

Former Foster Care Medicaid Guidance



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Former Foster Care Medicaid Guidance – Self Service Portal

Before You Begin

People

Choose The Programs For Which You Would Like To Apply

All Programs

All Programs includes Food Assistance (SNAP), Cash and Medical Assistance.

Food Assistance (SNAP)

The Food Assistance (SNAP) Program helps low income households to buy nutritious food. A Food Assistance (SNAP) household is normally a group of people who live together and buy

Cash Assistance

The Temporary Cash Assistance (TCA) program provides cash assistance to pregnant women in the 6th month of pregnancy

- Cash assistance for myself or my spouse
- Cash assistance for a child the court placed with me
- Cash assistance for a child that is not mine but is related to me
- Cash assistance for refugees or some legal noncitizens who just came to the United States

In this example, the customer applies for food assistance AND as an individual who has aged out of foster care and is under age 26. Note: these are SEPARATE requests for assistance.

Medical Assistance for Children, their Parents or Caretakers, Pregnant Women, the Aged or Disabled Adults and individuals who aged out of Florida Foster Care who are under age 26.

An application for medical assistance includes Medicaid (for children, their parents or caretakers, pregnant women, disabled adults and individuals 65 years-of-age and older), Florida KidCare Program (for children under 19 with too much income for Medicaid) and The Insurance Affordability Program (for adults aged 18 through 64 and children that cannot be covered by either Medicaid or KidCare). The Medicaid and KidCare Programs are administered by the State of Florida and the Insurance Affordability is administered by the Federally Facilitated Marketplace.

Medical Assistance for Individuals in Nursing Home

Medical Assistance for Individuals in Nursing Home gives medical assistance including the cost of care for individuals placed in nursing homes. Long term care programs provide eligible low income individuals in a nursing home or in danger of being placed in a nursing home with medical coverage.

Medical Assistance for Individuals in HCBS/Waivers

Home and Community Based Services (HCBS) Medical Assistance Waiver Programs give Medical Assistance services to individuals at risk of placement in a nursing home. These programs give additional services not available through regular Medical Assistance.

Medical Assistance for Individuals in Hospice

The Hospice Medical Assistance program gives health care services to terminally ill individuals when they no longer choose to get medical treatment to cure an illness or disease. Hospice Medical Assistance Services can be given in an individual's home or in a nursing facility.

Medicare Savings Program

Medical Assistance savings Programs are Medical Assistance programs that help Medicare beneficiaries of modest means pay all or some of Medicare cost sharing amounts (i.e., premiums, deductibles and co-payments). Programs considered Medicare Savings Programs include Qualified Medicare Beneficiary, Special Low-income Medicare Beneficiary, Qualifying individuals 1, and Qualified Working and Disabled individuals.

When complete, click NEXT.

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Before You Begin

People





Head of Household Summary

Here is the summary of what you've told us. If a section below has a checkmark, you have given us all the information we have asked for. You are not required give all information before submit the application.


- If you would like to change your answers , click on "Change" icon under "Options".
- Once you've reviewed this summary and all the information is correct , click the "Next" button at the bottom of the page.

These separate requests for assistance display in the Head of Household Summary, under Review Your Answers: Program selection.

Review Your Answers: Head of Household

Applicant	Address	Contact	Section Complete?	Options
 William (30 yrs)	Living Address : 40178 N Monroe St, Tallahassee, FL, 32303	Home : (850)591-2581 Work : (850)717-3197	✓	

Review Your Answers: Program selection

Here are your answers to the other questions in this section. Please take a look and make sure your answers are correct. If they are not correct, click on the edit icon to change your answers. 

You have selected to apply for the following benefits:

Food Assistance (SNAP)

Cash Assistance

- Cash assistance for myself or myself and my family
- Cash assistance for a child the court placed with me
- Cash assistance for a child that is not mine but is related to me
- Cash assistance for refugees or some legal noncitizens who just came to the United States

Medical Assistance for Children, their Parents or Caretakers, Pregnant Women, the Aged or Disabled Adults and individuals who aged out of Florida Foster Care who are under age 26.

When complete, click NEXT.

Former Foster Care Medicaid Guidance – Self Service Portal

Before You Begin

People



Other Household Information

Please provide us the following information about your household

On the Other Household Information page, the customer indicates the individual who has aged out of foster care in Florida. Note: this is listed under the Foster Care subsection. On the same page, under About Children in Your Home, the customer indicates who is CURRENTLY a foster child living in the home. Note: these are two separate sections.

*Foster Care

Please check the box for anyone who aged out or adopted from a foster care in Florida. Otherwise, check "No one".

No One



Carrie (20 yrs)

About Children in Your Home

To help you get access to specialized care, please answer the next three questions for children 20 or younger. Answer "yes" if they have a chronic and serious medical, behavioral, or other medical condition that has lasted or is expected to last at least 12 months and they meet the conditions described in the question.

Please check the box for any children who are limited in any way in ability to do things most children of the same age can do. Otherwise, check "No one".

Please check anyone who is a foster child. Otherwise check "No one".

No One



Genesis (8 yrs)

*Migrant Farm-Worker

Is anyone in your household a migrant or seasonal farm-worker?

Yes No

Former Foster Care Medicaid Guidance – AMS

Household Information



Ashley

This question, in the Household Summary section of the ACCESS Summary on AMS, asks if the individual is **CURRENTLY** a Foster Child. It is **NOT** associated with “Aged Out of Foster Care” Medicaid eligibility.

Florida Resident	<input type="button" value="Yes"/>	<input type="button" value="US Military"/>	<input type="button" value="No"/>		
Emancipated Minor	<input type="button" value="N/A"/>	<input type="button" value="Foster Child"/>	<input type="button" value="N/A"/>	Renal Dialysis	<input type="button" value="No"/>
Human Trafficking	<input type="button" value="N/A"/>	Immunization	<input type="button" value="N/A"/>	Child Health Care Check	<input type="button" value="N/A"/>

Aged out of foster care verified by Florida Safe Families Network (FSFN)

This question, in the same section, asks if the individual “Aged Out of Foster Care”. There are three (3) possible answers which could appear in the answer box: Verified, Unknown, or N/A.

Convicted of drug trafficking felony

Convicted of receiving benefits in

Children limited or prevented in an

When “Verified” appears in the answer box, it means the individual answered “Y” to the Former Foster Care question on the SSP, and that status has been verified by FSFN.

Children that need or get special therapy such as physical, mental health, occupational, speech therapy, treatment or counseling for emotional, developmental or behavioral problems.

Children that need or use more medical care, mental health or educational services than usual for children of the same age.

Member of a federally recognized tribe

Name of the tribe

Received services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs

Eligible to receive services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs

Former Foster Care Medicaid Guidance – FLORIDA

AIMC	INDIVIDUAL MISCELLANEOUS CONTINUED										02/21/2014 09:16
	CASE:					WORKER: TA6307					P12082 W BURLESON
EFFECTIVE BEGIN DATE: 01/06/2014 STATUS: OPEN											
	O/U.S		AGED	MEDI		HOSP					
	LAST DATE	DATE	OUT REQ	CARE AVS	TERM	ELEC.	ESRD	WAIVER	EVAL		
NBR NAME	30DYS LEFT	RETURN	FC	MA ELIG	R P	ILL VR	STMT VR	VR TYP	VR	GRP	
01 ASHLE	N		Y	Y	N		N		N		N

When the individual answers "Y" to the Former Foster Care question on the SSP, and that status has been verified by FSFN, the Aged Out of Foster Care entry on AIMC should be "Y".

NEXT TRAN: ■ _____ PARMS: _____

Former Foster Care Medicaid Guidance – AMS



Serena V. Burlington

Florida Resident US Military
Emancipated Minor Foster Child Renal Dialysis
Human Trafficking Immunization Child Health Care Check

Aged out of foster care verified by Florida Safe Families Network (FSFN)

Received food assistance, cash or Medicaid in another state

Fleeing the law

Convicted of a crime

Convicted of a crime

Children limited or prevented in any way in ability to do things most children of the same age can do.

Children that need or get special therapy such as physical, mental health, occupational, speech therapy, treatment or counseling for emotional, developmental or behavioral problems.

Children that need or use more medical care, mental health or educational services than usual for children of the same age.

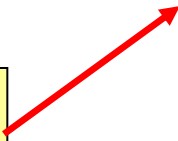
Member of a federally recognized tribe

Name of the tribe

Received services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs

Eligible to receive services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs

When "Unknown" appears in the answer box, it means that the individual answered "Y" to the Former Foster Care question on the SSP, but that status has NOT been verified by FSFN.



Former Foster Care Medicaid Guidance – FLORIDA

AIMC		INDIVIDUAL MISCELLANEOUS CONTINUED										02/21/2014 09:19			
		CASE: 5001981131					WORKER: FZ0271					FZ0270 B BURLESON			
EFFECTIVE BEGIN DATE:		02/20/2014		STATUS:		PENDING									
		O/U.S		AGED		MEDI		HOSP		ESRD		WAIVER		EVAL	
		LAST DATE		DATE OUT REQ		CARE AVS		TERM		ELEC.		VR TYP		VR	
NBR	NAME	30DYS	LEFT	RETURN	FC	MA	ELIG	R	P	ILL	VR	STMT	VR	VR	GRP
06	JAMES B	N	_____	_____	N	Y	N	-	-	N	_____	-	_____	N	N
05	JACOB B	N	_____	_____	N	Y	N	-	-	N	_____	-	_____	N	N
04	ANDRE B	N	_____	_____	N	Y	N	-	-	N	_____	N	_____	N	N
03	SEREN B	N	_____	_____	?	Y	N	-	-	N	_____	N	_____	N	N
02	CARRI B	N	_____	_____	N	Y	N	-	-	N	_____	N	_____	N	N
01	MICHA		_____	_____							_____		_____		N

When the individual answered "Y" to the Former Foster Care question on the SSP, but that status has NOT been verified by FSFN (i.e. "Unknown" on AMS ACCESS Summary), the Aged Out of Foster Care entry on AIMC should be a question mark "?", until the status can be verified through Child Welfare staff following the established regional procedures.

NOTE: Once FFC status is positively or negatively confirmed, the case must be updated with a "Y" or "N" entry on AIMC and a CLRC notation made describing the verification process.

NEXT TRAN: _____ PARMS: _____

Former Foster Care Medicaid Guidance – AMS

Household Information



Henrietta Q. Fortnoy

Florida Resident US Military
Emancipated Minor Foster Child Renal Dialysis
Human Trafficking Immunization Child Health Care Check

Aged out of foster care verified by Florida Safe Families Network (FSFN)

Received food stamps

Fleeing the law

Convicted of drug trafficking felony

Convicted of receiving benefits in more than one state at the same time

Children limited or prevented in any way in ability to do things most children of the same age can do.

Children that need or get special therapy such as physical, mental health, occupational, speech therapy, treatment or counseling for emotional, developmental or behavioral problems.

Children that need or use more medical care, mental health or educational services than usual for children of the same age.

Member of a federally recognized tribe

Name of the tribe

Received services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs

Eligible to receive services from the Indian Health Service, a tribe health program, or urban Indian Health Program or through referral from one of these programs

When "N/A" appears in the answer box, it means that the individual did NOT answer "Y" to the Former Foster Care question on the SSP.



Former Foster Care Medicaid Guidance – FLORIDA

AIMC	INDIVIDUAL MISCELLANEOUS CONTINUED										02/21/2014 09:23						
	CASE: 5001981115					WORKER: FZ0271					FZ0270 B BURLESON						
EFFECTIVE BEGIN DATE: 02/21/2014 STATUS: PENDING																	
	O/U.S		AGED	MEDI		HOSP											
	LAST	DATE	DATE	OUT	REQ	CARE	AVS	TERM	ELEC.	ESRD	WAIVER	EVAL					
NBR	NAME	30DYS	LEFT	RETURN	FC	MA	ELIG	R	P	ILL	VR	STMT	VR	VR	TYP	VR	GRP
02	HENRI	F	N	_____	_____	N	Y	N	---	N	---	N	---	N	---	---	N
01	LAWRE	F	N	_____	_____	N	Y	N	---	N	---	N	---	N	---	---	N



When the individual did NOT answer "Y" to the Former Foster Care question on the SSP, the Aged Out of Foster Care entry on AIMC should be "N".

NEXT TRAN: ■ _____ PARMS: _____

Former Foster Care Medicaid Guidance – FLORIDA

AIMC		INDIVIDUAL MISCELLANEOUS CONTINUED										03/06/2014 13:52	
		CASE: 5002085318					WORKER: FZ0271					FZ0270 B BURLESON	
EFFECTIVE BEGIN DATE:		03/06/2014 STATUS: PENDING											
O/U.S		AGED		MEDI		HOSP				ESRD WAIVER		EVAL	
NBR	NAME	LAST DATE	DATE	OUT REQ	CARE AVS	TERM	ELEC.	ESRD	WAIVER	EVAL			
		30DYS LEFT	RETURN FC	MA	ELIG R P	ILL VR	STMT VR	VR	TYP VR	VR	GRP		
02	DARLE H	N	_____	_____	Y Y	N	--	N	---	N	---	N	
01	RORY H	N	_____	_____	N Y	N	--	N	---	N	---	N	

If the individual has been verified as being an "Aged Out of Foster Care" individual and "Y" has been entered on AIMC....

NEXT TRAN: _____ PARMS: _____

CLRC	PA Letters	QA Navigation	Data Exchange
WebApp	Intake Specialist	Caller ID	FS Denial Date

Former Foster Care Medicaid Guidance – FLORIDA

....but the FLORIDA system has created MA R with a Pending or Failed Status....

AGCC		SFU COMPOSITION CHANGE						03/06/2014 14:00				
CASE: 5002085318		WORKER: FZ0271						FZ0270 B BURLERSON				
CATEGORY	SEQUENCE	IND	STAT	REASONS				SFU DELETE				
MA R	1	-	PEND									
INDIVIDUALS:	02	01										
PARTICIPATION:	EA	CC										
OPTION TYPE:	N	N										
DELETE REASON												
INDIVIDUALS:												
PARTICIPATION:												
OPTION TYPE:												
DELETE REASON												
(IF CASH AG - CHECK RELATED MEDICAL AG)												
----- INDIVIDUALS -----												
1 RORY H	2 DARLE H											
NEXT TRAN: ■ _____		PARMS: _____										

CLRC

PA Letters

QA Navigation

Data Exchange

WebApp

Intake Specialist

Caller ID

FS Denial Date

Former Foster Care Medicaid Guidance – FLORIDA

....the category for the Aged Out of Foster Care individual must be changed to MA I on the AGCC screen, then press Enter.

AGCC		SFU COMPOSITION CHANGE					03/06/2014 14:00					
CASE: 5002085318		WORKER: FZ0271					FZ0270 B BURLESON					
CATEGORY	SEQUENCE	IND	STAT	REASONS		SFU DELETE						
MA I	1	-	PEND			-						
INDIVIDUALS:	02	01										
PARTICIPATION:	EA	CC										
OPTION TYPE:	N	N										
DELETE REASON												
INDIVIDUALS:												
PARTICIPATION:												
OPTION TYPE:												
DELETE REASON												
(IF CASH AG - CHECK RELATED MEDICAL AG)												
----- INDIVIDUALS -----												
1 RORY H	2 DARLE H											
NEXT TRAN: ■ _____		PARMS: _____										

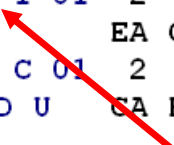
Note: Since there is no income test for MA I, it is not necessary to remove counted individuals from the MA I Filing Unit on AGCC.

CLRC	PA Letters	QA Navigation	Data Exchange
WebApp	Intake Specialist	Caller ID	FS Denial Date

Former Foster Care Medicaid Guidance – FLORIDA

AGCD	SFU COMPOSITION DISPLAY	03/06/2014 14:01
CASE: 5002085318	WORKER: FZ0271	FZ0270 B BURLERSON

CAT	SEQ	----- INDIVIDUALS / PARTICIPATION STATUS -----	
MA	I 01	2	1
	EA	CC	
MM	C 01	2	1
IND	U	SA	EC

 ED/BC will loop and create the MA I category for the individual....

----- INDIVIDUALS -----	
1 RORY	H
2 DARLE	H

NEXT TRAN: _____ PARMS: _____

CLRC	PA Letters	QA Navigation	Data Exchange
WebApp	Intake Specialist	Caller ID	FS Denial Date

Former Foster Care Medicaid Guidance – FLORIDA

AGCC		SFU COMPOSITION CHANGE				03/06/2014 14:01			
CASE: 5002085318		WORKER: FZ0271				FZ0270 B BURLERSON			
CATEGORY	SEQUENCE	IND	STAT	REASONS				SFU DELETE	
MA I	1	-	PASS						
INDIVIDUALS:	02	01	---	---	---	---	---	---	---
PARTICIPATION:	EA	CC	---	---	---	---	---	---	---
OPTION TYPE:	N	N	---	---	---	---	---	---	---
DELETE REASON	---	---	---	---	---	---	---	---	---
INDIVIDUALS:	---	---	---	---	---	---	---	---	---
PARTICIPATION:	---	---	---	---	---	---	---	---	---
OPTION TYPE:	---	---	---	---	---	---	---	---	---
DELETE REASON	---	---	---	---	---	---	---	---	---
(IF CASH AG									

1 RORY H	2 DARLE H								
NEXT TRAN: <input type="checkbox"/>				PARMS: _____				MORE...	

....and the MA I Status will be passing.

When pending information is received, MA I may be closed and MA R and other pended AGs may be approved. If, at any time prior to reaching age 26, the Aged Out of Foster Care individual loses regular Medicaid eligibility, the MA I coverage must be re-opened so that there is no lapse in coverage.

End



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