



**State of Florida**  
**Department of Children and Families**

**Rick Scott**  
*Governor*

**Mike Carroll**  
*Secretary*

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**DATE:** March 1, 2016                      **TRANSMITTAL NO.:** I-16-03-0006

**TO:** Economic Self-Sufficiency Operations Managers  
Economic Self-Sufficiency Program Offices

**FROM:** Dianna Laffey, Chief, Program Policy  
William Martinez, Chief EBT, Data and Technology  
**(Signatures on File)**

**SUBJECT:** 2016 Federal Poverty Level Changes and Updated Consolidated  
Need Standards

**EFFECTIVE:** April 1, 2016

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This memorandum provides staff with the 2016 Federal Poverty Level (FPL) and Consolidated Need Standards (CNS) for Medicaid and Temporary Cash Assistance (TCA). The new figures apply to all pending applications and active cases effective April 1, 2016.

An automated mass change will be completed before pull down in March for April recurring monthly benefits. There are some cases that cannot be updated by the mass change. These cases will be on the Mass Change Exception Report, which will be available on the ACCESS Online Systems Homepage. Please see Attachment 4 for exceptions that will be posted and instructions for Mass Change Exceptions tasks. When the mass change is completed and the exception report is available, a system broadcast message will be posted on FLORIDA. Staff must address the cases on the exception report by April 30, 2016.

The figures on the SSI-Related program chart are based on the FPL. The \$20 general disregard is automatically entered in FLORIDA and applied in the budgets for the SSI-Related Community MEDS and Medically Needy categories. There is no action required by staff to allow for the disregard when the amount of income is entered on the appropriate screen in the FLORIDA system. This disregard does not apply to programs based on the Long Term Care income standard (ICP, Hospice, HCBS or spousal impoverishment standards) or Family-Related Medicaid.

Attached are updated versions of appendices A-5, A-7, and A-9 for the ACCESS Florida Program Policy Manual. Appendix A-5 contains the revised 185% FPL income test and CNS for each assistance group size. Appendices A-7 and A-9 reflect the FPL for Family-Related and SSI-Related Medicaid coverage.

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

If there are Medicaid policy questions, region offices may contact Dorthene Baker at [Dorthene.Baker@myflfamilies.com](mailto:Dorthene.Baker@myflfamilies.com). If there are policy questions regarding Temporary Cash Assistance, region offices may contact Connie Mathers at [Connie.Mathers@myflfamilies.com](mailto:Connie.Mathers@myflfamilies.com). If there are data or technology questions, region offices may contact Ron Hardcastle at [Ron.Hardcastle@myflfamilies.com](mailto:Ron.Hardcastle@myflfamilies.com).

#### Attachments

cc: Assistant Secretary for Economic Self-Sufficiency (Jennifer Lange)  
Director (Jeri Flora)  
Customer Call Center (Liesta Sykes, Guerschom Alcin, Andrew Houghton, Georgina Santana)  
Data and Technology (William Martinez)  
EBT (Michael Pogue)  
FLORIDA Help Desk (Glenda Washington)  
Information Technology (Kit Goodner, Barbara Roglieri)  
Office of Appeal Hearings (Nathan Koch)  
Office of Communications (Jessica K. Sims)  
Office of the General Counsel (Herschel Minnis)  
Office of Quality Management (Tonyaleah Veltkamp)  
Planning & Special Projects (Suzanne Poirier, Margie France)  
Program Policy (Dorthene Baker, Voletta Bogan, Connie Mathers)  
Public Benefits Integrity (Andrew McClenahan, Sheri Hall, Fred Young)  
AHCA (Mary McCullough, Lisa Gill, Peggy Hall, Virginia Hardcastle, Shevaun Harris, Beth Kidder, David Rogers)  
Florida Bar Elder Law Section (Emma Hemness, Twyla Sketchley)  
Florida Legal Services (Cindy Huddleston)

Attachment 1

Temporary Cash Assistance Income Standards					
			TIER I	TIER II	TIER III
			\$50.01/UP	.01-\$50	0
Filing Unit Size	185% of FPL	CNS (100 % of FPL)	Payment Standard	Payment Standard	Payment Standard
0.5			90	77	48
1	1,832	990	180	153	95
1.5			211	179	119
2	2,470	1,335	241	205	158
2.5			272	231	182
3	3,108	1,680	303	258	198
3.5			334	284	222
4	3,747	2,025	364	309	254
4.5			395	335	278
5	4,385	2,370	426	362	289
5.5			457	388	313
6	5,023	2,715	487	414	346
6.5			518	440	370
7	5,663	3,061	549	467	392
7.5			580	493	416
8	6,304	3,408	610	519	438
8.5			641	545	462
9	6,946	3,755	671	570	485
9.5			702	596	509
10	7,587	4,101	733	623	534
10.5			764	649	557
11	8,228	4,448	795	676	582
11.5			826	702	606
12	8,870	4,795	857	728	630
12.5			888	754	654
13	9,511	5,141	919	781	678
13.5			950	807	702
14	10,152	5,488	981	834	726
14.5			1,012	860	750
15	10,794	5,835	1,043	887	774
15.5			1,074	913	798
16	11,435	6,181	1,105	940	822
16.5			1,136	966	846
17	12,076	6,528	1,167	993	870
17.5			1,198	1,019	894
18	12,718	6,875	1,229	1,046	918
18.5			1,260	1,072	942
19	13,359	7,221	1,291	1,099	966
19.5			1,322	1,125	990
20	14,000	6,660	1,353	1,152	1,014
20.5			1,384	1,178	1,038
21	14,642	7,915	1,415	1,205	1,062
21.5			1,446	1,231	1,086
22	15,283	8,261	1,477	1,258	1,110
22.5			1,508	1,284	1,134
23	15,924	8,608	1,539	1,311	1,158
23.5			1,570	1,337	1,182
24	16,566	8,955	1,601	1,364	1,206
Add.			(.5) +31	(.5) +26	(.5) +24
Person	+642	+347	(1) +62	(1) +52	(1) +48
Eff. Date	April 2016	April 2016	July 1996	July 1996	July 1996

**Note:** 1/2 benefit increase is for households that have members subject to Family Cap.

Family-Related Medicaid Income Limits												
Family Size	100% FPL	Adults		Pregnant Women Including PEPW		Infants < 1		Children			MNIL  ** See Note Below	MAGI Disregd (5% of 100% FPL)  *** See Note Below
		Parents, Caretakers, Children 19 & 20	Standard Disregard	185% FPL	Standard Disregard	200% FPL	Standard Disregard	1 through 5		6 through 18 *See Note Below		
								133% FPL	Standard Disregard	133% FPL		
1	990	180	109	1,832	59	1,980	59	1,317	69	1,317	289	50
2	1,335	241	146	2,470	80	2,670	80	1,776	93	1,776	387	67
3	1,680	303	183	3,108	101	3,360	101	2,235	118	2,235	486	84
4	2,025	364	221	3,747	122	4,050	122	2,694	142	2,694	585	101
5	2,370	426	258	4,385	142	4,740	142	3,153	166	3,153	684	119
6	2,715	487	296	5,023	163	5,430	163	3,611	190	3,611	783	136
7	3,061	549	333	5,663	184	6,122	184	4,071	214	4,071	882	153
8	3,408	610	371	6,304	204	6,815	204	4,532	239	4,532	981	170
9	3,755	671	408	6,946	225	7,509	225	4,994	263	4,994	1,079	188
10	4,101	733	446	7,587	246	8,202	246	5,455	287	5,455	1,179	205
11	4,448	795	484	8,228	267	8,895	267	5,916	311	5,916	1,279	222
12	4,795	857	522	8,870	288	9,589	288	6,377	336	6,377	1,379	240
13	5,141	919	560	9,511	308	10,282	308	6,838	360	6,838	1,479	257
14	5,488	981	598	10,152	329	10,975	329	7,299	384	7,299	1,579	274
15	5,835	1,043	636	10,794	350	11,669	350	7,760	408	7,760	1,679	292
16	6,181	1,105	674	11,435	371	12,362	371	8,221	433	8,221	1,779	309
17	6,528	1,167	712	12,076	392	13,055	392	8,682	457	8,682	1,879	326
18	6,875	1,229	750	12,718	413	13,749	413	9,143	481	9,143	1,979	344
19	7,221	1,291	788	13,359	433	14,442	433	9,604	505	9,604	2,079	361
20	7,568	1,353	826	14,000	454	15,135	454	10,065	530	10,065	2,179	378
21	7,915	1,415	864	14,642	475	15,829	475	10,526	554	10,526	2,279	396
22	8,261	1,477	902	15,283	496	16,522	496	10,987	578	10,987	2,379	413
23	8,608	1,539	940	15,924	516	17,215	516	11,448	603	11,448	2,479	430
24	8,955	1,601	978	16,566	537	17,909	537	11,910	627	11,910	2,579	448
Additional Person	+ 347	+ 62		+ 642		+ 694		+ 462		+ 462	+ 100	
Effective Date	April 2016	April 1992		April 2016		April 2016		April 2016		April 2016	January 2014	April 2016

**NOTES:**

\* Children aged 6 through 18 **do not** receive the standard disregard. They do get the 5% MAGI disregard, if needed.

\*\* MNIL--The Medically Needy Income Limit (MNIL) includes the appropriate standard disregard. No additional disregards should be applied to establish a share of cost.

\*\*\* MAGI--The 5% MAGI disregard is used in a budget **only** if it makes a "failing" individual "pass" a full coverage Medicaid group.

MAGI--The 5% MAGI disregard is never used in a Medically Needy budget.

Updated: 02/16/2016

**Appendix A-7**

## Eligibility Standards for SSI-Related Programs – April 2016

Coverage Group	Income Limit	Asset Limit
Supplemental Security Income (SSI) Individual*	\$ 733	\$ 2,000
Supplemental Security Income (SSI) Couple*	\$ 1,100	\$ 3,000
ICP/HCBS/Hospice/HCDA Individual	\$ 2,199	\$ 2,000
ICP/HCBS/Hospice/HCDA Couple	\$ 4,398	\$ 3,000
MEDS-AD/ICP-MEDS/Individual (88% FPL)	\$ 872	\$ 5,000
MEDS-AD/ICP-MEDS/Couple	\$ 1,175	\$ 6,000
QMB Individual (100% FPL)	\$ 990	\$ 7,280
QMB Couple	\$ 1,335	\$ 10,930
SLMB Individual (100-120% FPL)	\$ 1,188	\$ 7,280
SLMB Couple	\$ 1,602	\$ 10,930
QI1 Individual (120-135% FPL)	\$ 1,337	\$ 7,280
QI1 Couple	\$ 1,803	\$ 10,930
Working Disabled Individual (200% FPL)	\$ 1,980	\$ 4,000
Working Disabled Couple	\$ 2,670	\$ 6,000
Protected Medicaid	See A-11 and policy in Chapter 2000	
<b><u>Medicare Part B Premium</u></b>	\$ 121.80	
<b><u>Medicare Part A Premium</u></b>	<b>Number of Qualifying Quarters of Employment</b>	
	Free	40 or more
	\$ 226	30 to 39
	\$ 411	Less than 30
<b><u>Personal Needs Allowance</u></b>		
ICP/ICP-MEDS/Hospice (Institution)	\$ 105	
Hospice (Community) 100% FPL	\$ 990	
PACE/SMMC-LTC/iBudget (resident of assisted living facility)	Facility Room and Board Charge, plus 20% of the FPL (\$198 individual, \$396 couple)	
<b><u>Spousal Impoverishment</u></b>		
Minimum Monthly Maintenance Needs Allowance (MMMNA)**	\$ 1,991	
Excess Shelter Standard**	\$ 597	
Maximum Community Spouse Income Allowance (MMMNA plus excess shelter allowance cannot exceed this figure)	\$ 2,981	
Community Spouse Asset Allocation Standard	\$ 119,220	
<b><u>Home Equity Interest Limit</u></b>	\$ 552,000	
<b><u>Student Earned Income Disregard Limit</u></b>	\$ 1,780 per month \$ 7,180 per calendar year	
<b><u>Substantial Gainful Activity</u></b>	\$ 1,130 per month	

\*Eligibility for SSI is determined by the Social Security Administration.

\*\* These Standards change effective July 1 of each year in accordance with federal law.

## MASS CHANGE EXCEPTION REPORT INSTRUCTIONS

IF the exception reason is:	THE case is on exception list because:	THEN you will need to:
SYSTEM DETERMINED CLOSED	AABC has been previously run by the ESS and the system determined that the assistance group needed to be closed but the ESS did not close on AWAA.	Run AABC and close the case on AWAA.
MNA RECALC REQUIRED	Assistance groups with a community spouse allocation will need the Maintenance Need Allowance recalculated.	Run AABC and authorize as appropriate. <b>NOTE:</b> If there are two separate cases (one for the ICP individual and one for the community spouse), you must run AABC and authorize the nursing home case first.
FAIL REASON CODE	AABC comes up with a "fail" condition; the assistance group will be bypassed.	Run AABC and authorize as appropriate (reason code 241).