

Chapter 5

Eligibility Determination Process

This chapter covers the eligibility process pertaining to HCRA. It covers the following in detail:

- A. The documents that are to be provided and used to verify residency, income, assets, and eligibility for the spend-down provision;
- B. The income and asset levels which the applicant must not exceed to remain eligible for this program; and
- C. Which counties are spend-down provision eligible counties.

The Act gave each county the option of determining eligibility under this program or having the state perform this function. If the county chooses to have the state make these determinations, the process is performed by the Agency for Health Care Administration (AHCA).

5-1 Eligibility Determination Deadlines: The county certifying agency has 60 calendar days following receipt of the application in which to determine eligibility and provide the Notification of Eligibility to the applicant and the hospital. The Notification of Eligibility (NOE) is used by counties to notify hospitals and applicants of the applicant's eligibility status. A copy of the NOE is located in Appendix F.

- A. If for any reason the county certifying agency cannot determine eligibility within the 60-day limit, then it must notify the hospital, in writing, of the reason for the delay.
- B. Counties must also verify assets within the first thirty days of the 60 day eligibility determination limit. This deadline is discussed further in Section 5-22.

5-2 Certifying Agency's Receipt of Applications: Upon receipt of the application, the certifying agency should proceed with the application as follows:

- A. The certifying agency completes Part 6 of the application. This section must be completed by either the county or the Agency.
- B. The application must be date stamped as to when the application was received and a note should be made indicating the postmark date of the application. These dates are very important. They are used to ensure the timeliness of the submission of the application and the timeliness of the county's determination of the applicant's eligibility.
- C. The county certifying agency must enter the worker's name, telephone number, and, once eligibility has been determined, whether the application has been approved or denied.

5-3 County's Screening of the Application: The county's certifying agency screens the application as follows.

- A. The certifying agency reviews its caseload files to determine if it has previously determined eligibility for the applicant (or the applicant's family unit) for this or any other program.
 1. If a previous case is found, assign a case number to the application and compare the information on the application to the information previously provided to determine:
 - a. If there is adequate documentation on file to determine residency, income, and assets.
 - b. If there is previous hospital cost data.
 - c. If there are any discrepancies between the previous case record and the current application in regard to residency, income, or assets.
 2. If no previous case is found, assign a case number to the application. This case number may be the applicant's Social Security Number.
- B. Check to see if the patient is eligible for Medicaid, Medicare, or another governmental hospital care reimbursement program. If so, then the applicant is not eligible for HCRA, deny the application.
 1. If an applicant is Medicaid eligible and Medicaid has already provided hospital reimbursement for the maximum number of days that Medicaid covers in a state fiscal year, the applicant is still not eligible for HCRA.
 2. If an applicant is eligible for Medicaid through the Medically Needy Program, HCRA cannot be used to cover the applicant's share of cost. The applicant is still not eligible for HCRA.
- C. Compare the "Date of Admission or Services Provided," or the "Date of Discharge" as appropriate, to the postmark date of the application. If the application was submitted within the appropriate time limit in accordance with Section 4-3, continue with the review. If not, deny the application.
- D. Did the patient previously receive emergency services in Florida within the past 12 months? If yes and the application is approved, the certifying agency should notify the county agency responsible for reimbursing the hospital of the dates and hospitals where the applicant previously received services. This is needed to ensure that the applicant's

reimbursement does not exceed HCRA's 45-day cap. For additional information, see Section 3- 16.

5-4 Required Interviews by the Certifying Agency: The certifying agency may require an interview with the applicant if the hospital submits insufficient or conflicting verification to determine eligibility.

- A. A certifying agency may schedule an interview for any reason. However, the certifying agency may not deny eligibility if the applicant or designated representative fails to keep such appointment as long as the hospital has submitted sufficient verification to determine eligibility.
- B. If insufficient or conflicting documentation has been provided, the county may require an interview. If the applicant fails to keep such an interview, without good cause, the county may consider the applicant is not cooperating and deny the application.

5-5 Determining if Applicant Resides in a Public Institution: If applicant is incarcerated, in a correctional institution, a holding facility for prisoners, arrested or detained awaiting disposition of charges, held under court order as a material witness or juvenile, or a patient in a state mental hospital, then he/she is residing in a public institution. Therefore, the applicant is ineligible for funds through this program.

5-6 Verification of Citizenship: To be eligible, the applicant must be a United States citizen or lawfully admitted alien. If the applicant is not a U.S. citizen, the applicant must indicate his alien registration number on the application. If it is not listed, then the county must request a copy of the applicant's I-94 or I-95 card or other comparable documentation from the Department of Immigration and Naturalization. If adequate documentation is not provided, the county must deny the application.

5-7 Persons Categorically Eligible for a Government Program: Section 154.306, Florida Statutes, defines a HCRA eligible applicant as one who is both a qualified indigent patient and a certified resident of a Florida county. Section 154.304 (9), Florida Statutes, defines a qualified indigent patient as one who meets certain income requirements, who has no or inadequate private insurance, who does not reside in a public institution, and who is not eligible to participate in any other government program which provides hospital care.

If a person appears to be categorically eligible for a government program (such as Medicaid) which provides for hospital care, and this person refuses to apply for the government program, then he or she is not eligible for HCRA. Examples of persons categorically eligible for Medicaid include persons who are blind or disabled or aged, children under the age of 21, and single women who are pregnant.

- A. If a person meets one or more of those qualifications, then he or she must apply for Medicaid in order for his or her eligibility for HCRA to be determined. Failure or refusal to apply for Medicaid in such instances indicates the applicant's refusal of his or her responsibility to assist in the determination of eligibility, which is one of the reasons a county may reject an application (Rule 59H-1.015, Florida Administrative Code).
- B. If a county has an applicant who appears to be Medicaid eligible and who refuses to apply for Medicaid, the county should have the applicant sign a statement attesting that he or she refuses to apply for Medicaid and acknowledging that failure to do so will result in denial of his or her application for HCRA. If the applicant refuses to sign such a statement and continues to refuse to apply for Medicaid, the county should document the applicant's refusals and complete the Notification of Eligibility, denying the application based on the applicant's refusal to provide information regarding his/her eligibility.
- C. The county cannot, however, require all HCRA applicants to apply for Medicaid; rather, it can only require those applicants who appear to be categorically eligible for Medicaid to apply.
- D. The county also cannot deny a HCRA applicant who has applied for Medicaid and whose Medicaid application is still pending. The county cannot deny the HCRA application unless such an applicant is determined Medicaid eligible.

Residency Determinations

5-8 Determining County of Residence: The county of residence is a specific county within Florida where an individual establishes or maintains a living arrangement, outside of a medical facility, and which he, or someone responsible for him, considers to be his home with the intent to remain a resident of that county. When the certifying agency is reviewing residency documentation, it should be aware of the following:

- A. A visit to another county for any purpose does not make a person a resident of that county, nor does a temporary living arrangement prior to admission in a medical facility.
- B. The length of time a person physically resides in a county is not a factor in determining residency.
- C. If the applicant or a member of the family unit maintains a primary residence in another county with the intent to return to that other county, then the county of residence is the county in which the primary residence is located.
- D. A student attending school away from home is considered a resident of the county in which his parents reside if he is claimed as a dependent for federal income tax purposes.

- E. In those situations where one parent resides in-state and one parent resides out-of-state, the county in which the in-state parent resides is considered the county of residence, even if the in-state parent is not claiming the student as a dependent for tax purposes.

5-9 Acceptable Residency Documentation: To be eligible, the applicant must provide or make available corroborating evidence of current residency. If the documentation that the applicant provides indicates the applicant is a resident of another Florida county, the county must return the application to the hospital with a completed Notification of Eligibility. The county should indicate on the Notification that the application is denied and further indicate the county which it believes to be the county of residence. The following documents are considered corroborating evidence:

- A. Driver's License.
- B. Mortgage, lease, rental receipt or letter from the landlord.
- C. Proof of home ownership.
- D. Water, electric or other public utility bill in the name of the applicant or spouse for service to a residential address within the county.
- E. A state, county or federal document mailed to the applicant to an address within the county.
- F. Vehicle registration in the name of the applicant or spouse to the residential address within the county.
- G. Voter registration.
- H. Proof of children enrolled in public schools.
- I. Recent historical record of residence documented through a county department's case record.
- J. Other documents of equal weight as those above that verify an applicant's residency.
- K. In the absence of any of the above documentation, a declaration of domicile must be accepted.

Determining Household Size

5-10 Determining the Number of Persons in the Applicant's Family Unit: To determine if the family unit's gross income is within the HCRA income standards, the certifying agency must first determine who is in the applicant's family unit. A family unit is defined as one or more

persons residing together in the same household whose needs, income and assets are included in the household budget, excluding roomers and boarders. Members include the applicant, legal spouse, partner, dependent children, stepchildren, adopted children, partner's children and blood relatives under 21 years of age, unrelated minor children for whom the individual has legal guardianship or custody, legal guardian or natural parents of minor children, minor siblings.

A **boarder** is a person for whom payment is made for room and meals and who is not the spouse or partner of the landlord.

A **roomer** is a person for whom a payment is made for a room and who is not the spouse or partner of the landlord.

- A. An applicant who is a roomer or boarder must verify that his/her status as a roomer or boarder by providing a written statement from the landlord stating that the applicant is a roomer or boarder, the amount of the cash payment, that the cash payment is for a room or for room and meals, and that the applicant is not the spouse or partner of the landlord.
- B. An applicant who wishes to exclude a person from his/her family unit based on fact that the person is a roomer or boarder must verify that person's status as a roomer or boarder by providing a written statement from the person stating that he/she is a roomer or boarder, the amount of the cash payment, that the cash payment is for a room or for room and meals, and that the person not the spouse or partner of the landlord.
- C. A pregnant woman and her unborn child or children are considered to be two or more family members of the same family unit.

Determining Income Eligibility

5-11 Verification of the Family Unit's Income: To determine if the applicant meets the income criteria, the certifying agency must review the applicant's income for the four weeks prior to the time of determination. Therefore, if the hospital has not provided income documentation for the four week period prior to the date of admission or treatment, the certifying agency must request it. The certifying agency must require additional income verification for the 12 month period prior to the time of determination if the income received for the four weeks prior to admission (or treatment) is not representative of the family's current income situation and if it is in the applicant's best interest to do so.

5-12 Income to Be Considered: The certifying agency must consider as gross income the sum of income the applicant's family unit receives or is entitled to receive at the time of determination. Income to be included and verification required are:

- A. Gross wages and salary. Certifying agency verifies by pay stubs or a statement from the employer. If the employer refuses or fails to verify the amount of gross wages, the

certifying agency must accept the applicant's statement, unless the certifying agency has verification to the contrary.

- B. Child support. Certifying agency verifies by a copy of the check received, a statement from the payor or a copy of the court order.
- C. Alimony. Certifying agency verifies by a copy of the check received, a statement from the payor or a copy of the court order.
- D. Unemployment compensation. Certifying agency verifies by a copy of the award letter or statement from the state.
- E. Worker's Compensation. Certifying agency verifies by a copy of the check or statement from the payor. This could indicate that the applicant has health insurance.
- F. Veterans' pension. Certifying agency verifies by a copy of the award letter or a copy of the bank statement if the payment is "direct deposit."
- G. Social Security. Certifying agency verifies by a copy of the award letter, a statement from the Social Security Administration or a copy of the bank statement if the payment is "direct deposit." Be sure to determine why the person is receiving the Social Security payment. This could indicate eligibility for Medicaid or Medicare.
- H. Pensions or annuities. Certifying agency verifies by a copy of the check, a statement from the payor or a copy of the bank statement if the payment is "direct deposit."
- I. Dividends. Certifying agency verifies by a copy of the check or a statement from the payor.
- J. Interest on savings or bonds. Certifying agency verifies by a copy of the bank statement or a statement from the payor.
- K. Income from estates or trusts. Certifying agency verifies by a copy of the check, legal documents governing the estate or trust or statement from the payor.
- L. Net rental income or royalties including rent received from any roomers or boarders. Certifying agency verifies by viewing the most recent income tax returns.
- M. Net income from self-employment. Certifying agency verifies by viewing business records and/or the most recent income tax returns.
- N. Contributions from any source. Certifying agency verifies by a statement from the payor.

5-13 Income Not Included: The following sources are not included as income for purposes of this program:

- A. Food stamps;
- B. Income tax refunds;
- C. A child's earnings, such as from an after school job; and
- D. Student financial aid, if it is for tuition, books, supplies, and school fees.
- E. The income of any roomers and boarders.

5-14 Determining if Income is within 100 Percent of the Poverty Guidelines: Add all gross income received by the family to determine if the family unit's income is less than or equal to 100 percent of the poverty level. For purposes of this program, the annual income limits used will be the federal family poverty income limits in effect on October 1 of each year.

- A. Compare the total gross income to the chart in Appendix L.
- B. If the family unit's income is equal to or below the amount shown in the chart for a household of the same size, proceed to the Section 5-20, "Evaluating the Applicant's Assets."
- C. If the family unit's income exceeds the amount shown in the chart for a household of the same size, then stop.
 - 1. Was your county at its 10 mill cap on ad valorem taxes on October 1, 1991? If it was, then deny the application. Check Section 2-5 for list of counties at their 10 mill cap.
 - 2. If your county was NOT at its 10 mill cap on October 1, 1991, then your county's residents are eligible for the spend-down provision. Check Section 2-4 for list of counties NOT at their 10 mill cap. If your county was NOT at its 10 mill cap, proceed to Section 5-15 below to determine if the applicant meets the income requirements for the spend-down provision.

Determining Spend-Down Provision Eligibility

5-15 Verification if Income for Spend-Down Provision Applicants: To be considered for the spend-down provision, an applicant must first be a resident of a county that was not at its 10 mill cap on ad valorem taxes as of October 1, 1991. Such an applicant's family unit income must be greater than 100 percent of the poverty guidelines and less than or equal to 150 percent of the poverty guidelines.

- A. To determine if the applicant meets the spend-down provision income criteria, the certifying agency must review the applicant's income for the one month prior to the time of determination. If the hospital has not provided income documentation for the month prior to the date of admission or treatment, the certifying agency must request it.
- B. The certifying agency must require additional income verification for the 12 month period prior to the time of determination if the income received for the month prior to admission or receipt of emergency treatment is not representative of the family's annual gross income.
- C. To determine if the applicant is eligible for the spend-down provision, the certifying agency must first add all gross income received by the family unit, determine the monthly gross family unit income, and compare it to the chart provided as Appendix K.
- D. If the family unit's income exceeds the amount shown in the chart for a household of the same size, then stop. The applicant is not eligible for the spend-down provision and the application must be denied.
- E. If the spend-down provision applicant's family unit income is equal to or below the amount shown in the chart for a household of the same size, then the applicant may be eligible for HCRA reimbursement if he has incurred eligible hospital expenses which exceed his share of cost. The applicant's share of cost is the difference between the applicant's income and 100 percent of the poverty guidelines. See the share of cost formula below.

Share of Cost Formula

Applicant's Income minus 100% of the poverty guidelines (for the Applicant's Family Size) = Share of Cost

5-16 Example of Meeting the Share of Cost: The following is an example of an applicant meeting his share of cost. The applicant has a family size of 1 and his income level is \$671. Using the share of cost formula the applicant must have eligible hospital expenses greater than \$100 in order to qualify for HCRA through the spend-down provision.

$$\begin{array}{r}
 \$671 \text{ (Applicant's Income)} \\
 - \underline{571 \text{ (100\% of poverty guidelines for Family Size of 1)}} \\
 = \$100 \text{ (Applicant's Share of Cost)}
 \end{array}$$

5-17 Hospital Expenses Counted toward Meeting the Applicant's Share of Cost: To determine if the applicant may have met his share of cost, the county must first determine if the applicant has eligible hospital expenses that exceed his share of cost. Only the applicant's

hospital expenses that are eligible for HCRA reimbursement may be used toward meeting his share of cost.

- A. Allowable hospital bills to be counted toward the applicant meeting the share of cost include the following:
 - 1. The hospital bill for the date(s) of service indicated on the application, and
 - 2. All other hospital bills for related services, which would have otherwise qualified for HCRA payment, that were provided during the four weeks prior to the date(s) of service indicated on the application.
- B. An applicant does not need to meet an additional share of cost for follow-up care which occurs within four weeks from the date of discharge indicated on the application.
- C. The applicant must incur such hospital bills to be eligible for HCRA; however, the county may not delay determining eligibility if the applicant has not yet paid his share of cost.

5-18 Applicant's Medical Expenses Not Counted toward Meeting the Share of Cost: The following expenses may not be used toward the applicant meeting his HCRA share of cost.

- A. Bills for physician services or bills from other non- hospital providers.
- B. In-county hospital bills when determining share of cost for out-of-county expenses.
- C. Out-of-county hospital bills when determining share of cost for in-county expenses.
- D. Bills for services provided at participating hospitals which would NOT have qualified for payment through HCRA.
- E. Bills for prior hospital services unrelated to the applicant's condition specified on his/her HCRA application.
- F. Bills for follow-up care that is provided after the four (4) weeks subsequent to the date of discharge.

5-19 Final Determination of Applicant's Meeting the Share of Cost – UB-04 Claim Form:

The county will not be able to make the final determination of whether the applicant met his share of cost until it receives the UB-04 claim form from the hospital. Final determination is discussed in detail in Chapter 6, Sections 6-16 through 6-19. Therefore, if the applicant has met all other eligibility criteria and appears to meet the share of cost based upon his estimated hospital bills, the county will continue with determining the applicant's overall eligibility by evaluating the applicant's assets.

Determining Asset Eligibility

5-20 Evaluating the Applicant's Assets: The certifying agency must review the applicant's assets to determine if the assets are within the HCRA limits. Some assets are excluded from being considered as "available." For this, HCRA uses the same asset guidelines used for determining eligibility for SSI, unless otherwise indicated in this handbook. However, HCRA uses the same asset limits that are used for the Medicaid Medically Needy program.

5-21 Excluded Assets: The following assets, if owned by a member of the family unit, are NOT considered in evaluating assets:

- A. One homestead: A homestead is defined as a house, trailer, boat or motor vehicle in which the family unit resides.
 - 1. If the family unit leaves the homestead and establishes residence elsewhere, the homestead becomes an asset regardless of how it is considered for tax purposes.
 - 2. If a member of the family unit continues to reside in the homestead, it will not be considered an asset.
 - 3. If, in the case of a single person family unit, the individual is absent because of a physical or mental illness, and the individual intends to return, the homestead will not be considered an asset.
- B. Household furnishings.
- C. One automobile in operating condition, regardless of value.
- D. Clothing.
- E. Tools used in employment.
- F. Cemetery plots, crypts, vaults, mausoleums and urns.
- G. Produce and animals raised for the applicant's personal home consumption.

5-22 Verification of Assets That Are Considered: The certifying agency must verify assets if such verification is not provided by the hospital when the application is submitted.

- A. Such verification must be completed within 30 days of receipt of the application.

- B. If verification is not requested and received within 30 days of receipt of the application, the assets will be accepted as stated in the application unless the certifying agency has conflicting documentation or documents by independent means that the applicant's assets exceed the limits. If the applicant's assets exceed the limits or if the applicant fails to resolve the conflicting data, then the certifying agency must deny the application.
- C. Such independent means include having verification of assets in a case record when assistance was previously provided to the applicant or having asset documentation provided by other county or state agencies.

5-23 Assets to Be Considered: In order to be considered, an asset must first be "available" to the applicant or family unit.

- A. An asset is available if the applicant or a member of the family unit has the right, authority or power to liquidate the property or his share of the property.
- B. The following assets, if "available," must be considered toward the asset limit:
 - 1. Checking and saving accounts.
 - a. The value of a checking or saving account excludes amounts deposited in the four weeks prior to admission because such funds are counted as income.
 - b. The value of a checking or saving account is verified by photocopies of current bank statement or a statement from the bank.
 - 2. The equity value of real property other than the homestead. The value is verified by the county appraiser of the county in which the property is located. The equity value is determined by subtracting the amount of any encumbrances from the value of the asset.
 - 3. The cash surrender value of life insurance, if the combined face value of all policies owned by the family unit exceeds \$1,500. The value is verified by copies of the policies.
 - 4. Additional automobiles or motor vehicles. The value is determined by Blue Book.
 - 5. Recreational vehicles. The value is determined by a statement from a commercial seller of such vehicles and verified by photocopies of registration.
 - 6. Trusts. The value is based on the principle of the trust and verified by a statement from the trustee.

7. Stocks, bonds and other investment assets. The value of such is verified by the value listed in stock value section of the newspaper or statement from a knowledgeable source.

5-24 Determine whether Assets Are within the Limits: Compare the total includable assets to the chart located in Appendix U.

- A. If the family unit's assets exceed the assets limit for the same household size shown in the chart, stop. Deny the application.
- B. If the family unit's assets equal or are less than the assets limit for the same household size shown in the chart, approve eligibility.

Eligibility Notification

5-25 Completing the Notification of Eligibility: Once eligibility is determined, the certifying agency must complete and provide the NOE to the applicant and the hospital within ten (10) days of the date of the determination and within the time limits indicated at the beginning of this chapter. A copy of the NOE is provided as Appendix F.

The certifying agency completes the form as follows:

- A. Enter the name of the county of residence of the applicant;
- B. Enter the name and address of the certifying agency making the determination;
- C. Check the box before Health Care Responsibility Act;
- D. Enter the applicant's name and address;
- E. Enter the date the Notification is mailed;
- F. Enter the case number assigned to the application by the certifying agency;
- G. Enter the name of the hospital that provided the services or treatment;
- H. Enter the hospital's patient account number;
- I. For eligible non-spend-down provision cases, check the appropriate box. Enter the date emergency services were provided or the date of admission as appropriate;
- J. For eligible spend-down provision cases, check the appropriate box. Enter the date emergency services were provided or the date of admission as appropriate. Enter the applicant's share of cost amount. Please note that this paragraph of NOE indicates to the

applicant that final eligibility for the spend-down provision will be based upon the applicant's meeting the share of cost as determined through the county's receipt and review of the UB-92 claim form from the hospital;

- K. For ineligible cases, check the appropriate block. Enter the date emergency services were provided or the date of admission as appropriate. Enter the appropriate administrative rule number in the space provided. A list of rule numbers and summaries of these rules are provided on the back of the form. In the "Reason" section, enter an explanation of why the application was denied.

5-26 Examples of Completing the Notification of Eligibility for the Ineligible Applicant: The following are examples of how the certifying agency would complete the NOE for applicants determined ineligible for HCRA:

- A. If the hospital submitted the application to the wrong county, the county enters rule number "59H-1.009" and in the "Reason" section states that the applicant is a resident of _____ county.
- B. If the application is denied because the family unit has excess assets, the county enters rule number "59H- 1.0035(6)" and in the "Reason" section states that assets exceed program limits.
- C. If the application is denied because the applicant's hospital expenses did not exceed his share of cost, the county enters rule number "59H-1.0035(32)" and in the "Reason" section states that the hospital bill did not exceed the applicant's share of cost.

5-27 Sending the Notification: The certifying agency mails the original Notification to the applicant, a copy to the hospital, and retains a copy in the applicant's case record. The certifying agency may wish to mail the notification form via certified mail to insure receipt by the hospital within the required time frame.

5-28 Monthly Caseload and Appeals Report: The certifying agency is responsible for completing the Monthly Caseload and Appeals Report on a monthly basis as indicated in Chapter 2 of this handbook. When the Agency serves as the certifying agency, the Agency will complete the Monthly Caseload and Appeals Report for that county.