

Big Bend Community Based Care Policy & Procedure

Series: 100: Intake

Policy Name: Eligibility Verification

Policy Number: 104

Origination Date: 03/09/2009

Revised: Board Meeting of 12/13/2018

Regulation: Ch. 39, F.S.
409.2561, F.S.
65C-12.005, F.A.C.
CFOP 175-71

Referenced Documents:

100-104 x 1, Title IV-E Foster Care Initial Checklist
100-104 x 2, Notarized Designation of Client Money and Property Form
100-104 x 3, Change of Events Form
100-104 x 4, Client Trust funds Authorization for Withdrawal of Funds
100-104 x 5, Expenditure Plan

Policy

It is the policy of Big Bend Community Based Care, Inc. (BBCBC), to verify TANF eligibility, Title IV-E/Medicaid and Third Party Benefits of all clients in out-of-home care and to ensure appropriate enrollment into a health plan for physical and behavioral health care needs.

Procedure

A. TANF Eligibility. It is the responsibility of the Department of Children and Families Child Protection Investigator (CPI) to complete a TANF form on all open investigations and on any placements prior to the acceptance of cases for services. These forms will be completed in FSFN and verified by the Intake Placement Specialist at the time of the Case Transfer Staffing (CTS). All incomplete or incorrect forms will be discussed at CTS or prior to the CTS.

Periodically, changes can occur that will affect eligibility (e.g., change in income, change in placement, annual review, etc.). The Dependency Case Manager (DCM) will be responsible for completing an updated TANF in FSFN.

B. Title IV-E (CIC). It is the responsibility of the Intake/Placement Specialist (Rev Max) to ensure all children entering licensed out-of-home care will be screened for presumptive Title IV-E eligibility. It is the responsibility of the CPI (new removals) or DCM (if services are open) to provide the following documents to Rev Max in a shelter packet: shelter petition/order, income verification, birth verification, social security card application/verification and the Uniform Child Custody Jurisdiction and

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Enforcement Act Affidavit (UCCJEA). Upon completion of the Title IV-E Foster Care Checklist, Rev Max will input the IV-E determination into FSFN. The CPI or DCM should report all changes affecting eligibility to Rev Max. Rev Max will update FSFN with any changes to eligibility. Any documentation used by Rev Max to determine eligibility will be kept in a Federal Funding Audit File.

- C. Medicaid (CIC) for Licensed, Relative and Non-Relative Placements.** It is the responsibility of Rev Max to apply for Medicaid for all children in out-of-home care. The CPI (removal cases) and DCM (if services are open) will assist in obtaining all information necessary for Rev Max to complete the application. Rev Max will complete the Medicaid Application in FSFN and submit to ACCESS CIC Specialist for determination of the child's Medicaid eligibility. The CIC worker will forward a Notice of Case Action (NOCA) verifying the child's Medicaid eligibility. Rev Max will be responsible for verifying that both FSFN and the Florida system match with the following data elements: name, gender, date of birth, Medicaid number and Social Security number.
- D. Enrollment Process and Enrollee Identification Cards, Handbooks and Notifications for the Child Welfare Specialty Plan.** Rev Max staff will be responsible for selecting the Sunshine Health Child Welfare Plan or another appropriate health plan based upon the child's individual health care needs. This decision will be discussed with the DCM/DCMS prior to assignment.

Rev Max or DCM will make a health care plan selection with five (5) business days of notification that a selection (choice) can be made.

The Utilization Management unit will review the Turn Around File located in the DCF Web Portal in order to review any children not enrolled in the Sunshine Health Child Welfare Specialty Plan.

Rev Max staff will educate the IL Specialists for youth ages 18 to 21 who wish to remain in the Sunshine Health Child Welfare Specialty Plan. IL Specialists should discuss choice options with young adults being served so that they may select a plan upon Choice notification after their 18th birthday.

For children in out-of-home care, BBCBC is designated as guardian for the purposes of Medicaid enrollment. BBCBC's physical address is recognized as the primary address for children placed in out-of-home care; therefore all member ID cards, handbooks or other notifications should be mailed to BBCBC.

1. The Member Identification health plan card for child welfare enrollees will be placed in the child's file. It is acceptable for a copy of the health plan card to be placed in the enrollee's file under the following circumstances:
 - a. Courtesy Supervision;
 - b. Placement in a residential program;
 - c. Placement in a residential or foster home for mental health or medical treatment;
 - d. Incarceration in juvenile justice or adult correctional facility;

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- e. Therapeutic or Pre Adoptive Visits;
 - f. CBC Nurse Care or Behavioral Care Coordinator (coordination of care);
 - g. Approved educational or extracurricular activity.
2. Foster parents, relative and non-relative caregivers must at all times have current health plan ID cards for children placed in their homes. BBCBC's practice regarding the distribution of enrollee health plan ID cards to foster parents is recognized by CBCIH.
 3. Young adults 18 years of age or older may request a health plan card to carry on their person.
 4. Enrollee health plan handbook distribution will be coordinated by BBCBC. BBCBC utilizes the following methods to distribute health plan handbooks:
 - a. Monthly Home Visits;
 - b. Foster parent associations or other local foster parent groups;
 - c. Case management contract providers;
 - d. Contracted providers for foster parent recruitment and licensure;
 - e. Foster parent trainings, including initial and in-service;
 - f. Specialized therapeutic foster care providers.
- E. Client Trust.** Rev Max will check the Florida Medicaid database on all children entering licensed out-of-home care to determine if the child receives SSI or SSA income. If it is determined that the child receives this income, the Rev Max unit will coordinate with Social Security Administration (SSA), CPI, DCM and the Client Trust Specialist to become the representative payee for the benefits.

If a DCM or CPI determines that a child may be eligible for benefits, an application will be completed and forwarded to Rev Max. Rev Max is responsible for making the appointment with SSA and acting as the liaison between SSA, CPI, and the DCM.