By the Committee on Children & Families and Representative Murman

A bill to be entitled 1 2 An act relating to Medicaid eligibility 3 determinations; amending ss. 409.901, 409.902, 409.903, and 409.919, F.S.; clarifying 4 5 responsibilities and restoring rulemaking authority of the Department of Children and 6 7 Family Services with respect to Medicaid 8 eligibility determinations; providing an effective date. 9 10 11 Be It Enacted by the Legislature of the State of Florida: 12 13 Section 1. Subsections (3), (15), and (18) of section 14 409.901, Florida Statutes, are amended to read: 15 409.901 Definitions.--As used in ss. 409.901-409.920, 16 except as otherwise specifically provided, the term: "Applicant" means an individual whose written 17 application for medical assistance provided by Medicaid under 18 19 ss. 409.903-409.906 has been submitted to the Department of 20 Children and Family Services, or to the Social Security Administration if the application is for supplemental security 21 22 income agency, but has not received final action. This term includes an individual, who need not be alive at the time of 23 application, whose application is submitted through a 24 representative or a person acting for the individual. 25 26 (15) "Medicaid program" means the program authorized 27 under Title XIX of the federal Social Security Act which 28 provides for payments for medical items or services, or both, 29 on behalf of any person who is determined by the Department of

Children and Family Services, or for supplemental security

30 31 income by the Social Security Administration, to be eligible on the date of service for Medicaid assistance.

individual who whom the Department of Children and Family Services, or for supplemental security income the Social Security Administration, determines is eligible, pursuant to federal and state law, to receive medical assistance and related services for which the agency may make payments under the Medicaid program. For the purposes of determining third-party liability, the term includes an individual formerly determined to be eligible for Medicaid, an individual who has received medical assistance under the Medicaid program, or an individual on whose behalf Medicaid has become obligated.

Section 2. Section 409.902, Florida Statutes, is amended to read:

409.902 Designated single state agency; payment requirements; program title.—The Agency for Health Care Administration is designated as the single state agency authorized to make payments for medical assistance and related services under Title XIX of the Social Security Act. These payments shall be made, subject to any limitations or directions provided for in the General Appropriations Act, only for services included in the program, shall be made only on behalf of eligible individuals, and shall be made only to qualified providers in accordance with federal requirements for Title XIX of the Social Security Act and the provisions of state law. This program of medical assistance is designated the "Medicaid program." The Department of Children and Family Services is responsible for Medicaid eligibility determinations, including policy, rules, and the agreement

 with the Social Security Administration for Medicaid eligibility determinations for supplemental security income recipients, as well as the actual determination of eligibility.

Section 3. Section 409.903, Florida Statutes, is amended to read:

409.903 Mandatory payments for eligible persons.—The agency shall make payments for medical assistance and related services on behalf of the following persons who the <u>Department of Children and Family Services</u>, or the <u>Social Security Administration by contract with the Department of Children and Family Services</u>, agency determines to be eligible, subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

- (1) Low-income families with children are eligible for Medicaid provided they meet the following requirements:
- (a) The family includes a dependent child who is living with a caretaker relative.
- (b) The family's income does not exceed the gross income test limit.
- (c) The family's countable income and resources do not exceed the applicable Aid to Families with Dependent Children (AFDC) income and resource standards under the AFDC state plan in effect in July 1996, except as amended in the Medicaid state plan to conform as closely as possible to the requirements of the WAGES Program as created in s. 414.015, to the extent permitted by federal law.

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- A person who receives payments from, who is determined eligible for, or who was eligible for but lost cash benefits from the federal program known as the Supplemental Security Income program (SSI). This category includes a low-income person age 65 or over and a low-income person under age 65 considered to be permanently and totally disabled.
- (3) A child under age 21 living in a low-income, two-parent family, and a child under age 7 living with a nonrelative, if the income and assets of the family or child, as applicable, do not exceed the resource limits under the WAGES Program.
- (4) A child who is eligible under Title IV-E of the Social Security Act for subsidized board payments, foster care, or adoption subsidies, and a child for whom the state has assumed temporary or permanent responsibility and who does not qualify for Title IV-E assistance but is in foster care, shelter or emergency shelter care, or subsidized adoption.
- (5) A pregnant woman for the duration of her pregnancy and for the post partum period as defined in federal law and rule, or a child under age 1, if either is living in a family that has an income which is at or below 150 percent of the most current federal poverty level, or, effective January 1, 1992, that has an income which is at or below 185 percent of the most current federal poverty level. Such a person is not subject to an assets test. Further, a pregnant woman who applies for eligibility for the Medicaid program through a qualified Medicaid provider must be offered the opportunity, subject to federal rules, to be made presumptively eligible for the Medicaid program.
- (6) A child born after September 30, 1983, living in a 31 | family that has an income which is at or below 100 percent of

the current federal poverty level, who has attained the age of 6, but has not attained the age of 19. In determining the eligibility of such a child, an assets test is not required.

- (7) A child living in a family that has an income which is at or below 133 percent of the current federal poverty level, who has attained the age of 1, but has not attained the age of 6. In determining the eligibility of such a child, an assets test is not required.
- (8) A person who is age 65 or over or is determined by the agency to be disabled, whose income is at or below 100 percent of the most current federal poverty level and whose assets do not exceed limitations established by the agency. However, the agency may only pay for premiums, coinsurance, and deductibles, as required by federal law, unless additional coverage is provided for any or all members of this group by s. 409.904(1).

Section 4. Section 409.919, Florida Statutes, is amended to read:

409.919 Rules.--The agency shall adopt any rules necessary to comply with or administer ss. 409.901-409.920 and all rules necessary to comply with federal requirements. In addition, the Department of Children and Family Services shall adopt and accept transfer of any rules necessary to carry out its responsibilities for receiving and processing Medicaid applications and determining Medicaid eligibility, and for assuring compliance with and administering ss. 409.901-409.906 as such sections relate to those responsibilities.

Section 5. This act shall take effect upon becoming a law.

********** HOUSE SUMMARY Clarifies responsibilities and restores rulemaking authority of the Department of Children and Family Services with respect to Medicaid eligibility determinations.