

# NWF Health Network Policy & Procedure

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<b>Series:</b>	100: Intake	
<b>Policy Name:</b>	Eligibility Verification	
<b>Policy Number:</b>	104	
<b>Origination Date:</b>	03/09/2009	<b>Revised:</b> Board Meeting of 9/7/2023
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## Policy

It is the policy of Northwest Florida Health Network Policy & Procedure (NWFHN), to facilitate completion of TANF eligibility, Title IV-E, Medicaid and Third Party Benefit management 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.

1. It is the responsibility of the Department of Children and Families Child Protection Investigator (CPI) to complete a TANF form on all open investigations.
  - a. All incomplete or incorrect forms will be discussed at Case Transfer Staffing (CTS) or prior to the CTS.
2. When a child is receiving in-home services, an initial TANF must be approved within 30 calendar days of the case transfer staffing from investigations to case management.
3. The Revenue Maximization Specialist is responsible for completing all case TANF's in FSFN.
  - a. Initial TANF Eligibility determination must be completed within 30 calendar days of placement. Initial TANF Eligibility determinations occur when:
    - i. A child is removed from the home
    - ii. A child is discharged from a licensed out-of-home placement to a living arrangement
    - iii. A child has a break in living arrangement of one or more days and returns to non-licensed out-of-home care.
4. An initial case TANF must be completed in FSFN for children in a removal episode upon the first occurrence of being placed in relative non-licensed or nonrelative non-licensed out-of-home care or licensed care with a relative if the child is Title IV-E Ineligible.

**B. Title IV-E.** It is the responsibility of the Revenue Maximization Specialist (Rev Max) to ensure all children entering 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 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 Enforcement Act Affidavit (UCCJEA). Upon completion of the Shelter Packet/Income Documentation Form, Rev Max will input the IV-E determination into FSFN. The CPI or DCM should report all changes affecting eligibility to Rev

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Max. Rev Max will update FSFN with any changes to eligibility. Any documentation used by Rev Max to determine eligibility will be uploaded in FSFN file cabinet (Assets/Employment)..

**C. Ongoing Title IV-E Eligibility.** A redetermination of Title IV-E eligibility must be completed, at least annually in FSFN, to document ongoing Title IV-E eligibility requirements and when there are changes in the child's circumstances that may affect his or her Title IV-E eligibility. For a Title IV-E eligible child to maintain a reimbursable status, a judicial finding of "reasonable efforts to finalize the child's permanency plan" (REFPP) must be made within 12 months of the date the child is considered to have entered foster care and within every subsequent 12-month period while the child remains in out-of-home care.

1. A judicial finding must be made that the Department/CBC made (or is making) reasonable efforts to finalize the permanency plan for the child based on the permanency plan that is in effect. Judicial findings must be made on a case-by-case basis per the individual circumstances of the child. The use of nunc pro tunc orders are not allowable for Title IV-E documentation to support the judicial finding. Therefore, if the required judicial determination is not included in the appropriate court order, a transcript of the court proceedings is the only other acceptable documentation to verify that the required judicial determination was made.
2. Failure to obtain this initial judicial finding of reasonable efforts to finalize the child's permanency plan and subsequent findings as described above makes the child temporarily non-reimbursable for Title IV-E foster care. The child becomes non-reimbursable beginning the first day of the month after the month the finding is due and remains non-reimbursable until the first day of the month in which the finding is made. For Title IV-E purposes, the effective date of a court order is the date the hearing occurred if referenced in the signed order. If the date of the hearing is not referenced in the order, the date the order is signed is used.

**D. Medicaid (CIC) for Licensed, Relative and Non-Relative Placements.** It is the responsibility of the Rev Max Specialist 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 submit the Medicaid Application through FSFN within two business days of the child's removal. 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. It is the responsibility of the DCM to notify Rev Max when a child is reunified and/or case closes so that CIC Medicaid Eligibility is closed in FSFN.

**E. Enrollment Process and Enrollee Identification Cards, Handbooks and Notifications for the Child Welfare Specialty Plan.** . Rev Max staff will be responsible for faxing a list of children who enter out of home care weekly to Agency for Health Care Administration (AHCA) for Home Safe Net (HSN) codes. It is the responsibility of NWFHN to ensure all children placed in out of home care are enrolled in Sunshine Health Child Welfare Specialty Plan. NWFHN Nurse Care Coordinators approve any changes in child(ren) health care plans. The Nurse Care Coordinator 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.

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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, NWFHN is designated as guardian for the purposes of Medicaid enrollment. NWFHN'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 NWFHN.

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 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. NWFHN'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 NWFHN. NWFHN 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;

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f. Specialized therapeutic foster care providers.

**F. 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. A Rev Max representative is responsible for making the appointment with SSA and acting as the liaison between SSA, CPI, and the DCM.