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www.cckids.net

Series: 1000: Funding & Fiscal Management

Policy Name: Eligibility Verification

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Policy

It is the policy of Communities Connected for Kids (CCKids) to verify TANF eligibility, Title IV-E eligibility, Medicaid and Third Party Benefits of all clients in out-of-home care. It is also CCKids policy to ensure appropriate enrollment into a managed health care plan for physical and behavioral health care needs is completed for each child in out-of-home care.

Procedure

TANF Eligibility

It is the responsibility of the Department of Children and Families Child Protection Investigator (CPI) to complete an investigation TANF form on all clients involved with an open investigation. These forms will be completed in FSFN and verified by the Eligibility Specialist within thirty days of the child's removal episode. All incomplete forms will be discussed at Case Transfer Staffing (CTS) or prior to the CTS to ensure timely upload into FSFN.

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 the Income and Asset Worksheet (Exhibit XXXX) and submit to EDS for input into FSFN. The Director of Finance will email the DCF TANF Due list on a monthly basis for ease of tracking.

Title IV-E (CIC)

It is the responsibility of the Eligibility Specialist (Rev Max) to ensure all children entering licensed out of home care will be screened for Title IV-E eligibility. It is the responsibility of the CPI (new removals) or DCM (if services are open) to upload the following documents into FSFN: shelter petition, shelter order, income verification, birth verification, social security card number verification, identity documentation (fingerprints/footprints) and the Uniform Child Custody



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Jurisdiction and Enforcement Act Affidavit (UCCJEA). CPI and DCM will enter any income, asset and employment information obtained on household members into the FSFN Income/Eligibility Module.

Upon completion of the Title IV-E Foster Care Checklist, Eligibility will input the IV-E determination into FSFN. The CPI or DCM should report all changes affecting eligibility to Eligibility. Eligibility will update FSFN with any changes to eligibility. Any documentation used by Eligibility to determine eligibility will be uploaded into FSFN for easy access in the event of a Federal Funding Audit of files.

Medicaid (CIC) for Licensed, Relative and Non-Relative placements

It is the responsibility of Eligibility 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 Eligibility to complete the application. Eligibility 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. Eligibility 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.

Enrollment Process and Enrollee Identification Cards, Handbooks and Notifications for the Child Welfare Specialty Plan

Eligibility staff will be responsible for selecting the Sunshine Health Child Welfare Specialty 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.

Eligibility or DCM will make a health care plan selection with 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.

Eligibility staff will educate the RTS Specialists for youth ages 18 to 21 who wish to remain in the Sunshine Health Child Welfare Specialty Plan. RTS 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, COMMUNITIES CONNECTED FOR KIDS is designated as guardian for the purposes of Medicaid enrollment. COMMUNITIES CONNECTED FOR KIDS'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 COMMUNITIES CONNECTED FOR KIDS .



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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
 - e. Therapeutic or Pre Adoptive Visits
 - f. CBC Nurse Care or Behavioral Care Coordinator (coordination of care)
 - g. Approved educational or extra curricula activity

Approved: Carol Deloach

Carol Deloach, Chief Executive Officer