1400</b>	Clarified that the requirement to file for other benefits as a condition of Medicaid eligibility includes Medicare Part A, Part B and Part D.
<b>3200</b>	<b>3210.0111.02</b>	Updated passage per final regulation, 7 C.F.R § 274, published April 12, 2010; added information about removing authorized representatives when individuals leave a drug and alcohol treatment facility or group home; clarified the amount of benefits the facility must return when individuals leave a facility.

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

## Listing of Amended Passages

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### **1430.1400      REQUIREMENT TO FILE FOR OTHER BENEFITS (MFAM)**

Individuals must apply for and diligently pursue to conclusion an application for all other benefits for which they may be eligible as a condition of eligibility. Need cannot be established nor eligibility determined upon failure to do so. Benefits that must be applied for include, but are not limited to:

1. pensions from local, state, or federal government,
2. retirement benefits,
3. disability,
4. Social Security benefits,
5. Veteran's benefits,
6. UC benefits,
7. Military benefits,
8. Railroad retirement benefits,
9. Worker's Compensation benefits, ~~and~~
10. Health and accident insurance payments, ~~and~~ -
11. Medicare Part A, Part B and Part D.

Individuals applying for Family-Related Medicaid are not required to apply for SSI as a condition of eligibility.

In some cases, individuals who are already receiving benefits may be eligible for increased benefits due to a change in their circumstances. Individuals are required to apply for all increased benefits for which they might qualify.

### **1440.1400      REQUIREMENT TO FILE FOR OTHER BENEFITS (MSSI, SFP)**

Individuals must apply for and diligently pursue to conclusion an application for all other benefits for which they may be eligible as a condition of eligibility. Need cannot be established nor eligibility determined upon failure to do so. Benefits that must be applied for include, but are not limited to:

1. Pensions from local, state, or federal government,
2. Retirement benefits,
3. Disability,
4. Social Security benefits,
5. Veterans' benefits,
6. UC benefits,
7. Military benefits,
8. Railroad retirement benefits,
9. Workers' Compensation benefits,
10. Health and accident insurance payments, and
11. Medicare [Part A](#), [Part B](#) and [Part D](#).

Individuals applying for Medicaid on the basis of age (65 or older) or disability must apply for Medicare if the state will pay the Medicare premium, deductible or co-insurance.

Individuals applying for SSI-Related Medicaid, HCDA, TCA, or Family-Related Medicaid are not required to apply for SSI as a condition of eligibility.

Individuals who apply for OSS and are potentially eligible for SSI must apply for SSI as a condition of eligibility.

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

## Listing of Amended Passages

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Individuals are required to apply for all increased benefits for which they might qualify.

### **3210.0111.02 Return of FS Benefits When Resident Leaves Facility (FS)**

Once the individual leaves the facility, the facility is no longer allowed to act as that individual's authorized representative or secondary cardholder. This applies to both drug and alcohol treatment centers and group homes for the blind/disabled. ~~Remove t~~The facility's authorized representative ~~should be removed~~ on FLORIDA immediately, ~~unless the facility needs the authorized representative's card to return unused benefits or a refund to the customer. Once the process to the return the benefits or the refund is complete, remove the drug and alcohol treatment center or group home authorized representative as soon as possible.~~

Electronic Benefits Transfer (EBT) cards being held by the facility must be returned to the individual when they leave the facility. If the resident leaves without obtaining the EBT card, the center is to return the card to JP Morgan Electronic Financial Services at the address below. These cards will have their status changed to "62" (card returned - other), which will deactivate the card(s). Should a resident later inquire about accessing their benefits, they should be referred to EBT Customer Service to request a replacement card.

Mailing address:

EBT Technical Support Unit  
P.O. Box 9044  
Coppell, TX 75019

~~At a minimum, the facility must return o~~One-half of the benefit allotment ~~must be returned~~ to the individual regardless of what has been spent when the individual departs prior to the 16th of the month. ~~If the facility did not spend any benefits on behalf of the individual, the facility must return the full value of any benefits already debited from the individual's current monthly allotment back into their EBT account at the time the individual leaves the facility.~~

The facility must not debit accounts under any circumstances after the individual has left the facility. For example: If there is a delay in the facility receiving the EBT card, and the individual has left the facility when the card arrives, the facility may not swipe the card for payment for meals eaten while the individual was at the facility. The facility must notify the Department when the individual leaves the facility. Benefits are returned to the individual's account by the facility performing a food stamp credit (or refund) transaction.