



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

Rick Scott
Governor

Mike Carroll
Secretary

DATE: March 2, 2018 **TRANSMITTAL NO.:** I-18-03-0004

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

FROM: Tonyaleah Veltkamp, Chief, Program Policy
Suzanne Poirier, Chief, Technology & Project Management
(Signatures on File)

SUBJECT: 2018 Federal Poverty Level Changes and Updated
Consolidated Need Standards

EFFECTIVE: April 1, 2018

This memorandum provides staff with the 2018 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, 2018.

An automated mass change will be completed before pulldown 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 completing the mass change. 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, 2018.

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.

NOTE: Appendix A-9 is updated with the 2018 resource limits for Low-Income Subsidies (LIS) and the Medicare Savings Programs (MSP).

If there are Medicaid policy questions, region offices may contact Nathan Lewis at Nathan.Lewis@myflfamilies.com. If there are policy questions regarding Temporary

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Cash Assistance, region offices may contact Jacinta Murphy at Jacinta.Murphy@myflfamilies.com. If there are data or technology questions, region offices may contact Ron Hardcastle at Ron.Hardcastle@myflfamilies.com.

Attachments

cc: Assistant Secretary for Economic Self-Sufficiency (Jeri Culley)
Assistant Secretary for Operations (Rebecca Kapusta)
Director (Liesta Sykes)
Regional ESS Directors
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Office of Appeal Hearings (Nathan Koch)
Office of Communications (Jessica K. Sims)
Office of the General Counsel (Lynn S. Hewitt)
Office of Continuous Improvement (Cindy Mickler)
Office of Program Policy (Melissa K. Burns, Nathan Lewis, Jacinta Murphy)
Peer and Integrity Review Manager (Terry Field)
Public Benefits Integrity (Andrew McClenahan, Sheri Hall, Karen Jilson)
Florida Legal Services (Cindy Huddleston)
AHCA (Mary McCullough, Lisa Gill, Peggy Hall, Virginia Hardcastle, Shevaun Harris, Beth Kidder, Abby Riddle)
Florida Bar Elder Law Section (Emma Hemness, Twyla Sketchley)
Florida Healthy Kids (Austin Noll)

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	1,872	1,012	90	77	48
1			180	153	95
1.5	2,538	1,372	211	179	119
2			241	205	158
2.5	3,204	1,732	272	231	182
3			303	258	198
3.5	3,870	2,092	334	284	222
4			364	309	254
4.5	4,536	2,452	395	335	278
5			426	362	289
5.5	5,202	2,812	457	388	313
6			487	414	346
6.5	5,868	3,172	518	440	370
7			549	467	392
7.5	6,534	3,532	580	493	416
8			610	519	438
8.5	7,200	3,892	641	545	462
9			671	570	485
9.5	7,866	4,252	702	596	509
10			733	623	534
10.5	8,532	4,612	764	649	557
11			795	676	582
11.5	9,198	4,972	826	702	606
12			857	728	630
12.5	9,864	5,332	888	754	654
13			919	781	678
13.5	10,530	5,692	950	807	702
14			981	834	726
14.5	11,196	6,052	1,012	860	750
15			1,043	887	774
15.5	11,862	6,412	1,074	913	798
16			1,105	940	822
16.5	12,528	6,772	1,136	966	846
17			1,167	993	870
17.5	13,194	7,132	1,198	1,019	894
18			1,229	1,046	918
18.5	13,860	7,492	1,260	1,072	942
19			1,291	1,099	966
19.5	14,526	7,852	1,322	1,125	990
20			1,353	1,152	1,014
20.5	15,192	8,212	1,384	1,178	1,038
21			1,415	1,205	1,062
21.5	15,858	8,572	1,446	1,231	1,086
22			1,477	1,258	1,110
22.5	16,524	8,932	1,508	1,284	1,134
23			1,539	1,311	1,158
23.5	17,190	9,292	1,570	1,337	1,182
24			1,601	1,364	1,206
Add. Person	+666	+360	(.5) +31 (1) +62	(.5) +26 (1) +52	(.5) +24 (1) +48
Eff. Date	April 2018	April 2018	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%	Adults		Pregnant Women		Infants		Children			MNIL	MAGI Disregard (5% of 100% FPL)
	FPL	Parents, Caretakers, Children 19 & 20	Standard Disregard	Including PEPW		< 1		1 through 5		6 through 18 *See Note Below		
				185% FPL	Standard Disregard	200% FPL	Standard Disregard	133% FPL	Standard Disregard	133% FPL		
1	1,012	180	109	1,872	61	2,024	61	1,346	71	1,346	289	51
2	1,372	241	146	2,538	83	2,744	83	1,825	97	1,825	387	69
3	1,732	303	183	3,204	104	3,464	104	2,304	121	2,304	486	87
4	2,092	364	221	3,870	126	4,184	126	2,782	146	2,782	585	105
5	2,452	426	258	4,536	147	4,904	147	3,261	172	3,261	684	123
6	2,812	487	296	5,202	169	5,624	169	3,740	197	3,740	783	141
7	3,172	549	333	5,868	190	6,344	190	4,219	222	4,219	882	159
8	3,532	610	371	6,534	212	7,064	212	4,698	247	4,698	981	177
9	3,892	671	408	7,200	234	7,784	234	5,176	272	5,176	1079	195
10	4,252	733	446	7,866	255	8,504	255	5,655	298	5,655	1179	213
11	4,612	795	484	8,532	277	9,224	277	6,134	323	6,134	1279	231
12	4,972	857	522	9,198	298	9,944	298	6,613	348	6,613	1379	249
13	5,332	919	560	9,864	320	10,664	320	7,092	373	7,092	1479	267
14	5,692	981	598	10,530	342	11,384	342	7,570	398	7,570	1579	285
15	6,052	1,043	636	11,196	363	12,104	363	8,049	424	8,049	1,679	303
16	6,412	1,105	674	11,862	385	12,824	385	8,528	449	8,528	1,779	321
17	6,772	1,167	712	12,528	406	13,544	406	9,007	474	9,007	1,879	339
18	7,132	1,229	750	13,194	428	14,264	428	9,486	499	9,486	1,979	357
19	7,492	1,291	788	13,860	450	14,984	450	9,964	524	9,964	2,079	375
20	7,852	1,353	826	14,526	471	15,704	471	10,443	550	10,443	2,179	393
21	8,212	1,415	864	15,192	493	16,424	493	10,922	575	10,922	2,279	411
22	8,572	1,477	902	15,858	514	17,144	514	11,401	600	11,401	2,379	429
23	8,932	1,539	940	16,524	536	17,864	536	11,880	625	11,880	2,479	447
24	9,292	1,601	978	17,190	558	18,584	558	12,358	650	12,358	2,579	465
Additional Person	+ 360	+ 62		+ 666		+ 720		+ 479		+ 479	+ 100	+18
Effective Date	April 2018	April 1992		April 2018	April 2018	April 2018	April 2018	April 2018	April 2018	April 2018	January 2014	April 2018

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: 02/7/2018

SSI-Related Programs -- Financial Eligibility Standards: April 1, 2018

PROGRAMS & TYPES OF COVERAGE	INCOME		ASSETS		MAINTENANCE NEEDS STANDARDS / OTHER			
	Individual	Couple	Individual	Couple				
PROGRAMS MANAGED BY SOCIAL SECURITY								
*Supplemental Security Income (SSI) Federal Benefit Rate (FBR) Cash payment of SSI from SSA; Includes Full Medicaid	\$750 (FBR)	\$1,125 (FBR)	\$2,000	\$3,000	Disregards: *Standard Disregard = \$20 *Earned Income Disregard = \$65 + 1/2 Student Earned Income Disregard = \$1,820 monthly, maximum \$7,350 for calendar year Ineligible Spouse Deeming: ½ FBR = \$375 Child Allocation = \$375/child (Difference between the couple and single FBR) Parent to Disabled Child Deeming: Parent Allocation = \$750 Disability Substantial Gainful Activity (SGA) = \$1,180 non-blind \$1,970 blind Medicare Part B Premium = \$134.00, Part A free for most or \$422 <i>* A \$20 General Income Disregard applies to these programs. \$20 will be subtracted from the <u>total of all income</u> not based on need before comparing the income to the income limit. In addition, \$65 is subtracted from the <u>total of all earned income</u>, and ½ the remainder is subtracted before comparing the income to the income limit.</i>			
*Low Income Subsidy (LIS) or Extra Help (150% FPL) Helps with costs associated with Medicare Prescription Drug Plans Automatic with full Medicaid or Medicare Savings Programs (QMB, SLMB, QI1). Income asset limits change annually	\$1,518	\$2,058	\$14,100	\$28,150				
PROGRAMS FOR PEOPLE 65+ OR DISABLED (Community Medicaid Programs)								
*MEDS-AD (MM S) (88% FPL) Full Community Medicaid	\$891	\$1,208	\$5,000	\$6,000				
*Medically Needy (No Income Limit) Medically Needy Income Level (MNIL) Full Community Medicaid <u>when</u> Share of Cost is met	Subtract \$180 from gross income	Subtract \$241 from gross income						
PROGRAMS FOR PEOPLE WITH MEDICARE (Medicare Savings Programs/Buy-In)								
*QMB (100% FPL) Pays Medicare A & B premiums, coinsurance & deductibles only	\$1,012	\$1,372	\$7,560	\$11,340				
*SLMB (120% FPL) Pays for Medicare Part B premium only (PBMO)	\$1,214	\$1,646						
*QI1 (135% FPL) PBMO	\$1,366	\$1,852						
*Working Disabled (200% FPL) Qualified Disabled Working Individuals (QDWI) Program Pays for Medicare Part A only. Must have lost SSDI due to employment	\$2,024	\$2,744	\$5,000	\$6,000				
PROGRAMS BASED ON INSTITUTIONAL POLICY – Patient Responsibility and Income Trusts may apply.					PERSONAL NEEDS ALLOWANCE			
					Individual	Couple		
Institutional Care Program (ICP) Pays Nursing Home (NH) room, board & care Pays Medicare A & B premiums, coinsurance & deductibles	\$2,250 (MEDS-AD Institutional Income Limit \$891	\$4,500 (MEDS-AD Institutional Income Limit (\$1208)	\$2,000 ((\$5,000 if MEDS- AD eligible)	\$3,000 ((\$6,000 if MEDS-AD eligible)	\$105	\$210		
Hospice Pays Hospice services related to terminal illness Pays Medicare A & B premiums, coinsurance & deductibles					Community \$1,012 NH \$105	Community \$1,372 NH \$210		
Home and Community Based Services (HCBS) or Waivers Pays Medicare A & B premiums, coinsurance & deductibles					PACE / SMMC-LTC in ALF: R&B+ \$202 / \$402 PACE / SMMC-LTC at home: \$2,250 / \$4,500 PACE in NH: \$105 / \$210 iBudget / Cystic Fibrosis: \$2,250 / \$4,500 References: 2640.0117.01 & 2640.0118			
STATE FUNDED PROGRAMS								
OPTIONAL STATE SUPPLEMENT (OSS) REDESIGN Maximum Payment = \$78.40 single / \$156.80 Couple Assists with paying room & board at alternate living facilities	\$828.40	\$1,656.80	\$2,000	\$3,000	\$54 Provider rate \$774.40	\$108 Provider rate \$1,548.80		
PROTECTED OSS Maximum Payment = \$239 single / \$478 Couple Assists with paying room & board at alternate living facilities	\$935	\$1,870			\$54 Provider rate \$935	\$108 Provider rate \$1,870		
HOME CARE FOR DISABLED ADULTS (HCDA) Pays small stipend to caregivers of disabled	\$2,250	\$4,500						
					SSI Individual \$30 only in NH = \$75 (SPS) Transfer of Asset Divisor = \$8,944 (eff 6/1/2017) Community Hospice Allocations: Spouse only = FBR (\$750) Spouse + Dependents or Dependents Only = CNS Standard Spousal Impoverishment: MMMNA = \$2,030 Excess shelter = \$609 Standard Utility Allowance = \$347 Maximum Income Allowance = \$3,090 Community Spouse Resource Allowance = \$123,600 Family Members Allowance with Spouse = (MMMNA-income) divided by 3 Dependents with no Spouse = CNS Standard Home Equity Interest Limit = \$572,000			

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. NOTE: 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).