



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Taylor N. Hatch
Secretary

-DATE: February 24, 2026 **TRANSMITTAL NO.:** I-26-02-0003

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

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

SUBJECT: 2026 Federal Poverty Level Changes and Updated Consolidated
Need Standards

EFFECTIVE: April 1, 2026

This transmittal provides the 2026 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-25-12-0013, 2026 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 2026.

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 to 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. Appendices A-7, Family-Related Medicaid Income Limits, A-9, SSI-Related Medicaid Coverage Groups Financial Eligibility Standards and A-9.1 Medicare Savings Programs (MSPs) and Low-Income Subsidy (LIS) provides the updated income limits that are based on the FPL.

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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

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)
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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 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	2,461	1,330	90	77	48
1			180	153	95
1.5	3,337	1,804	211	179	119
2			241	205	158
2.5	4,212	2,277	272	231	182
3			303	258	198
3.5	5,088	2,750	334	284	222
4			364	309	254
4.5	5,964	3,224	395	335	278
5			426	362	289
5.5	6,839	3,697	457	388	313
6			487	414	346
6.5	7,715	4,170	518	440	370
7			549	467	392
7.5	8,591	4,644	580	493	416
8			610	519	438
8.5	9,466	5,117	641	545	462
9			671	570	485
9.5	10,342	5,590	702	596	509
10			733	623	534
10.5	11,218	6,064	764	649	557
11			795	676	582
11.5	12,093	6,537	826	702	606
12			857	728	630
12.5	12,969	7,010	888	754	654
13			919	781	678
13.5	13,845	7,484	950	807	702
14			981	834	726
14.5	14,720	7,957	1,012	860	750
15			1,043	887	774
15.5	15,596	8,430	1,074	913	798
16			1,105	940	822
16.5	16,472	8,904	1,136	966	846
17			1,167	993	870
17.5	17,347	9,377	1,198	1,019	894
18			1,229	1,046	918
18.5	18,223	9,850	1,260	1,072	942
19			1,291	1,099	966
19.5	19,099	10,324	1,322	1,125	990
20			1,353	1,152	1,014
20.5	19,974	10,797	1,384	1,178	1,038
21			1,415	1,205	1,062
21.5	20,850	11,270	1,446	1,231	1,086
22			1,477	1,258	1,110
22.5	21,726	11,744	1,508	1,284	1,134
23			1,539	1,311	1,158
23.5	22,601	12,217	1,570	1,337	1,182
24			1,601	1,364	1,206
Add. Person	+876	+473	(.5) +31 (1) +62	(.5) +26 (1) +52	(.5) +24 (1) +48
Eff. Date	April 2026	April 2026	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 < 1		Children			MNIL ** See Note Below	MAGI Disregard (5% of 100% FPL) *** See Note Below
				Including Family Planning and PEPW				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	1,330	180	109	2,461	80	2,660	80	1,769	94	1,769	289	67
2	1,804	241	146	3,337	109	3,607	109	2,399	127	2,399	387	91
3	2,277	303	183	4,212	137	4,554	137	3,028	160	3,028	486	114
4	2,750	364	221	5,088	165	5,500	165	3,658	193	3,658	585	138
5	3,224	426	258	5,964	194	6,447	194	4,288	226	4,288	684	162
6	3,697	487	296	6,839	222	7,394	222	4,917	259	4,917	783	185
7	4,170	549	333	7,715	251	8,340	251	5,547	292	5,547	882	209
8	4,644	610	371	8,591	279	9,287	279	6,176	326	6,176	981	233
9	5,117	671	408	9,466	308	10,234	308	6,806	359	6,806	1079	256
10	5,590	733	446	10,342	336	11,180	336	7,435	392	7,435	1179	280
11	6,064	795	484	11,218	364	12,127	364	8,065	425	8,065	1279	304
12	6,537	857	522	12,093	393	13,074	393	8,694	458	8,694	1379	327
13	7,010	919	560	12,969	421	14,020	421	9,324	491	9,324	1479	351
14	7,484	981	598	13,845	450	14,967	450	9,953	524	9,953	1579	375
15	7,957	1,043	636	14,720	478	15,914	478	10,583	557	10,583	1,679	398
16	8,430	1,105	674	15,596	506	16,860	506	11,212	591	11,212	1,779	422
17	8,904	1,167	712	16,472	535	17,807	535	11,842	624	11,842	1,879	446
18	9,377	1,229	750	17,347	563	18,754	563	12,471	657	12,471	1,979	469
19	9,850	1,291	788	18,223	591	19,700	591	13,101	690	13,101	2,079	493
20	10,324	1,353	826	19,099	620	20,647	620	13,730	723	13,730	2,179	517
21	10,797	1,415	864	19,974	648	21,594	648	14,360	756	14,360	2,279	540
22	11,270	1,477	902	20,850	677	22,540	677	14,989	789	14,989	2,379	564
23	11,744	1,539	940	21,726	705	23,487	705	15,619	823	15,619	2,479	588
24	12,217	1,601	978	22,601	734	24,434	734	16,248	856	16,248	2,579	611
Additional Person	+ 473	+ 62		+ 876		+ 947		+ 630		+ 630	+ 100	
Effective Date	April 2026	April 1992		April 2026	April 2026	April 2026	April 2026	April 2026	April 2026	April 2026	January 2014	April 2026
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:02/02/2026												

Attachment 4

SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: April 2026

Coverage Group SSI/FBR \$994-Individual	Income Limit	Asset Limit
ICP/HCBS/Hospice- Individual (300% FBR) *	\$ 2,982	\$ 2,000
ICP/HCBS/Hospice – Couple*	\$ 5,964	\$ 3,000
HCBS/Working People w/Disabilities – Individual (WPwD) (550% FBR) *	\$ 5,467	\$ 2,000 \$13,000 Disregard
HCBS/Working People w/Disabilities – Couple (WPwD)*	\$ 10,934	\$ 3,000 \$24,000 Disregard
MEDS-AD/ICP-MEDS/Individual (88% FPL) **	\$1171	\$ 5,000
MEDS-AD/ICP-MEDS/Couple **	\$1588	\$ 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
Working Disabled Individual (200% FPL) **	\$2660	\$ 5,000
Working Disabled Couple**	\$3607	\$ 6,000
Medicare Part B*	\$ 202.90	N/A
Medicare Part A*	Free for most or \$ 565	
Personal Needs Allowance (PNA)		
NH-ICP/HCBS/Hospice/PACE	\$ 160	
Hospice (Community) 100% FPL **	\$ 1330	
ALF-PACE/SMMC-HCBS **	R&B+ 20% FPL (Individual \$266) / (Couple \$532)	
Community/iBudget*	\$ 2,982	
Maintenance Needs Standards / Other		
Standard Disregard	\$20	
Earned Income (EI) Disregard	\$65 + ½ EI	
Student Earned Income Disregard Limit	\$2,410 monthly, Maximum \$9,730 per calendar year	
Spouse Deeming = ½ FBR	\$497	
Child Allocation	\$497/child (Difference between the couple and single FBR)	
Substantial Gainful Activity (SGA)	\$1,690 per month <i>non blind</i> / \$2,830 <i>blind</i>	
Spousal Impoverishment		
Minimum Monthly Maintenance Needs Allowance (MMMNA)***	\$ 2,644	
CSMIA*	\$ 4,067	
Excess Shelter Standard***	\$ 794	
CSRA*	\$ 162,660	
Home Equity Interest Limit *	\$ 752,000	
Transfer of Asset Divisor (04/01/2025)	\$ 10,645	
Community Hospice Allocations		
Spouse only	FBR (\$994)	
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 Effective April 2026

Family Size	QMB	SLMB	QI1	Asset Limit MSP	LIS	Asset Limit' LIS
FPL	100%	120%	135%		150%	
Individual	\$1,330	\$1,596	\$1,796	\$9,950	\$1,995	\$16,590
Couple/2	\$1,804	\$2,164	\$2,435	\$14,910	\$2,705	\$33,100
3	\$2,277	\$2,732	\$3,074		\$3,415	
4	\$2,750	\$3,300	\$3,713		\$4,125	
5	\$3,224	\$3,868	\$4,352		\$4,835	
6	\$3,697	\$4,436	\$4,991		\$5,545	
7	\$4,170	\$5,004	\$5,630		\$6,255	
8	\$4,644	\$5,572	\$6,269		\$6,965	
9	\$5,117	\$6,140	\$6,908		\$7,675	
10	\$5,590	\$6,708	\$7,547		\$8,385	
Additional Person	+\$473	+\$568	+\$639		+\$710	

Interim Effective January 2026

Family Size	QMB	SLMB	QI1	Asset Limit MSP	LIS	Asset Limit LIS
FPL	100%	120%	135%		150%	
Individual	\$1,342	\$1,609	\$1,811	\$9,950	\$2,012	\$16,590
Couple/2	\$1,813	\$2,175	\$2,447	\$14,910	\$2,719	\$33,100
3	\$2,284	\$2,740	\$3,083		\$3,426	
4	\$2,756	\$3,306	\$3,719		\$4,132	
5	\$3,226	\$3,871	\$4,355		\$4,839	
6	\$3,697	\$4,436	\$4,991		\$5,546	
7	\$4,169	\$5,002	\$5,628		\$6,253	
8	\$4,640	\$5,567	\$6,263		\$6,959	
9	\$5,111	\$6,133	\$6,899		\$7,666	
10	\$5,583	\$6,698	\$7,536		\$8,373	
Additional Person	+\$472	+\$566	+\$637		+\$707	

2026 Medicare Premiums

Premium	Amount	Deductible
Part A- Hospital	Free for most or \$565	\$1,736 (annual)
Part B- Medical	\$202.90	\$ 283 (annual)
Part C-Medicare Advantage Plan	Varies by Plan	Varies by Plan
Part D-Prescription Drug Cost	Varies by Plan	Varies by Plan