


Policy and Procedures

DEPARTMENT NAME: Fiscal		
SUBJECT: Maximizing Federal and State Funds	POLICY NUMBER: RM-001	
APPROVAL: 	EFFECTIVE DATE: 3/26/2021	REPLACES : RM-001 2/22/2017

- I. **PURPOSE:** To ensure that children in the care of or under the supervision of DCF and the Children's Network of Southwest Florida receive the Medicaid benefits for which they are eligible and that the federal and state funds are accessed appropriately for the circumstances of the child.
- II. **REVIEW HISTORY:** This replaces the previously approved RM-001, dated 9/20/2011 and 2/22/2017.
- III. **CONTACT:** CFO, Children's Network
- IV. **PERSONS AFFECTED:** Lead Agency and Case Management Organization Staff
- V. **RATIONALE:** Children who are dependent children are eligible for Federal and State dollars to pay for the cost of their care. Each child merits as much funding as is available to provide for their needs. The lead agency will assure that all funding sources are accessed for each eligible child.
- VI. **CROSS REFERENCES:** Federal and state statutes and other references are cited in DCF CFOPs 175-59, 175-71, and 175-93: HJ300 contract between DCF and Children's Network
- VII. **DEFINITIONS:**
 - A. Child Benefits Coordinator – an employee of CNSWFL who is the point of contact for Social Security disability and survivor benefits and Master Trusts accounts.
 - B. Child in Care Eligibility Specialist (CIC) –an employee of the Department of Children and Families (DCF) responsible for determining eligibility for children in Out of Home placements under the supervision of DCF and the Children's Network of Southwest Florida and for children receiving adoption subsidy

C. Client Trust Fund - Designated sub accounts established within the Master Trust for each child in the custody of the Department who receives third party benefits or has assets.

D. Child Welfare Case Manager – a certified child protection professional (CWCM) who is responsible for the coordination of services, completion of court reports and supervision of families and children who have been adjudicated dependent and require protective supervision.

E. Comprehensive Behavioral Health Assessment (CBHA) - an in-depth, detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the home, school, and community including direct observation of the child in those settings.

F. Fee Waiver- as defined in Florida Administrative Code (FAC) 65C-17 – a reduction or deferment of assessed fees pursuant to procedures established in FAC 65C-17.004 and 65C-17.005.

G. Florida Safe Families Network (FSFN): an automated system to capture information and generate reports regarding each child that comes into the care of the Department of Children and Families (DCF) and contracted providers as a result of abuse, neglect, or abandonment. Florida's method of receiving reports/intakes, documenting investigations, and recording all casework services provided to protect children.

H. Interstate Compact on Adoption and Medical Assistance (ICAMA) - An agreement between states that are party to the compact which facilitates communication, coordination and cooperation among member states involved in helping families who are receiving adoption assistance payments and services, including Medicaid services to experience the least amount of disruption of those services during their relocation period from one member state to another member state.

I. Lead Agency – Children's Network of Southwest Florida, LLC, a licensed private community-based contract provider responsible for coordinating, integrating and managing a local of system of supports and services for children who have been abused, abandoned or neglected and their families.

J. Master Trust - A legal document on file with the Circuit Court of Leon County, with a copy maintained the Department's agency clerk that authorizes the creation of trust accounts for children in the custody of the Department.

K. Medicaid –program authorized by Title XIX of the Social Security Act. It is a state-administered health insurance program that is jointly funded by the Federal and State governments. Medicaid is an open-ended entitlement program, with states receiving federal reimbursement for every eligible claim they submit.

L. Representative payee – as defined in F.S. 402.33(3) – an individual or entity who acts on behalf for a client as the receiver of any or all benefits owing to the client.

M. Third party benefits – payments as defined in F.S.402.33 (1)(a) – cash payments from retirement, survivors, or disability insurance or from supplemental security income programs, and includes, but is not limited to payments from social security, railroad retirement, and the United States Department of Veteran's Affairs.

N. Title IV-E – section of the Social Security Act. It comprises the Foster Care and Adoption Assistance entitlement programs, which is reimbursement from the Federal government for eligible children placed in fully licensed facilities and for eligible special needs children placed in approved adoptive homes.

O. Utilization Management (UM) – a unit designated by the Children's Network of Southwest Florida LLC to authorize services, manage service utilization and refers a child for placement when a higher level of care is determined.

VIII. PROCEDURES:

A. GENERAL REQUIREMENTS:

1. To ensure that children in the care of or under the supervision of the Department of Children and Families (DCF) and the Children's Network of Southwest Florida (CNSWF) receive the Medicaid benefits for which they are eligible and that federal and state funds are accessed appropriately for the circumstances of the child.

2. In cases being referred to the lead agency for services, the Child Protective Investigator (CPI) forwards the revenue maximization (Rev Max) referral and Information packet to the Rev Max unit. The packet should be sent within 2 working days of removal or case initiation and includes the Rev Max Referral & Information form and relevant court documents. For children who have been sheltered, a Comprehensive Behavioral Health Assessment (CBHA) referral form is also required as part of the packet. The CPI will follow DCF operating procedures that require the CPI to enter the Temporary Assistance For Needy Families (TANF) eligibility for the removal home or in home placement in FSFN, to enter living arrangements if child is placed with parent, and submit placement forms for all other initial placements. The Case Management Organization (CMO) placement unit will forward the placement form for licensed placements to Rev Max if contacted by the CPI for initial placement. The process will be the same for cases that originate or reopen in the CMO service units.

3. Temporary Assistance For Needy Families (TANF): DCF policy requires that the CPI will complete the initial TANF eligibility in FSFN. For children who are removed, the Rev Max Specialist will complete the child's TANF eligibility in the unlicensed placement home. The Rev Max Specialist will update TANF eligibility annually or as required by FSFN.

4. Title IV-E / Medicaid: Upon receiving notification from the CPI or CWCM responsible for the case that a child has entered a licensed placement, the placement unit will notify the Rev Max unit. The Rev Max Administrative Assistant will enter the placement in FSFN. The Rev Max Specialist will complete the Title IV-E and Medicaid applications via FSFN and submit the electronic application to the DCF Child in Care (CIC) worker who will complete the eligibility determination and return the determination to the Rev Max unit. The Rev Max Specialist will complete eligibility reviews as requested by the CIC worker.

For children initially placed in unlicensed out of home placements, DCF policy requires that the CPI will forward the placement change form along with the Rev Max referral form. For subsequent unlicensed placements, the CWCM will notify the Rev Max unit who will enter the placements in FSFN. The Rev Max Specialist will apply for the Medicaid for the child through FSFN and submit the electronic application to DCF CIC worker. The CIC worker will process the application and return eligibility to Rev Max. The CWCM will notify Rev Max via the placement unit of all changes in the child's placement up to and including case closure, and the Rev Max Specialist will notify the CIC worker of changes as long as the child remains open in a CIC case. The Rev Max Specialist will ensure that the child's Medicaid number is entered in FSFN.

5. CBHA Referrals: For children who are sheltered, the CPI or CWCM responsible for the case will forward the CBHA referral form to the Rev Max unit. The Rev Max Specialist will verify that the child has open Medicaid, complete the Appendix B to the referral and forward the referral and the shelter order to the Utilization Management (UM) unit for processing. If the child does not have Medicaid and is not living in a household with a parent, the Rev Max Specialist will apply for the child and submit the referral once Medicaid is approved. If the child is not eligible for Medicaid, the Rev Max Specialist will notify the UM unit of the circumstances and submit the referral to UM. UM staff will decide on a case by case basis whether to assign the CBHA for completion.

B. ADOPTION:

1. Upon notification of termination of parental rights (TPR) or upon the request of the CWCM, the Rev Max Support Specialist will compile the documents needed to determine funding eligibility for adoption subsidy.

The Rev Max Support Specialist will request from the CWCM any needed documentation. Once all of the required documents are received the Rev Max Specialist will notify the CBC adoption Specialist, the CWCM and the CBC fiscal department of the child's presumed eligibility. Upon notification of approved adoption placement and subsidy, the Rev Max Specialist will process necessary FSFN steps to establish the pre-adoption Title IV-E eligibility for children who have not been in licensed care and the adoption subsidy Title IV-E and Medicaid eligibility for the adoption subsidy. Eligibility requests will be submitted to the CIC worker through FSFN. The CIC worker will determine eligibility and return notification to the Rev Max Specialist. If the child is not Title IV-E eligible the Rev Max Specialist will complete the adoption TANF eligibility in FSFN.

2. If the child is placed outside of Florida, the Rev Max Support Specialist will forward the necessary information to facilitate Medicaid in the state of residence through the Interstate Compact on Adoption and Medical Assistance (ICAMA) to the Suncoast Regional DCF office.

3. At adoption finalization, the Rev Max Support Specialist will obtain the petition to adopt and the final judgment of adoption from the CWCM. The Rev Max Specialist will notify the CIC worker of the finalization of the adoption through requesting the Medicaid be closed. The DCF CIC worker will process new Medicaid coverage and issue a Medicaid card in the child's adoptive name. If necessary the Rev Max Specialist will update Adoption TANF eligibility in FSFN. Upon receipt of all required notices and documents, the Rev Max Specialist will give the packet of eligibility documents to the lead agency fiscal department for inclusion in the adoption subsidy file. If requested for audit, the Rev Max Specialist will compile the eligibility documentation for the auditors.

C. THIRD PARTY BENEFITS AND CLIENT TRUST FUNDS

1. When a child receiving third party benefits enters licensed care the Child Benefits Coordinator will gather the information for the Children's Network to become the representative payee for the child's benefits and to set up the client trust fund for the child. The forms submitted to the fiscal department's liaison with the Social Security Administration. Documents include:

- Court order placing the child in the care of DCF/Children's Network
- Representative payee application
- Notarized Designation of Client Money and Property

2. Upon the client trust fund being established, the fiscal liaison will notify Rev Max, by returning a copy of the Notarized Designation of Client Money and Property including the date the trust fund is established and the monthly amount.

3. The Clients Benefit Coordinator will forward to the case manager the Notarized Designation of Client Money and Property, the Expenditure Plan form and the Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits form to the case manager with a reminder to file the Notarized Designation of Client Money and Property with the court; to return the expenditure plan to Rev Max and to file the Notice of Fee Assessment with the court and case participants at each judicial review.

4. Upon a child leaving licensed care, the CNSWFL fiscal staff will complete the Client Trust Fund Withdrawal-CNSWF form with the Social Security address and forward the original to the Client Benefits Coordinator in order to return the child's funds to the Social Security Administration. The Benefits Coordinator will forward the Client Trust Fund Withdrawal-CNSWF to the fiscal liaison who will facilitate the return of the funds.

5. When a purchase is to be made using trust fund money, the CWCM will complete a Client Trust Fund Withdrawal-CNSWF and submit it to the Client Benefits Coordinator who will review the request to ensure that it is appropriate and review the trust fund balance to ensure there are sufficient funds to cover the request. Requests for withdrawals of more than \$500.00 require the signature of the CMO program director and the Children's Network CEO. After review, the Benefits Coordinator will sign the request and forward it to the fiscal department.

6. Upon receipt of the requested check, the Client Benefits Coordinator will forward the check to the appropriate party with a request that original receipts be returned within specified time frames. The process is tracked on a log. Receipts will be forwarded from the Benefits Coordinator to the fiscal liaison for review then retained in the child's financial record. Receipts are not required for checks issued for the child's allowance.

7. The Client Benefits Coordinator will provide a monthly balance sheet for each child to the Case Management organization. The Benefits Coordinator will sort the sheets, retain a copy and forward them to the Program Directors, CMO Quality Assurance Staff, and Children's Legal Services.

8. When a trust fund balance reaches \$1,300.00 or more, the Benefits Coordinator will request that the CWCM submit an expenditure plan to spend down the funds and will copy the request to the CMO Quality Management Specialist.

9. If a fee waiver is requested, the CWCM will forward the request to the chairperson of the Fee Waiver Committee. The chairperson will review the request for completeness and either request further information or convene

the committee to review the request. The chairperson will prepare and sign off a report of the committee's findings and submit it to DCF for final approval. The CWCM will be notified of the final decision and, if the waiver is approved, the fiscal liaison will also be notified.

10. Copies of documents related to trust fund activity will be maintained in each child's file.