

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: FLORIDA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-39

Supersedes

TN No. 76-02

Approval Date

SEP 18 1992

Effective Date

10/1/91

HCFA ID: 7982E

[STATE NAME] MEDICAID STATE PLAN

State Plan Definition of FMO

Revision: HCFA-PM- (MB)

State/Territory: Florida

Citation

- | | | |
|--|--------------|---|
| 42 CFR
435.914
1902(a)(34)
of the Act | 2.1(b) (1) | Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A. |
| 1902(e)(8) and
1905(a) of the
Act | (2) | For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group. |
| 1902(a)(47) and | <u>X</u> (3) | Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group. |

TN # 2003-17
Supersedes TN # 91-39

Effective Date 7/01/03
Approval Date DEC 03 2003

Revision: HCFA-PM-91-6 (MB)
September 1991

OMB No.

State FLORIDACitation

1902(a)(55)
of the Act

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in Section 1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX), at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the AFDC form except as permitted by HCFA instructions.

TN No. 91-44
Supersedes
TN No. NEW

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AUGUST 1991

OMB No.: 0938-

State: FLORIDA

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 91-39

Supersedes

TN No. 87-21

Approval Date

SEP 18 1992

Effective Date 10/1/91

HCFA ID: 7982E

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0

State: FLORIDA

Citation
435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-272
(Section 9529)
and P.L. 99-509
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TM No. 87-21
Supersedes
TM No. 79-6

Approval Date _____

Effective Date 4-1-87

HCFA ID: 1006P/001

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-015

State: FLORIDA

Citation

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TN No. 87-21
Supersedes
TN No. 76-11

Approval Date _____

Effective Date 4-1-87

HCFA ID: 1006P/0010P

Revision: HCFA-PM-91-1 (BPD)
AUGUST 1991

CMB No. 0938-

State: FLORIDA

Citation 2.5 Disability

42 CFR
435.121,
435.540(b)
435.541

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A of this plan.

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TN No. 87-21

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FEBRUARY 1992

(MB)

16-17

State: FLORIDA

Citation(s)

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(iii), (iv), (v),
(vi), and (vii),
1902(a)(10)(A)(ii)
(ix), 1902(a)(10)
(A)(ii)(x), 1902
(a)(10)(c),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

(a) The financial eligibility conditions for
Medicaid-only eligibility groups and for
persons deemed to be cash assistance
recipients are described in ATTACHMENT 2.6-A.

TN No. 92-23

Supersedes

TN No. 91-39

Approval Date

OCT 13 1992

Effective Date

4/1/92

Revision: HCFA-PM-86-20 (BERC)
 SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: FLORIDA

Citation 2.7 Medicaid Furnished Out of State

431.52 and
 1902(b) of the
 Act, P.L. 99-272
 (Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 86-18
 Supersedes
 TN NO. 7/82

Approval Date _____

Effective Date 10/1/86

AT 82-15

HCFA ID:0053C/0061E