



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

Rick Scott
Governor

Mike Carroll
Secretary

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

FROM: Dianna Laffey, Chief, Program Policy
William Martinez, Chief, Data, Technology and Contracts
(Signatures on File)

SUBJECT: Continuous Medicaid Policy Clarification

EFFECTIVE: Upon Receipt

This memorandum provides staff with policy clarification about Continuous Medicaid periods for children under age 19. It also, provides case processing guidance about when a child is removed from one case and added to another, the child is not reported on an additional benefit request or renewal, or the Primary Information Person (PIP) is deceased or out of the household.

Current Policy

There has been no change in the application of Continuous Medicaid periods. When a change in eligibility results in the loss of Medicaid coverage for a child under age 19, staff must continue Medicaid coverage for a child(ren) during the Continuous Medicaid period, including children receiving Child In Care (CIC) coverage. The Continuous Medicaid period is determined from the last application, renewal or addition to Medicaid coverage and automatically displays on the Individual Eligibility History (IQEL) screen.

- Children up to age 5 receive twelve months of Continuous Medicaid coverage.
- Children age 5 up to 19 receive six months of Continuous Medicaid coverage.

At the end of the continuous period, staff must complete an ex-parte to explore eligibility in another category, which may include Transitional Medical Assistance.

Continuous Medicaid does not apply to a child determined eligible for regular Medicaid in error, presumptive eligibility, or Medically Needy coverage.

Child Moved to Another Case

Staff must continue Medicaid coverage for a child(ren) during the Continuous Medicaid period, including when a child is removed from one case and added to another case.

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Staff must document the Running Record Comments (CLRC) screen about the removal from the original case in which Continuous Medicaid eligibility was established on both case files.

Child Not Reported in Household

If a child is not reported on an additional benefit request or renewal submitted during their Continuous Medicaid period and there is no ongoing coverage for the child in another case, staff must contact the household to discuss the child's location.

- If able to contact, staff must:
 - Continue coverage if the child remains in the household, or terminate coverage using a valid reason below based on the information discussed regarding the child's location.
- If unable to contact, or the reason for removal is not a valid reason to close Continuous Medicaid eligibility, staff must ensure continuous coverage is provided for the remainder of the period. Staff must:
 - Screen print the IQEL screen showing the Continuous Period.
 - Document CLRC with the case action and screen print the CLRC notes.
 - Remove the child from the case, and terminate Medicaid coverage using reason code "346".
 - Complete the FMMIS Recipient File Problem Resolution Request (AHCA 5240-0006) form for the remaining continuous eligibility period and attach the IQEL and CLRC screen prints.
 - Follow regional procedures to notify the region's Medicaid File Coordinator of the need for coverage via the AHCA 5240-0006 form.
 - The Medicaid File Coordinator must sign and forward the AHCA 5240-0006 form to the Agency for Health Care Administration (AHCA) to add coverage to the Florida Medicaid Management Information System (FLMMIS).

PIP Reported as Deceased or Out of the Household

If the Primary Information Person (PIP) is reported as deceased or no longer in the household (i.e. incarceration); staff must confirm this information and address the child's location.

- If able to contact another adult household member, staff must:
 - Close the current case as the PIP cannot be changed on a case and establish a new case to provide the remainder of the Continuous Medicaid eligibility period for the child(ren) and eligibility for the remaining household members, if requested, when there is another adult household member. A new application is not required to continue the current coverage.
- If unable to contact, or there are no other adult household members, staff must ensure continuous coverage is provided for the remainder of the period. Staff must:
 - Screen print the IQEL screen showing the Continuous Period.
 - Document CLRC with the case action and screen print the CLRC notes.
 - Remove the child from the case, and terminate Medicaid coverage using reason code "346".

- Complete the FLMMIS Recipient File Problem Resolution Request (AHCA 5240-0006) form for the remaining continuous eligibility period and attach the IQEL and CLRC screen prints.
- Follow regional procedures to notify the region's Medicaid File Coordinator of the need for coverage via the AHCA 5240-0006 form.
- The Medicaid File Coordinator must sign and forward the AHCA 5240-0006 form to AHCA to add coverage to FLMMIS.

FLORIDA System

When a change is reported during the Continuous Medicaid period that would result in the loss of Medicaid coverage, the Medicaid coverage cannot be terminated unless a valid reason exists.

To ensure only the remainder of the continuous period is provided and a new period is not created in error, do not change the entry in the "Rev AG" field on the Assistance Group Names (AGPY) screen during the continuous period.

Valid reasons to terminate Medicaid on the Assistance Group Authorization (AWAA) screen during the Continuous Medicaid period are limited to:

- 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")
- 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")

Valid reasons to change/close Medicaid on the AWAA screen during the Continuous Medicaid period are limited to:

- Change in Coverage Category
 - 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")

If there are 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.

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