



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

**Ron DeSantis**  
Governor

**Shevaun L. Harris**  
Secretary

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**DATE:** February 20, 2023      **TRANSMITTAL NO.:** I-23-02-0001

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

**FROM:** Angela Pridgeon, Senior Management Analyst Supervisor,  
Program Policy  
**(Signature on File)**

**SUBJECT:** 2023 Federal Poverty Level Changes and Updated  
Consolidated Need Standards

**EFFECTIVE:** April 1, 2023

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This transmittal provides the 2023 Federal Poverty Level (FPL) and Consolidated Need Standards (CNS) to increase the income limits for the Medicaid and Temporary Cash Assistance (TCA) Programs. The new figures are used in the determination of eligibility for pending applications and open cases in both programs. Refer to Transmittal NO: [I-22-12-0018](#), 2023 Cost of Living Adjustment and Other Changes, for information regarding assistance or coverage groups whose income limits are based on the FPL and/or CNS figures in a pending status.

An automated mass change will be completed before pulldown in March for April and ongoing months. Cases that cannot be updated automatically will be listed on the Mass Change Exceptions Report (MCER) on the ACCESS Online Systems Homepage under exceptions management. Attachment 1 provides the instructions for processing cases listed on the MCER. A system broadcast message will be posted in FLORIDA after the mass change is completed and the exceptions report is available. For May benefits to be processed correctly, the MCER must be completed prior to pulldown in April 2023.

The \$20 general disregard is automatically budgeted in the SSI-Related Medicaid Community coverage groups when the gross amount of income is entered on the appropriate screens in FLORIDA. No other action is required to compute or calculate the general disregard in the budgeting process for these coverage groups. This disregard does not apply to coverage groups based on the Long-Term Care income standards (Institutional Care Program (ICP), Hospice, Home and Community Based Services (HCBS) and Program of All-Inclusive Care for the Elderly (PACE)) or Family-Related Medicaid.

Attached are the updated appendices A-5, A-7, and A-9 for the ACCESS Program Policy Manual. Appendix A-5, the Temporary Cash Assistance (TCA) Income Standards provides the updated 185% FPL income test and 100% of FPL CNS for each assistance group. Appendices A-7 and A-9 provide the updated income limits that are based on the FPL for Family-Related and SSI-Related

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Medicaid coverage groups.

The appendices are also located at: <https://www.myflfamilies.com/service-programs/access/program-policy-manual.shtml>.

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](mailto:LaQuetta.Anderson@myflfamilies.com).

## **Attachments**

**Attachment 1: Mass Change Exception Report Instructions**

**Attachment 2: Temporary Cash Assistance Income Standards**

**Attachment 3: Family-Related Medicaid Income Limits**

**Attachment 4: SSI-Related Programs & Coverage Groups- Financial Eligibility**

cc: Assistant Secretary for Economic Self Sufficiency (Casey Penn)  
Assistant Secretary for Office of Child and Family Well-Being (Jess Tharpe)  
Assistance Secretary for Office Substance Abuse and Mental Health (Erica Floyd Thomas)  
Assistant Deputy Secretary for Economic Self Sufficiency (Shila Salem)  
Deputy Assistant Secretary for Operations (Tonyaleah Veltkamp)  
Director of Operations (Liesta Sykes)  
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### 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	This condition occurs when the budget was previously run, FLORIDA determined the assistance group needed to be closed, but staff did not close the assistance group on the FLORIDA system.	Run AABC and close the case on AWAA.
Maintenance Need Allowance (MNA) Recalculation Required	For the Institutional Care Program and Home and Community Based Services (HCBS), the Social Security amount is automatically updated when there is a community spouse allocation (CSA). Staff must run EDBC to determine the CSA and if any, patient responsibility.	Run AABC and authorize as appropriate. <b>NOTE:</b> If there are two separate cases (one for ICP/HCBS and one for the community spouse), staff must run EDBC and reauthorize the ICP/HCBS case first.
Failure Reason Code 241 (over income)	If during the mass change an assistance group displays a 241-failure reason code, staff must run EDBC and take appropriate action. Food assistance groups which fail due to the mass change will be closed and a termination notice will be sent.	Run AABC and authorize as appropriate.

Attachment 2

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	2,248	1,215	180	153	95
1.5			211	179	119
2	3,041	1,644	241	205	158
2.5			272	231	182
3	3,833	2,072	303	258	198
3.5			334	284	222
4	4,625	2,500	364	309	254
4.5			395	335	278
5	5,418	2,929	426	362	289
5.5			457	388	313
6	6,210	3,357	487	414	346
6.5			518	440	370
7	7,003	3,785	549	467	392
7.5			580	493	416
8	7,795	4,214	610	519	438
8.5			641	545	462
9	8,588	4,642	671	570	485
9.5			702	596	509
10	9,380	5,070	733	623	534
10.5			764	649	557
11	10,172	5,499	795	676	582
11.5			826	702	606
12	10,965	5,927	857	728	630
12.5			888	754	654
13	11,757	6,355	919	781	678
13.5			950	807	702
14	12,550	6,784	981	834	726
14.5			1,012	860	750
15	13,342	7,212	1,043	887	774
15.5			1,074	913	798
16	14,134	7,640	1,105	940	822
16.5			1,136	966	846
17	14,927	8,069	1,167	993	870
17.5			1,198	1,019	894
18	15,719	8,497	1,229	1,046	918
18.5			1,260	1,072	942
19	16,512	8,925	1,291	1,099	966
19.5			1,322	1,125	990
20	17,304	9,354	1,353	1,152	1,014
20.5			1,384	1,178	1,038
21	18,097	9,782	1,415	1,205	1,062
21.5			1,446	1,231	1,086
22	18,889	10,210	1,477	1,258	1,110
22.5			1,508	1,284	1,134
23	19,681	10,639	1,539	1,311	1,158
23.5			1,570	1,337	1,182
24	20,474	11,067	1,601	1,364	1,206
Add.			(.5) +31	(.5) +26	(.5) +24
Person	+793	+429	(1) +62	(1) +52	(1) +48
Eff. Date	April 2023	April 2023	July 1996	July 1996	July 1996

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

Attachment 3

Family Related Medicaid Income Limits

Family Size	100% FPL	Adults		Pregnant Women Including Family Planning and PEPW		Infants < 1		Children			MNIL  ** See Note Below	MAGI Disregrd (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	1,215	180	109	2,248	73	2,430	73	1,616	85	1,616	289	61
2	1,644	241	146	3,041	99	3,287	99	2,186	115	2,186	387	82
3	2,072	303	183	3,833	124	4,144	124	2,756	145	2,756	486	104
4	2,500	364	221	4,625	150	5,000	150	3,325	175	3,325	585	125
5	2,929	426	258	5,418	176	5,857	176	3,895	205	3,895	684	146
6	3,357	487	296	6,210	201	6,714	201	4,465	235	4,465	783	168
7	3,785	549	333	7,003	227	7,570	227	5,035	265	5,035	882	189
8	4,214	610	371	7,795	253	8,427	253	5,604	295	5,604	981	211
9	4,642	671	408	8,588	279	9,284	279	6,174	325	6,174	1079	232
10	5,070	733	446	9,380	304	10,140	304	6,744	355	6,744	1179	254
11	5,499	795	484	10,172	330	10,997	330	7,313	385	7,313	1279	275
12	5,927	857	522	10,965	356	11,854	356	7,883	415	7,883	1379	296
13	6,355	919	560	11,757	381	12,710	381	8,453	445	8,453	1479	318
14	6,784	981	598	12,550	407	13,567	407	9,022	475	9,022	1579	339
15	7,212	1,043	636	13,342	433	14,424	433	9,592	505	9,592	1,679	361
16	7,640	1,105	674	14,134	458	15,280	458	10,162	535	10,162	1,779	382
17	8,069	1,167	712	14,927	484	16,137	484	10,731	565	10,731	1,879	403
18	8,497	1,229	750	15,719	510	16,994	510	11,301	595	11,301	1,979	425
19	8,925	1,291	788	16,512	536	17,850	536	11,871	625	11,871	2,079	446
20	9,354	1,353	826	17,304	561	18,707	561	12,440	655	12,440	2,179	468
21	9,782	1,415	864	18,097	587	19,564	587	13,010	685	13,010	2,279	489
22	10,210	1,477	902	18,889	613	20,420	613	13,580	715	13,580	2,379	511
23	10,639	1,539	940	19,681	638	21,277	638	14,149	745	14,149	2,479	532
24	11,067	1,601	978	20,474	664	22,134	664	14,719	775	14,719	2,579	553
Additional Person	+ 429	+ 62		+ 793		+ 857		+ 570		+ 570	+ 100	
Effective Date	April 2023	April 1992		April 2023	April 2023	April 2023	April 2023	April 2023	April 2023	April 2023	January 2014	April 2023

**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. (formula is **Adults plus Standard Disregard**)

\*\*\* 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: 02/03/2023

Attachment 4

SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: April 2023

Coverage Group	Income Limit	Asset Limit
*ICP/HCBS/Hospice- Individual (300% FBR)	\$ 2,742	\$ 2,000
*ICP/HCBS/Hospice – Couple	\$ 5,484	\$ 3,000
*HCBS/Working People w/Disabilities – Individual (WPwD) (550% FBR)	\$ 5,027	\$ 2,000 \$13,000 Disregard
*HCBS/Working People w/Disabilities – Couple (WPwD)	\$ 10,054	\$ 3,000 \$24,000 Disregard
**MEDS-AD/ICP-MEDS/Individual (88% FPL)	\$ 1,069	\$ 5,000
**MEDS-AD/ICP-MEDS/Couple	\$ 1,446	\$ 6,000
Medically Needy, MNIL-(I)-No income limit	\$ 180	\$ 5,000
Medically Needy, MNIL-(C)-No income limit (Subtract from gross income)	\$ 241	\$ 6,000
**QMB Individual (100% FPL)	\$ 1,215	\$ 9,090
**QMB Couple	\$ 1,643	\$ 13,630
**SLMB Individual (120% FPL)	\$ 1,458	\$ 9,090
**SLMB Couple	\$ 1,972	\$ 13,630
**QI1 Individual (135% FPL)	\$ 1,640	\$ 9,090
**QI1 Couple	\$ 2,219	\$ 13,630
**Working Disabled Individual (200% FPL)	\$ 2,430	\$ 5,000
**Working Disabled Couple	\$ 3,287	\$ 6,000
**Low Income Subsidy (LIS)- Individual (150% FPL)	\$ 1,823	\$ 16,660*
**Low Income Subsidy (LIS)- Couple	\$ 2,465	\$ 33,240*
**Medicare Part B Premium	\$ 164.90	N/A
**Medicare Part A Premium	\$ 506 (Free for most)	
<b><u>Personal Needs Allowance (PNA) (eff 01/01/23)</u></b> NH-ICP/HCBS/Hospice/PACE Hospice (Community) 100% FPL ALF-PACE/SMMC-HCBS Community/iBudget	\$ 130 \$ 1,215 R&B+ 20% FPL (Individual \$243) / (Couple \$486) \$ 2,742	
<b><u>Maintenance Needs Standards / Other (eff 01/01/23)</u></b> Standard Disregard Earned Income Disregard Student Earned Income Disregard Limit Spouse Deeming = ½ FBR Child Allocation Substantial Gainful Activity (SGA)	\$ 20 \$ 65 + ½ \$ 2,220 monthly, Maximum \$ 8,950 per calendar year \$ 457 \$ 457/child (Difference between the couple and single FBR) \$ 1,470 per month <i>non blind</i> \$ 2,460 <i>blind</i>	
<b><u>Spousal Impoverishment (eff 07/01/22)</u></b> Minimum Monthly Maintenance Needs Allowance (MMMNA) CSMIA* Excess Shelter Standard** CSRA* Home Equity Interest Limit* Transfer of Asset Divisor (eff 08/22)	\$ 2,289 \$ 3,716 \$ 687 \$148,620 \$ 688,000 \$ 10,809	
<b><u>Community Hospice Allocations:</u></b> Spouse only= Spouse + Dependents or Dependents Only =	FBR (\$914) CNS Standard	

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

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