



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

DATE: February 21, 2025 **TRANSMITTAL NO.:** I-25-02-0001

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

FROM: Julie Reed, Chief, Program Policy
(Signature on File)

SUBJECT: 2025 Federal Poverty Level Changes and Updated Consolidated
Need Standards

EFFECTIVE: April 1, 2025

This transmittal provides the 2025 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-24-12-0028, 2025 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. An email notification will be sent after mass change is completed and the exception report is available. For May benefits to be processed correctly, the MCER must be completed prior to pulldown in April 2025.

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 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, A-9 and A-9.1 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, Family-Related Medicaid Income Limits and A-9, SSI-Related Medicaid Coverage Groups provides the updated income limits that are based on the

2415 North Monroe Street, Suite 400, Tallahassee, Florida 32303-4190

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

FPL. Appendix A-9.1 Medicare Savings Programs (MSPs) and Low-Income Subsidy (LIS) provides the updated income limits for the household size based on the FPL.

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

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

Attachment 5: Medicare Savings Programs (MSPs) and Low-Income Subsidy (LIS)
Coverage Groups Financial Standards

cc: Assistant Secretary for Economic Self Sufficiency (Bridget Royster)
Assistant Secretary for Office of Child and Family Well-Being (vacant)
Assistant Secretary for Office of Community Services (Patricia Medlock)
Assistant Secretary for Office of Substance Abuse and Mental Health (Erica Floyd Thomas)
Deputy Assistant Secretary for Operations (vacant)
Deputy Assistant Secretary for Programs (vacant)
Regional ESS Directors
Business Operations (Laura Kirksey)
Customer Experience (Nichole Solomon)
Data and Information Technology (Chris Presnell)
Enterprise Support (Mark Miller)
ESS Programs and Policy (Tera Bivens)
FLORIDA Help Desk (Natarsha Peacock)
Information Technology (Andrea Latham)
Office of Appeal Hearings (Karina Sarmiento)
Office of Communications (Mallory McManus)
Office of the General Counsel (Shawn Belcher)
Partnerships and Prevention (Dawn Murray)
Public Benefits Integrity (Sheri Hall)
Strategic Programs and Innovation (Heather DeFrancisco)
AHCA (Ann Dalton, Paula James, Mia Harden, Jennifer Giddens)
Florida Healthy Kids (Suzetta Furlong)

Attachment 1
 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. NOTE: 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	2,413	1,305	90	77	48
1			180	153	95
1.5	3,261	1,763	211	179	119
2			241	205	158
2.5	4,109	2,221	272	231	182
3			303	258	198
3.5	4,957	2,680	334	284	222
4			364	309	254
4.5	5,805	3,138	395	335	278
5			426	362	289
5.5	6,653	3,596	457	388	313
6			487	414	346
6.5	7,501	4,055	518	440	370
7			549	467	392
7.5	8,349	4,513	580	493	416
8			610	519	438
8.5	9,197	4,971	641	545	462
9			671	570	485
9.5	10,044	5,430	702	596	509
10			733	623	534
10.5	10,892	5,888	764	649	557
11			795	676	582
11.5	11,740	6,346	826	702	606
12			857	728	630
12.5	12,588	6,805	888	754	654
13			919	781	678
13.5	13,436	7,263	950	807	702
14			981	834	726
14.5	14,284	7,721	1,012	860	750
15			1,043	887	774
15.5	15,132	8,180	1,074	913	798
16			1,105	940	822
16.5	15,980	8,638	1,136	966	846
17			1,167	993	870
17.5	16,828	9,096	1,198	1,019	894
18			1,229	1,046	918
18.5	17,676	9,555	1,260	1,072	942
19			1,291	1,099	966
19.5	18,524	10,013	1,322	1,125	990
20			1,353	1,152	1,014
20.5	19,372	10,471	1,384	1,178	1,038
21			1,415	1,205	1,062
21.5	20,219	10,930	1,446	1,231	1,086
22			1,477	1,258	1,110
22.5	21,067	11,388	1,508	1,284	1,134
23			1,539	1,311	1,158
23.5	21,915	11,846	1,570	1,337	1,182
24			1,601	1,364	1,206
Add. Person	+848	+458	(.5) +31 (1) +62	(.5) +26 (1) +52	(.5) +24 (1) +48
Eff. Date	April 2025	April 2025	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		Infants		Children			MNIL ** See Note Below	MAGI Disregard (5% of 100% FPL) *** See Note Below
				Including Family Planning and 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	1,305	180	109	2,413	79	2,609	79	1,735	92	1,735	289	66
2	1,763	241	146	3,261	106	3,525	106	2,345	124	2,345	387	89
3	2,221	303	183	4,109	134	4,442	134	2,954	156	2,954	486	112
4	2,680	364	221	4,957	161	5,359	161	3,564	188	3,564	585	134
5	3,138	426	258	5,805	189	6,275	189	4,173	220	4,173	684	157
6	3,596	487	296	6,653	216	7,192	216	4,783	252	4,783	783	180
7	4,055	549	333	7,501	244	8,109	244	5,393	284	5,393	882	203
8	4,513	610	371	8,349	271	9,025	271	6,002	316	6,002	981	226
9	4,971	671	408	9,197	299	9,942	299	6,612	348	6,612	1079	249
10	5,430	733	446	10,044	326	10,859	326	7,221	381	7,221	1179	272
11	5,888	795	484	10,892	354	11,775	354	7,831	413	7,831	1279	295
12	6,346	857	522	11,740	381	12,692	381	8,440	445	8,440	1379	318
13	6,805	919	560	12,588	409	13,609	409	9,050	477	9,050	1479	341
14	7,263	981	598	13,436	436	14,525	436	9,660	509	9,660	1579	364
15	7,721	1,043	636	14,284	464	15,442	464	10,269	541	10,269	1,679	387
16	8,180	1,105	674	15,132	491	16,359	491	10,879	573	10,879	1,779	409
17	8,638	1,167	712	15,980	519	17,275	519	11,488	605	11,488	1,879	432
18	9,096	1,229	750	16,828	546	18,192	546	12,098	637	12,098	1,979	455
19	9,555	1,291	788	17,676	574	19,109	574	12,708	669	12,708	2,079	478
20	10,013	1,353	826	18,524	601	20,025	601	13,317	701	13,317	2,179	501
21	10,471	1,415	864	19,372	629	20,942	629	13,927	733	13,927	2,279	524
22	10,930	1,477	902	20,219	656	21,859	656	14,536	766	14,536	2,379	547
23	11,388	1,539	940	21,067	684	22,775	684	15,146	798	15,146	2,479	570
24	11,846	1,601	978	21,915	711	23,692	711	15,755	830	15,755	2,579	593
Additional Person	+ 458	+ 62		+ 848		+ 917		+ 610		+ 610	+ 100	
Effective Date	April 2025	April 1992		April 2025	April 2025	April 2025	April 2025	April 2025	April 2025	April 2025	January 2014	April 2025
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 (Parents/Caretakers) 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: 02/06/2025												

Attachment 4

SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: April 2025

Coverage Group SSI/FBR \$943-Individual	Income Limit	Asset Limit
*ICP/HCBS/Hospice- Individual (300% FBR)	\$2,901	\$2,000
*ICP/HCBS/Hospice – Couple	\$5,802	\$3,000
*HCBS/Working People w/Disabilities – Individual (WPwD) (550% FBR)	\$5,319	\$2,000 \$13,000 Disregard
*HCBS/Working People w/Disabilities – Couple (WPwD)	\$10,638	\$3,000 \$24,000 Disregard
**MEDS-AD/ICP-MEDS/Individual (88% FPL)	\$1,149	\$5,000
**MEDS-AD/ICP-MEDS/Couple	\$1,552	\$6,000
Medically Needy, MNIL-(I)	\$180	\$5,000
Medically Needy, MNIL-(C) (Subtract from gross income)	\$241	\$6,000
**Working Disabled Individual (200% FPL)	\$2,609	\$5,000
**Working Disabled Couple	\$3,525	\$6,000
Medicare Part B	\$185	
Medicare Part A	Free for most or \$518	
Personal Needs Allowance (PNA)		
NH-ICP/HCBS/Hospice/PACE	\$160	
Hospice (Community) 100% FPL**	\$1,305	
ALF-PACE/SMMC-HCBS**	R&B+ 20% FPL (Individual \$261) / (Couple \$522)	
Community/iBudget	\$2,901	
Maintenance Needs Standards / Other		
Standard Disregard	\$20	
Earned Income (EI) Disregard	\$65 + ½ EI	
Student Earned Income Disregard Limit	\$2,350 monthly, Maximum \$9,460 per calendar year	
Spouse Deeming = ½ FBR	\$484	
Child Allocation	\$484/child (Difference between the couple and single FBR)	
Substantial Gainful Activity (SGA)	\$1,620 per month <i>non blind</i> / \$2,700 <i>blind</i>	
Spousal Impoverishment		
Minimum Monthly Maintenance Needs Allowance (MMMNA)***	\$2,555	
CSMIA*	\$3,948	
Excess Shelter Standard***	\$766	
CSRA*	\$157,920	
Home Equity Interest Limit*	\$730,000	
Transfer of Asset Divisor (effective 04/01/2025)	\$10,458	
Community Hospice Allocations		
Spouse only	FBR (\$967)	
Spouse + Dependents or Dependents Only	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.

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

Attachment 5

Medicare Savings Programs (MSPs) and Low-Income Subsidy (LIS) Coverage Groups
Financial Standards-April 2025

Family Size	QMB	SLMB	QI1	Asset Limit MSP	LIS	Asset Limit' LIS
FPL	100%	120%	135%		150%	
Individual	\$1,305	\$1,565	\$1,761	\$9,660	\$1,957	\$16,100
Couple/2	\$1,763	\$2,115	\$2,380	\$14,470	\$2,644	\$32,130
3	\$2,221	\$2,665	\$2,999		\$3,332	
4	\$2,680	\$3,215	\$3,617		\$4,019	
5	\$3,138	\$3,765	\$4,236		\$4,707	
6	\$3,596	\$4,315	\$4,855		\$5,394	
7	\$4,055	\$4,865	\$5,474		\$6,082	
8	\$4,513	\$5,415	\$6,092		\$6,769	
9	\$4,971	\$5,965	\$6,711		\$7,457	
10	\$5,430	\$6,515	\$7,330		\$8,144	
Additional Person	+\$458	+\$550	+\$619		+\$688	

Interim Effective January 2025

Family Size	QMB	SLMB	QI1	Asset Limit MSP	LIS	Asset Limit' LIS
FPL	100%	120%	135%		150%	
Individual	\$1,287	\$1,544	\$1,737	\$9,660	\$1,930	\$16,100
Couple/2	\$1,746	\$2,095	\$2,358	\$14,470	\$2,619	\$32,130
3	\$2,206	\$2,647	\$2,978		\$3,309	
4	\$2,665	\$3,198	\$3,598		\$3,998	
5	\$3,125	\$3,750	\$4,218		\$4,688	
6	\$3,585	\$4,301	\$4,839		\$5,376	
7	\$4,044	\$4,853	\$5,459		\$6,066	
8	\$4,503	\$5,404	\$6,080		\$6,755	
9	\$4,964	\$5,956	\$6,699		\$7,445	
10	\$5,423	\$6,507	\$7,321		\$8,134	
Additional Person	+\$460	+\$552	+\$622		+\$689	

2025 Medicare Premiums

Premium	Amount	Deductible
Part A - Hospital	Free for most or \$518	\$1,676 (annual)
Part B - Medical	\$185	\$257 (annual)
Part C - Medicare Advantage Plan	Varies by Plan	Varies by Plan
Part D - Prescription Drug Cost	Varies by Plan	Varies by Plan