



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

Ron DeSantis
Governor

Chad Poppell
Secretary

DATE: February 22, 2019 **TRANSMITTAL NO.:** I-19-02-0003

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

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

SUBJECT: 2019 Federal Poverty Level Changes and Updated
Consolidated Need Standards

EFFECTIVE: April 1, 2019

This memorandum provides staff with the 2019 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, 2019.

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, 2019.

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 2019 resource limits for Low-Income Subsidies (LIS) and the Medicare Savings Programs (MSP).

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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

Regional Program Office with policy questions related to this transmittal should submit them through the Policy Technical Assistance Request Page. Systems related questions should be directed to LaQuetta Anderson at LaQuetta.Anderson@myflfamilies.com.

Attachments

cc: Assistant Secretary for Economic Self-Sufficiency (Jennifer Lange)
Assistant Secretary for Operations (Rebecca Kapusta)
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Data Analytics, Technology, and Project Management (Lori Schultz)
EBT (Michael Pogue)
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Office of Communications (Jessica Sims)
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AHCA (Christina Vracar, Ann Dalton, Lisa Gill, Peggy Hall, Virginia Hardcastle, Shevaun Harris, Beth Kidder, Abby Riddle, Erica Floyd Thomas)
Florida Bar Elder Law Section (Emma Hemness, Twyla Sketchley)
Florida Healthy Kids (Austin Noll)

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	1,926	1,041	180	153	95
1.5			211	179	119
2	2,607	1,410	241	205	158
2.5			272	231	182
3	3,289	1,778	303	258	198
3.5			334	284	222
4	3,970	2,146	364	309	254
4.5			395	335	278
5	4,652	2,515	426	362	289
5.5			457	388	313
6	5,333	2,883	487	414	346
6.5			518	440	370
7	6,015	3,251	549	467	392
7.5			580	493	416
8	6,696	3,620	610	519	438
8.5			641	545	462
9	7,377	3,988	671	570	485
9.5			702	596	509
10	8,059	4,356	733	623	534
10.5			764	649	557
11	8,740	4,725	795	676	582
11.5			826	702	606
12	9,422	5,093	857	728	630
12.5			888	754	654
13	10,103	5,461	919	781	678
13.5			950	807	702
14	10,784	5,830	981	834	726
14.5			1,012	860	750
15	11,466	6,198	1,043	887	774
15.5			1,074	913	798
16	12,147	6,566	1,105	940	822
16.5			1,136	966	846
17	12,829	6,935	1,167	993	870
17.5			1,198	1,019	894
18	13,510	7,303	1,229	1,046	918
18.5			1,260	1,072	942
19	14,192	7,671	1,291	1,099	966
19.5			1,322	1,125	990
20	14,873	8,040	1,353	1,152	1,014
20.5			1,384	1,178	1,038
21	15,554	8,408	1,415	1,205	1,062
21.5			1,446	1,231	1,086
22	16,236	8,776	1,477	1,258	1,110
22.5			1,508	1,284	1,134
23	16,917	9,145	1,539	1,311	1,158
23.5			1,570	1,337	1,182
24	17,599	9,513	1,601	1,364	1,206
Add. Person	+682	+369	(.5) +31 (1) +62	(.5) +26 (1) +52	(.5) +24 (1) +48
Eff. Date	April 2019	April 2019	July 1996	July 1996	July 1996

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

Attachment 2

Family Related Medicaid Income Limits												
Family Size	100% FPL	Adults		Pregnant Women		Infants		Children			MNIL ** See Note Below	MAGI Disregard (5% of 100% FPL) *** See Note Below
		Including PEPW		< 1		1 through 5		6 through 18 *See Note Below				
		Parents, Caretakers, Children 19 & 20	Standard Disregard	185% FPL	Standard Disregard	200% FPL	Standard Disregard	133% FPL	Standard Disregard	133% FPL		
1	1,041	180	109	1,926	62	2,082	62	1,385	73	1,385	289	52
2	1,410	241	146	2,607	85	2,819	85	1,875	99	1,875	387	71
3	1,778	303	183	3,289	107	3,555	107	2,365	124	2,365	486	89
4	2,146	364	221	3,970	129	4,292	129	2,854	150	2,854	585	107
5	2,515	426	258	4,652	151	5,029	151	3,344	176	3,344	684	126
6	2,883	487	296	5,333	173	5,765	173	3,834	202	3,834	783	144
7	3,251	549	333	6,015	195	6,502	195	4,324	228	4,324	882	163
8	3,620	610	371	6,696	217	7,239	217	4,814	253	4,814	981	181
9	3,988	671	408	7,377	239	7,975	239	5,304	279	5,304	1079	199
10	4,356	733	446	8,059	261	8,712	261	5,794	305	5,794	1179	218
11	4,725	795	484	8,740	284	9,449	284	6,284	331	6,284	1279	236
12	5,093	857	522	9,422	306	10,185	306	6,774	357	6,774	1379	255
13	5,461	919	560	10,103	328	10,922	328	7,263	382	7,263	1479	273
14	5,830	981	598	10,784	350	11,659	350	7,753	408	7,753	1579	292
15	6,198	1,043	636	11,466	372	12,395	372	8,243	434	8,243	1,679	310
16	6,566	1,105	674	12,147	394	13,132	394	8,733	460	8,733	1,779	328
17	6,935	1,167	712	12,829	416	13,869	416	9,223	485	9,223	1,879	347
18	7,303	1,229	750	13,510	438	14,605	438	9,713	511	9,713	1,979	365
19	7,671	1,291	788	14,192	460	15,342	460	10,203	537	10,203	2,079	384
20	8,040	1,353	826	14,873	482	16,079	482	10,693	563	10,693	2,179	402
21	8,408	1,415	864	15,554	504	16,815	504	11,182	589	11,182	2,279	420
22	8,776	1,477	902	16,236	527	17,552	527	11,672	614	11,672	2,379	439
23	9,145	1,539	940	16,917	549	18,289	549	12,162	640	12,162	2,479	457
24	9,513	1,601	978	17,599	571	19,025	571	12,652	666	12,652	2,579	476
Additional Person	+ 369	+ 62		+ 682		+ 737		+ 490		+ 490	+ 100	
Effective Date	April 2019	April 1992		April 2019	April 2019	April 2019	April 2019	April 2019	April 2019	April 2019	January 2014	April 2019

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: 02/12/2019

SSI-Related Programs - Financial Eligibility Standards: April 1, 2019

PROGRAMS & TYPES OF COVERAGE	INCOME		ASSETS		MAINTENANCE NEEDS STANDARDS / OTHER			
	Individual	Couple	Individual	Couple				
PROGRAMS MANAGED BY SOCIAL SECURITY (eff 01/01/2019)								
*Supplemental Security Income (SSI) Federal Benefit Rate (FBR) Cash payment of SSI from SSA; Includes Full Medicaid	\$771 (FBR)	\$1,157 (FBR)	\$2,000	\$3,000	Disregards: *Standard Disregard = \$20 *Earned Income Disregard = \$65 + 1/2 Student Earned Income Disregard = \$1,870 monthly, maximum \$7,550 for calendar year Ineligible Spouse Deeming: ½ FBR = \$386 Child Allocation = \$386/child (Difference between the couple and single FBR) Parent to Disabled Child Deeming: Parent Allocation = \$771 Disability Substantial Gainful Activity (SGA) = \$1,220 non-blind \$2,040 blind Medicare Part B Premium = \$136, Part A free for most or \$437 <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	\$14,390	\$28,720				
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 when 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) (eff 04/01/2019)								
*QMB (100% FPL) Pays Medicare A & B premiums, coinsurance & deductibles only	\$1,041	\$1,410	\$7,730	\$11,600				
*SLMB (120% FPL) Pays for Medicare Part B premium only (PBMO)	\$1,249	\$1,691						
*QI1 (135% FPL) PBMO	\$1,406	\$1,903						
*Working Disabled (200% FPL) Qualified Disabled Working Individuals (QDWI) Program Pays for Medicare Part A only. Must have lost SSDI due to employment	\$2,082	\$2,820	\$5,000	\$6,000				
PROGRAMS BASED ON INSTITUTIONAL POLICY – Patient Responsibility & Income Trusts may apply (eff 01/01/19)								
Institutional Care Program (ICP) Pays Nursing Home (NH) room, board & care Pays Medicare A & B premiums, coinsurance & deductibles	\$2,313 (MEDS-AD Institutional Income Limit \$891)	\$4,626 (MEDS-AD Institutional Income Limit (\$1208)	\$2,000 (\$5,000 if MEDS- AD eligible)	\$3,000 (\$6,000 if MEDS-AD eligible)	PERSONAL NEEDS ALLOWANCE			
Hospice Pays Hospice services related to terminal illness Pays Medicare A & B premiums, coinsurance & deductibles					Individual	Couple		
Home and Community Based Services (HCBS) or Waivers Pays Medicare A & B premiums, coinsurance & deductibles					\$130	\$260		
					Community \$1,041 NH \$130	Community \$1,410 NH \$260		
					PACE / SMMC-LTC in ALF: R&B+ \$202 / \$404 PACE / SMMC-LTC at home: \$2,313 / \$4,626 PACE in NH: \$130 / \$260 iBudget / Cystic Fibrosis: \$2,313 / \$4,626 References: 2640.0117.01 & 2640.0118			
STATE FUNDED PROGRAMS (eff 01/01/19)								
OPTIONAL STATE SUPPLEMENT (OSS) REDESIGN Maximum Payment = \$78.40 single / \$156.80 Couple Assists with paying room & board at alternate living facilities	\$849.40	\$1,698.80	\$2,000	\$3,000	\$54 Provider rate \$795.40	\$108 Provider rate \$1,590.80		
PROTECTED OSS Maximum Payment = \$239 single / \$478 Couple Assists with paying room & board at alternate living facilities	\$956	\$1,912			\$54 Provider rate \$956	\$108 Provider rate \$1,912		
HOME CARE FOR DISABLED ADULTS (HCDA) Pays small stipend to caregivers of disabled	\$2,250	\$4,500						
					SSI Individual \$30 only in NH = \$100 (SPS) Transfer of Asset Divisor = \$9,171 (eff 7/1/2018) Community Hospice Allocations: Spouse only = FBR (\$771) Spouse + Dependents or Dependents Only = CNS Standard Spousal Impoverishment: (eff 7/1/2018) MMMNA = \$2,058 Excess shelter = \$617 Standard Utility Allowance = \$359 Maximum Income Allowance = \$3,161 Community Spouse Resource Allowance = \$126,420 Family Members Allowance with Spouse = (MMMNA-income) divided by 3 Dependents with no Spouse = CNS Standard Home Equity Interest Limit = \$585,000			

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).