



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

DATE: April 7, 2016 **TRANSMITTAL NO.:** C-16-04-0002

TO: Economic Self-Sufficiency Operations Managers
Economic Self-Sufficiency Program Offices

FROM: Dianna Laffey, Chief, Program Policy (**Signature on File**)

SUBJECT: Completing a Renewal or Additional Benefit Request on a Case with PEN Coverage

EFFECTIVE: April 1, 2016

This memorandum provides staff with new procedures to follow when completing a renewal of eligibility or additional benefit request for a case that includes a newborn receiving Presumptive Eligibility for Newborns (PEN/MN) coverage.

Currently, staff must leave a newborn's living arrangement type as code "26- Presumptively Eligible Newborn" on the Living Arrangements (AIC) screen for the entire duration of the MN coverage period to ensure uninterrupted coverage. When code "26" is entered on the AIC screen, the original Medicaid eligibility period cannot be changed.

Procedural Change

Effective April 1, 2016, when a renewal, or application, for another benefit is completed and enough information is provided to complete a renewal of Medicaid prior to the end of the MN coverage period, staff **must** complete a renewal for the newborn. Completing the renewal will provide a new 12-month period of Medicaid coverage, which includes the 12-month Continuous Medicaid period, from the date of the renewal.

New Procedure

Staff **must complete** a renewal for the newborn and change the "living arrangement type" on the AIC screen from code "26" to "01", which will result in the category changing from "MN" to "MM I". Staff must:

- Review the Individual Demographics (AIID) screen to ensure the child's social security number (SSN) has been added to the case.
- Review the Vital Statistics Menu (MNOV), Document Imaging, or contact the customer to obtain the SSN, if no SSN is on the AIID screen. If no SSN is available, staff must determine if a new SS-5 form must be submitted to the Social Security Administration (SSA).
- Ensure the "Rev AG" field on the Assistance Group Names (AGPY) screen displays "Y" for any Medicaid assistance groups (AGs) when enough information

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exists to complete the renewal of eligibility. For more information refer to Policy Transmittal [C-15-03-0003](#).

- Complete the ex-parte process to close the “MN” coverage and authorize the “MM I” coverage **on the same day** to ensure there is no missing span(s) of coverage transmitted to the Florida Medicaid Management Information System (FMMIS).
 - If completing the Medicaid renewal would result in the loss of full Medicaid coverage for the newborn or enough information is not provided to complete the renewal, do not end the child’s coverage prior to receiving the original full MN coverage period. Ensure the “Rev AG” field on the AGPY screen displays an “N” to keep the current Medicaid eligibility period. Staff must return to the AIC screen to change the child’s living arrangement type back to code “26” and reauthorize the MN coverage for the remainder of the PEN eligibility period.
 - If the child does not have a SSN, do not end the child’s coverage prior to receiving the full MN coverage period. Ensure the “Rev AG” field on the AGPY screen displays an “N” to keep the current Medicaid eligibility period. Staff must return to the AIC screen to change the child’s living arrangement type back to code “26” and reauthorize the MN coverage for the remainder of the PEN eligibility period.
 - If the child remains eligible for full coverage and the child’s SSN is on the AIID screen, the child’s coverage must be changed to MM I coverage. Ensure the “Rev AG” field on the AGPY screen displays a “Y” to establish a new Medicaid eligibility period and the child’s living arrangement type code is “01” on the AIC screen before authorizing MM I coverage.

Valid reasons to close Medicaid during the PEN or Continuous Medicaid period include:

- No longer a Florida Resident
 - You are not a resident of Florida (code “169”)
 - You do not meet the Florida residency requirement for this program (code “358”)
- Death
 - We received information that a member of your household died and will no longer be covered by this program (code “347”)
 - We received information that all the people covered by this program have died (code “369”)
- Continued Coverage
 - We reviewed your case, you are still eligible for Medicaid, but in a different Medicaid coverage type (code “227”)
 - You are receiving the same type of assistance from another program (code “249”)
 - You are not eligible for DCF Medicaid because SSA found you to be eligible for SSI Medicaid (code “255”)
 - An individual is in the same case but a different category (code “350”)

- Request for Case/Assistance Group Closure
 - We received your written request to end this benefit (code “383”)
 - We received your verbal request to remove an individual from this program (code “385”)
 - We received your written request to remove an individual from this program (code “386”)
- Error in Initial Determination
 - Your case was opened in error and has now closed (code “530”)

If there are Medicaid policy questions, region offices may contact Dorthene Baker at Dorthene.Baker@myflfamilies.com. If there are system questions, region offices may email Ron Hardcastle at Ron.Hardcastle@myflfamilies.com.

cc: Assistant Secretary for Economic Self-Sufficiency (Jennifer Lange)
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