Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992 ATTACHMENT 2.6-A Page 1

	State:			FLO	RIDA
21 <sup>-1</sup>		ELIGIBIL	ITY	CONDITIO	NS AND REQUIREMENTS
Citati	on(s)			Conditi	on or Requirement
		Α.	Gen	eral Con	ditions of Eligibility
			Eac	h indivi	dual covered under the plan:
42 CFR Pa Subpart G			1.	standar	ancially eligible (using the methods and ds described in Parts B and C of this ment) to receive services.
42 CFR Pa Subpart F			2.	Meets t conditi	the applicable non-financial eligibility lons.
			a,	For the	e categorically needy:
				(i)	Except as specified under items A.2.a.(: and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	,				For SSI-related individuals, meets the non-financial criteria of the SSI progra or more restrictive SSI-related categorically needy criteria.
1902(1) c Act	of the	•		(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meet the non-financial criteria of section 1902(1) of the Act.
1902(m) c Act	of the.	-		`(iv)	For financially eligible aged and disabled individuals covered under sect 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

1992

Effective Date

4/1/92

Approval Date

Supersedes TN No. <u>91-39</u>

92-23

TN No.

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

1

ATTACHMENT 2.5-A Page 2 CMB No.: 0938-

State	•	-	FLORIDA	
Citation			Condition	or Requirement
		ъ.	For the medically nee eligibility condition	dy, meets the non-financial s of 42 CFR Part 435.
1905(p) of the Act		с.	beneficiaries covered 1902(a)(10)(E)(i) of	
1905(s) of the Act		d.	For financially eligi working individuals c 1902(a)(10)(E)(ii) of non-financial criteri	the Act, meets the
42 CFR 435.402	3.	Is	residing in the Unite	d States and
		a.	Is a citizen;	•
Sec. 245A of the Immigration and Nationality Act		Ъ.	residence or otherwis	admitted for permanent e permanently residing in the color of law, as defined in
1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration & Nationality Act		ς.	status under section Immigration and Natio is aged, blind, or di 1614(a)(1) of the Act	nality Act if the individual sabled as defined in section , under 18 years of age trant as defined in section

TN NO. <u>91-39</u> Supersedes TN No. 90-40	Approval DateSEP 181992	Effective Date 10/1/91
		HCFA ID: 7985E
		Revised Submission FEB 11 1

• •

Revision: HCFA-PM-91-4

(BPD)

AUGUST 1991

State: \_

FLORIDA

ATTACHMENT 2.6-A Page 3 OMB No.: 0938-

Citatio
---------

## Condition or Requirement

- d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
- e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residin in the United States under color of law (coverage must be restricted to certain emergency services).

42 CFR 435.403 1902(b) of the Act

- 4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
- <u>/X/</u> State has interstate residency agreement with the following States:

CA	LA	MD	S.D.	AK
Miss	Minn	N.D.	KS	
WV.	N.J.	TX	ID	
s.c.	GA	NM-	KY	
TN	OH	IA	AL	

 $\sqrt{X/}$  State has open agreement(s).

 $\overline{\Box}$ 

Not applicable; no residency requirement.

	Approval	Date SEP 18 1992	Effective Date <u>10/1/91</u>
TN NO. 87-21		С <b>ж</b> .	HCFA ID: 7985E

<ul> <li>42 CFR 435.1008 5. a. Is not an ir institutions nursing facifor the ment community represidences,</li> <li>42 CFR 435.1008 b. Is not a patifor mental di age 22 receiv</li> </ul>	imate of a public institution. Public institution. Public do not include medical institution. It is and intermediate care facilitally retarded, or publicly operate sidences that serve no more than or certain child care institution of certain child care institution seases except as an inpatient under
42 CFR 435.1008 b. Is not a pati 1905(a) of the for mental di Act age 22 receiv	do not include medical institution lities and intermediate care faci- ally retarded, or publicly operate sidences that serve no more than or certain child care institution ent under age 65 in an institution
1905(a) of the for mental di Act age 22 receiv	ent under age 65 in an institution seases except as an inpatient under
	ing active treatment in an accredited acility or program.
under a	licable with respect to individuals ge 22 in psychiatric facilities or s. Such services are not provided und n.
1912 of the his or her own r Act who is eligible individual has l to medical support any third party.	a condition of eligibility, to assign ights, or the rights of any other pers for Medicaid and on whose behalf the egal authority to execute an assignmen rt and payments for medical care from (Medical support is defined as suppong ng for medical care by a court or rder.)

TN No. <u>91-39</u> Supersedes	Approval Date SEP 181992	Effective Date <u>10/1/91</u>
TN NO. NEW		HCFA ID: 7985E Revised Submission FEB 11
		•

#### Revision: HCFA-PM-91-3 (MB) Jordger 1991

ATTACHMENT 2.5-A Page 3a.1 OMB No.: 0938-

## State/Territory: \_\_\_\_\_ FLORIDA

Citation

Condition or Requirement.

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant) women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

X7 Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act, (section 1137(f)), and newborn children who are eligible under Section 1902(e)(4).

TN No. 91-39 Supersedes	SEP 1 8 1992	Effective Date <u>10/1/91</u>
TN NO. NEW		HCFA ID: 7985E Revised Submission FEB 1 1 19

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

ATTACHMENT 2.5-A Page 3b OMB No.: 0938-

Ł

	Sta	ate:	FLORIDA	OMB NO.: 0938-	
	Citation		Condition or Red	quirement	
	1902(c)(2)	8.	Is not required to apply for A title IV-A as a condition of a receiving, Medicaid if the ind. woman, infant, or child that the cover under sections 1902(a)(1) 1902(a)(10)(A)(ii)(IX) of the a	pplying for, or ividual is a pregnant he State elects to 0)(A)(i)(IV) and	
	1902(e)(10)(A) and (B) of the Act	9.	Is not required, as an individu woman; to meet requirements un of the Act to be in certain liv (Prior to terminating AFDC ind such requirements under a Stat determines if they are otherwis State's Medicaid plan.)	der section 402(a)(43) ving arrangements. ividuals who do not meet e's AFDC plan, the agency	
1906	of the Act	10.	Is required to apply for enrollm based cost-effective group hea plan is available to the individ a condition of eligibility individual who is unable to enr behalf (failure of a parent to not affect a child's eligibility	alth plan, if such iual. Enrollment is except for the roll on his/her own enroll a child does	

TN No. <u>91-39</u> Supersedes TN No. NEW	Approval	Date	255 18 1998	Effective Date <u>10/1/91</u>
IN NO.			A Contraction	HCFA ID: 7985E

# Revision: HCFA-PM-91- 8 (MB) October 1991

# ATTACHMENT 2.6-A Page 3c OMB NO.: 0938-

## State: FLORIDA

Citation(s) Condition or Requirement 1906 of the Act 11. Is required to apply for coverage under Medicare Parts A, B and/or D if it is likely that the individual would meet the eligibility criteria for any or all of those programs. The state agrees to pay any applicable premiums and, if eligible, cost-sharing (except those applicable under Part D) for individuals required to apply for Medicare. Application for Medicare is a condition of eligibility unless the state does not pay the Medicare premiums, deductibles or coinsurance (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying. [This requirement is based on decision in U.S. Supreme Court case New York State Department of Social Services v. Dublino, 413 U.S. (1973).]

TN No.: <u>06-001</u> Supersedes TN No.: <u>NEW</u>

Approval Date: 05/03/06

Effective Date: <u>01/01/06</u> HCFA ID: 7985E

٠

.

-

	,					
	· ·	HCFA-PM December	- 19	97 Pag ON	TACHMENT 2.6-A 3e 4 1B No.:0938-0673	
		Ale and a second s				
	Citation			Condition or Requ	irement	- 
	В.			Treatment of Institutionalized luals' Incomes		
		· · · · · ·		e following items are not consider steligibility process:	ed in the	÷.
	1902(o) of the Act	-	a,	SSI and SSP benefits paid under and (G) of the Act to individuals in a hospital, nursing home, SNF	who receive care	
·	Bondi y Sullivan (SSI)		Ъ.	Austrian Reparation Payments (payments made under §500 - 500 General Social Insurance Act). A State follows SSI program rules the payments.	of the Austrian	
•	1902(r)(1) of the Act	•	c.	German Reparations Payments ( made by the Federal Republic of	eparation payments Germany).	
	105/206 of P.L. 100-383		d.	Japanese and Aleutian Restitution	Payments.	
	1. (a) of P.L. 103-286		e.	Netherlands Reparation Payment not Japanese, persecution (during	s based on Nazi, but 3 World War II).	
	10405 of P.L. 101-239		f.	Payments from the Agent Orange or any other fund established pur settlement in the In re Agent On liability litigation, M.D.L. No. 38	suant to the ange product	
	6(h)(2) of P.L. 101-426		g.	Radiation Exposure Compensati	on.	·
	12005 of P. L. 103-66		h.	VA pensions limited to \$90 per n 38 U.S.C. 5503.	nonth under	

TN No. 98-16 Supersedes	Approval Date FEB 1 6	2001	Effective Da	ite_10/1/98_
TN No. 95-03		Revised	Submission	1/30/2001

Revision:	HCFA-PM-97-2 December 1997		Attachment 2.6 – A Page 4a OMB No.:0938-0673
State:	<u>FLORIDA</u>		ONID 1000938-0075
Citation			Condition or Requirement
1924 of the 435.725 435.733 435.832	Act	2.	The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:
			Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.
			a. Aged, blind disabled: Individuals <u>\$ 105</u> Couples <u>\$ 210</u>
			For the following persons with greater need:
			Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
			b. AFDC related: Children <u>\$ 105</u> Adults <u>\$ 105</u>
			For the following persons with greater need:
			Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met .
			<ul> <li>c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A.</li> <li><u>\$ 105</u></li> </ul>

>

٠

Citation 1924 of the Act	LORIDA Condition or R For the following persons wit Supplement 15 to <u>Attachment</u> greater need; describes the ba determining the deductible arr amount is not listed above; lis be met; and, where appropria organizational unit which dete criterion is met. 3. In addition to the amounts u amounts are deducted fra institutionalized individual wit	h greater need: <u>2.6-A</u> describes the sis or formula for nount when a specific sts the criteria to te, identifies the crimines that a inder item 2., the following month
	<ul> <li>For the following persons with Supplement 15 to <u>Attachment</u> greater need; describes the bad determining the deductible arramount is not listed above; libbe met; and, where appropriatorganizational unit which determine is met.</li> <li>In addition to the amounts unamounts are deducted free</li> </ul>	h greater need: <u>2.6-A</u> describes the sis or formula for nount when a specific sts the criteria to te, identifies the crmines that a ander item 2., the following month
1924 of the Act	Supplement 15 to <u>Attachment</u> greater need; describes the ba determining the deductible arr amount is not listed above; lis be met; and, where appropria organizational unit which dete criterion is met. 3. In addition to the amounts u amounts are deducted fre	<u>2.6-A</u> describes the sis or formula for nount when a specific sts the criteria to te, identifies the ermines that a under item 2., the following month
1924 of the Act	<ul> <li>greater need; describes the bad determining the deductible arranount is not listed above; listed above; listed above; and, where appropriational unit, which determine is met.</li> <li>In addition to the amounts unanounts are deducted from the deducted from the anounts are deducted from the amounts are deducted from the amounts and the amounts are deducted from the amounts are deducted</li></ul>	sis or formula for nount when a specific sts the criteria to te, identifies the crmines that a under item 2., the following month
1924 of the Act	amounts are deducted fro	inder item 2., the following month
		om the remaining income of a
	calculated using the formu- which the maintenance ne spouse's income. The main the maximum prescribed in	towance for the community spous ila in $\S1924(d)(2)$ , is the amount heads standard exceeds the communi- tenance needs standard cannot exceed n $\S1924(d)(3)(C)$ . The maintenance f a poverty level component plus a
	<u>x</u> The poverty level c calculated using the applica percentage (set out §1924) Act) of the official poverty	ble (d)(3)(B) of the
	The poverty level c calculated using a percenta than the applicable percenta %, of the official po (still subject to maximum r	ge greater age, equal to
~	The maintenance ne community spouses is set a permitted by §1924(d)(3)(	t the maximum
	spouse's monthly income exceptional maintenance nee	ble, the State will set the communit allowance at the amount by whic ds, established at a fair hearing, excee come, or at the amount of any cour

TN No.\_\_NEW\_\_\_

Revised Submission 1/30/2001

.

۰.

	December 1991	OMB No.:0938-0673
State:	FLORIDA	1
Citation		Condition or Requirement
		etermining any excess shelter allowance, y expenses are calculated using:
	<u>X</u>	the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or
. · ·		the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.
· ·	b. The fami	monthly income allowance for other dependent ly members living with the community spouse is:
	• •	x one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B) ) exceeds the dependent family member's monthly income.
		a greater amounted calculated as follows:
	defin	following definition is used in lieu of the ition provided by the Secretary to determine the ndency of family members under §1924 (d)(1):
	that	unts for health care expenses described below are incurred by and for the institutionalized idual and are not subject to payments by a third party:
	(i) (i)	Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
	. ]	Necessary medical or remedial care ecognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

TN NO. NEW

Revised Submission 1/30/2001

	Revision:	HCFA. Decen		7-2 1997	ATTACHMENT 2.6-A Page 5 OMB No.:0938-0673
	. Sta	te:	FLOR	IDA	
	Citation			Condition or F	Requirement
	435.725 435.733 435.832		4.	In addition to any amounts d above, the following monthly the remaining monthly incom individual or an institutionali	amounts are deducted from the of an institutionalized
•	•	•	a.	family living in the institution no community spouse living i	ice needs of each member of a palized individual's home with in the home. The amount must be ment of need but must not exceed
				<ul> <li>AFDC level; or</li> <li>Medically needy level;</li> </ul>	
				(Check one)	
				X AFDC levels in Supple Medically needy level i Other: S	ement 1 in Supplement 1
(		2	b.	deducted under 3.c. above (i. community spouse), are incurr	enses described below that have not been e., for an institutionalized individual with a ed by and for the institutionalized individual id are not subject to the payment by a third
					nd other health insurance premiums, ce charges, or copayments.
•				not covered under the Sta	nedial care recognized under State law but ate plan. (Reasonable limits on amount are 3 to <u>ATTACHMENT 2.6-A.)</u>
	435,725 435,733 435,832		5.	At the option of the State, as is deducted from any remain institutionalized individual or	specified below, the following ing monthly income of an r an institutionalized couple:
			, cou ind	ple for not longer than 6 m	ttenance of the home of the individual or onths if a physician has certified that the institutionalized couple, is likely to return
		• •		<u> </u>	
				Yes (the applicable arr	nount is shown on page 5a.)
·	4 <sup>144</sup> 42000	10000000000000000000000000000000000000	-	۰ ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰	
	Supersedes	98-16		Approval Date FEB 1 6 20	Effective Date 10/1/98
	TN No	91-39			Revised Submission 1/30/2001

Feb-29-2004	10:20am	From	-scc
	TCCATOL	<i>о</i> п.	LT.

-SCCMS
TIUTA-TIVI->/-2
December 1997

+4045627233	T-856	P.007/009	F-009
ATTACHMENT	2.6-A		
Page 5a			

TN No. 98–16 Supersedes TN No. NEW	······································	pproval l	FEB 1 6 2001 Effective Date 10/1/98
	·		
·			
	7		
•			
· · · · · · · · · · · · · · · · · · ·	•		
· .			lest"
• •			
•	•		
		¢	
			Act.
			Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the
			home are different.
			countable income is determined under §1924(d)(1) of the Action only if the individuals' home and the community spouse's
	ı		Amount for maintenance of home is deductible wher
. e.			Amount for maintenance of home is the actual maintenance costs not to exceed \$
			\$_0
Citation		x	Amount for maintenance of home is:

Feb-23-2004 10:21am From-SCCMS

+4045627233

Revision:	HCFA-	PM-92	-1	(ME
FEF	RUARY	1992		

ATTACHMENT 2.6-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Stat	⊜:	FLORIDA

3

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

42 CFR 435.711

TN NO.

TN NO.

Supersedes

92-23

91-39

Approval Date

435.721, 435.831

Condition or Requirement

#### C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFBC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

1992

Effective Date 4/1/92

റ ല HCFA-PM-95-7 (MB) 10/95

## ATTACHMENT 2.6-À Page 6a

### State: \_\_\_\_\_\_FLORIDA

Citation

#### Condition or Requirement

- X Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
- <u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for Categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
- <u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- <u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- X Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- X Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- X Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act.

		Effective	
Supersedes Approval Date	3/25/03	. ·	

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 ATTACHMENT 2.6-A Page 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: FLORIDA

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Condition or Requirement

- 1. Methods of Determining Income
  - a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
    - (1) In determining countable income for AFDC-related individuals, the following methods are used:
      - X (a) The methods under the State's approved AFDC plan only; or
        - (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
      - (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

Date 7/1/03

1902(e)(6) the Act

. Millt htm

1902(r)(2) of the Act

Supersedes TN No. 02-18	Approval Date	10703/03	Effective
Revised Submission	-		

ATTACHMENT 2.6-A Page 7a

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

C	
State:	FLORIDA
	LDONIDH

		S	~~~~	
ELICIBILITY.	CONDUCTORS	AND	REQUIREMENTS	

Citation(s)

TN No.

Supersedes

TN NO. NEW

92-23

Condition or Requirement

42 CFR 435.721	b.	Aged individuals. In determining countable
435.331, and		income for aged individuals, including aged
1902(m)(1)(B)(m)(4)		individuals with incomes up to the Federal
and $1902(r)(2)_{c}$		poverty level described in section
of the Act		<pre>l902(m)(l) of the Act, the following methods are used:</pre>

The methods of the SSI program only.

199Z

Effective Date

4/1/92

UU

Approval Date

X The methods of the SSI program and/or any more liberal methods described in <u>Supplement</u> Ba to ATTACHMENT 2.6-A.

Revision:	HCFA-PM-91-4	• -(BPD)	
	AUGUST 1991		

ATTACHMENT 2.6-A Page 8 OMB No.: 0938-

State:

FLORIDA

Citation

## Condition or Requirement

 $1^{-7}$ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.5-A; and any more liberal methods described in Supplement 6a to ATTACHMENT 2.6-A.

- 11 For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.5-A.
  - For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements --

SSI methods only.

- SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
- Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT</u> 2.5-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

TN No. 91-39		SFD 1 8 1002	
Supersedes	Approval	DateSEP 18 1992	Effective Date <u>10/1/91</u>
TN NO. <u>91-27</u>		· ·	· ·
			HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

ATTACHMENT 2.6-A Page 9 OMB No.: 0938-

•••	OMB No.: 0938-
State:	FLORIDA GAB NO.: 0958-
Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and	c. <u>Blind individuals</u> . In determining countable income for blind individuals, the following methods are used:
1902(r)(2) of the Act	The methods of the SSI program only.
	X SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT</u> 2.5-A.
	For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> , and any more liberal methods described in <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A</u> .
	:
	For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
•	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements
	SSI methods only.
•	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A</u> .
	Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT</u> <u>2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
TN No. <u>91-39</u> Supersedes App TN No. <u>90-40</u>	roval Date SEP B 1392 Effective Date 10/1/91

HCFA ID: 7985E

. .

<u>\_</u>`-

.

Revision		-PM-91-4 1991	(BP		ATTACHMENT Page 10 OMB No.: 0	
	States	·		FLORIDA		
Cita	ion			Conditior	or Requirement	
	•. •		consi same of pa	ders only the ir household as ava rents as availab	ve responsibility, t come of spouses livi ilable to spouses an le to children livin ldren become 21.	ng in the d the income
42 CFR 4 and 435.1 1902(m)( (m)(4), a 1902(r)( the Act	331 L)(B), and	d	count indiv with level	able income of c iduals, includir incomes up to th described in se	-	
				The methods of	the SSI program.	
			<u>×</u>		/or any more liberal pplement 8a to ATTAC	methods HMENT
						-
·				§435.230: inco	ate supplement recip me methods more libe ed in <u>Supplement 4</u> t	ral than
•				supplement reci individuals des the Act): more applied under to of the Act, as ATTACHMENT 2.6	other than optional pients (except aged cribed in section 19 restrictive methods the provisions of sec specified in <u>Supplem</u> the and any more libe upplement 8a to ATTAC	and disabled 03(m)(1) of than SSI, tion 1902(f) hent 4 to eral methods

TN No. <u>91-39</u> Supersedes TN No. 88-07	Approval	Date <u>SEP 8 1992</u>	Effective Date <u>10/1/91</u>
			HCFA ID: 7985E

Revision:

Sta	te	:
-----	----	---

FLORIDA

Citation

Condition or Requirement

For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

\_\_\_\_ SSI methods only.

\_\_\_\_ SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A</u>.

Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT</u> <u>2.6-A</u> and more liberal methods are specified in <u>Supplement 8s to ATTACHMENT 2.6-A</u>.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. <u>91-39</u> Supersedes	Approval Date SEP 181992	Effective Date <u>10/1/91</u>
TN No. <u>87-21</u>		HCFA ID: 7985E

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: FLORIDA

e.

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

#### Citation(s)

# Condition or Requirement

1902(1)(3)(E) and 1902(r)(2) of the Act

Pover	rty level prognant women, infants, and
chil	Tren. For pregnant women and infants or
child	dren covered under the provisions of
sect	ions 1902(a)(10)(A)(1)(IV), (VI), and (VII),
and	1902(a)(10)(A)(ii)(IX) of the Act
(1)	The following methods are used in
	determining countable income:

- $\underline{X}$  The methods of the State's approved AFDC plan.
- X The methods of the approved title IV-E plan.
- The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

TN No. 92-23 Supersedes Approval Bate OCT 13 1992 Effective Date 4/1/92 TN No. 91-39 Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

ATTACHMENT 2.6-A Page 12

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: \_\_\_\_\_ FLORIDA

# ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Con	dition or Requirement
	- <u><u><u></u></u></u>	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act		(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:
		The methods of the SSI program only.
	•	X SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to</u> ATTACHMENT 2.6-A.
		For institutional couples, the methods specified under section 1611(e)(5) of the Act.

TN NO. 92-23 Supersedes	Approval	Date OCT 13	1992	Effective	Date	4/1/92
TN NO. 91-39		We are a subject to the subject of t				

Bouldion: HCPA-DM-07-7

ATTACUMENT 7 6-A

Revision:	HCFA-PM-93-2 MARCH 1993	(MB)			ATTACHMENT 2.6-A Page 12a
	State:		I	LORIDA	·
Citation				Condition or	Requirement
			amou in ti title "tra the and folle	nts attributable to ne monthly insurance a II COLA is not co nsition period" beg title II benefit fo ending with the lag	es a title II benefit, an the most recent increase benefit as a result of ounted as income during a finning with January, when or December is received, of day of the month publication of the revise level.
			pove day	rty levels are not	tle II income, the revise effective until the first ving the end of the
		. *	the		eiving title II income, els are effective no late ation.
1905(s) of	the Act	g.	(1)	Qualified disabled	and working individuals.
				qualified disabled covered under 1902	entable income for i and working individuals 2(a)(10)(E)(ii) of the Act 3 SSI program are used.
1905(p) of	the Act		(2)	Specified low-inco	ome Medicare beneficiaries
				specified low-inco covered under 1902	Intable income for ome. Medicare beneficiaries 2(a)(10)(E)(iii) of the nod as in f. is used.
				λ.	
				н - Сарана - Сарана	

TN No. 93-08		85 MA		
	Date	MAY 7 1993	Effective Date 1/1/93	
TN Nov 92-23				

**Revision:** 

# ATTACHMENT 2.6-A Page 12d OMB No.:

аў; ~50

· · · · · · · · · · · · · · · · · · ·	State/Territory:	Florida
Citation		Condition or Requirement
	· · · · · · · · · · · · · · · · · · ·	
1902(a)(10)(A) (ii)(XV) of the Act		<u>Working Individuals with Disabilities -</u> Basic Coverage Group - TWWIIA
		In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:
		The agency does not apply any income or resource standard.
		NOTE: If the above option is chosen, no further eligibility-related options should be elected.
		The agency applies the following income and/ or resource standard(s):
		Income Limit: Current Meds-AD income limit in effect Resource Limit: \$8,000 (individual) \$9,000 (couple)
3		
TN No: <u>2003-07</u> Supersedes	Approval Date	JUN 2 7 2003 Effective Date January 1, 2003
TN No. <u>2002-01</u>	· · ·	CMS ID:

**Revision:** 

# ATTACHMENT 2.6-A Page 12e OMB No.:

S	tate/Territory:	Florida
Citation		Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cor	nt.) In de incon	ne Methodologies termining whether an individual meets the ne standard described above, the agency uses ollowing methodologies: The income methodologies of the SSI program The agency uses methodologies for treatment of income that are more restrictive than the SS program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6 – A. The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

# ATTACHMENT 2.6-A Page 12f OMB No.:

	OMB No.:
State/Ten	ritory: Florida
Citation	Condition or Requirement
902(a)(10)(A) )(XV) of the Act (cont.)	<ul> <li><u>Resource Methodologies</u></li> <li>In determining whether the individual meets the resource standard described above, the agency use the following methodologies:</li> <li>Unless one of the following items is checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separatel described in Supplement 8b to Attachment 2.6-A.</li> <li> The agency disregards funds held in employer sponsored retirement plans.</li> </ul>
	sponsored retirement plans such as 401( Keogh plans, and employer pension plans disregard involving retirement accounts is described in Supplement 8b to Attachmer The agency disregards funds held sponsored retirement plans, but no

\_\_\_\_ The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

TN No: <u>2003-07</u> Supersedes TN No. <u>2002-01</u>

Approval Date

**Revision:** 

JUN 2 7 2003 Effective Date January 1, 2003 CMS ID: **Revision:** 

ATTACHMENT 2.6-A Page 12g OMB No.:

	State/Territory:		Florida
Citation		Cond	ition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (	cont.)		The agency does not disregard funds in retirement accounts.
			The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
			The agency uses the resource methodologies of the SSI Program.
	х		The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

TN No: <u>2003-07</u> Supersedes TN No. 2002-01

Approval Date\_

JUN 27 2003 Effective Date January 1, 2003 CMS ID:

į

Revision:		ATTACHMENT 2.6-A Page 12m OMB No.:
State/T	erritory: <u> </u>	<u>brida</u>
Citation	Co	ndition or Requirement
1902(a)(10)(A)(ii)(XIII) (XV), (XVI), and 1916(g) of the Act	For individ described The oth bas cos	of Premiums or Other Cost Sharing Charges duals eligible under the BBA eligibility group in No. 23 on page 23d of Attachment 2.2-A: e agency requires payment of premiums or her cost-sharing charges on a sliding scale sed on income. The premiums or other st-sharing charges, and how they are plied are described below:

TN No. <u>2003-07</u> Supersedes TN No. <u>2002-01</u>

Approval Date <u>JINI 0 17</u> 2003 CMS ID:

ì

ж. . К.

Revision:	ATTACHMENT 2.6-A Page 12n OMB No.:
State/Territo	ory: <u>Florida</u>
Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIII), (XV), (XVI), and 1916(g) of the Act (cont.)	For individuals eligible under the Basic Coverage Group described in No. 24 on page 23d of Attachment 2.2-A, and the Medical Improvement Group described in No. 25 on page 23d of Attachment 2.2-A:
	NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.
	The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.
	The premiums or other cost-sharing charges, and how they are applied are described on page 120.

Revision:		ATTACHMENT 2.6-A Page 12o OMB No.:
· · · · · · · · · · · · · · · · · · ·	State/Territory:	Florida
Citation	· · · · · · · · · · · · · · · · · · ·	Condition or Requirement
Sections 1902(a)(1 (ii)(XV), (XVI), and of the Act (cont.)		Premiums and Other Cost-Sharing Charges
· · · · · · · · · · · · · · · · · · ·		For the Basic Coverage Group and the Medical Improvement Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below.

TN No. <u>2003-07</u> Supersedes TN No. <u>2002-01</u> Approval Date <u>JUN 27</u> 2003 CMS ID:

ліс П Revision: HCFA-PM-91-4 August 1991

Attachment 2.6-A Page 13

FLORIDA

1902(k) of the Act	2. Medicaid Qualifying Trusts In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whos spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or
· · · · · · · · · · · · · · · · · · ·	described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whos spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or
	initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediat care facility for the mentally retarded. These policies apply to trusts established prior to October 1, 1993.
	/x/ The agency does not count the funds in a trust as described above in any instance where the State determines that is would wor an undue hardship.
1902(a)(10) the Act	<ol> <li>Medically needy income levels (MNILs) are of based on family size.</li> </ol>
	<u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.

TN NO. <u>93-59</u> Supersedes TN No. <u>91-39</u> FEB 1 8 1994

Effective 10/1/93

Revision:	HCFA-PM-91-4 AUGUST 1991 State:	(BPD) FLORIDA	ATTACHMENT 2.6-A Page 14 OMB No.: 0938-
Citati	on	Condit	ion or Requirement
42 CFR 435 435	.971 We	ndling of Excess In	come - Spend-down for the 1 States and the Categorically
s	ā .	Medically Needy	
	· · · *	available fo services. T available in <u>l</u> month(s) determine th	cess of the MNIL is considered as r payment of medical care and he Medicaid agency measures come for periods of (not to exceed 6 months) to e amount of excess countable income o the cost of medical care and
	- X 4 C 1 - <u></u> 	standard, th	income exceeds the MNIL agency deducts the following enses in the following order:
		(a) Health in: coinsuran	surance premiums, deductibles and ce charges.
	20 <sup>10</sup> 0	(b) Expenses care not	for necessary medical and remedial included in the plan.
		(c) Expenses care inclu	for necessary medical and remedial ided in the plan.
		deducte	able limits on amounts of expenses ad from income under a.(2)(a) and ove are listed below.
· •	•		
1902(a)(17) Act	of the	payment by a unless the ep by a third pa program (othe local governm	enses that are subject to third party are not deducted openses are subject to payment arty that is a publicly funded or than Medicaid) of a State or ment and is financed by the cal government.
TN No Supersedes	Approv	al Date SEP 1 8 199	2 Effective Date 10/1/91
TN No. 9	0 4 0		HCFA ID: 7985E
			Revised Submission 6/26/92

# ATTACHMENT 2.6-A Page 14a

Citation	Condition or Requirement				
1903(f)(2) of the Act a. <u>Medically Needy (Continued)</u>					
	(3) If countable income exceeds the MNIL standard, the agency deducts spend down payments made to the State by the individual.				

State/Territory: FLORIDA

Subject to the 42 CFR 435.602 and the provisions in Supplement 8a to Attachment 2.6-A of the state plan, the state will use MAGI-based income methodologies for purposes of determining medically needy eligibility for the following categories of individuals:

- X pregnant women,
- X -children,
- $\underline{X}$  -parent/caretaker relatives

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD	)	ATTACHMENT 2.6-A Page 15	
	State:	F	LORIDA	OMB No.: 0938-	
Citati	on		Condition or	Requirement	
	þ.	Catego	rically Needy - Se	ction 1902 (f) States	
42 CFR 435.732		The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:			
		(1)	Any SSI benefit re	ceived.	
			the scope of an ag		
		(-,	\$\$435.134 and 435.	that are deducted under 135 for individuals specified n the manner elected by the ection.	
				rom income described in this 2.5-A, Supplement 4.	
				for necessary medical and recognized under State law.	
1902(a)(17 Act, P.L.		by a t expens party	third party are not ses are subject to that is a publicly	re subject to payment deducted unless the payment by a third funded program (other e or local government.	

Approval Date EP 18 1992 TN No. <u>91-39</u> Supersedes TN No. <u>87-37</u> Effective Date 10/1/91 HCFA ID: 7985E

.

and the second sec

. .

Revision: HCFA-PM-91-8 (MB) October 1991

ATTACHMENT 2.5-A Page 15a OMB No.

State/Territory: \_\_\_\_\_FLORIDA

C:	Lt.	<b>a</b> '	τ.	r c	n
----	-----	------------	----	-----	---

## Condition or Requirement

4.b. <u>Categorically Needy - Section 1902(f) States</u> Continued

1903(f)(2) of \_\_\_\_\_(6) Spenddown payments made to the State by the Act \_\_\_\_\_\_the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

TN NO. <u>91-39</u>	Approval	Dat SEP 18 1992	Effective	Date 10/1/91
Supersed <b>es</b> TN No. <u>NEW</u>		. dv.	HCFA ID:	7985E/

Revision: HCFA-PM-91-4

2

(BPD)

ATTACHMENT 2.6-A

	AUGUST 199 State:		ORIDA	Page 16 OMB No.: 0938-	
Citati			Condition or Requ	Requirement	
	5	5. <u>Methods for</u>	r Determining Resource	<u>8</u>	
	• •		lated individuals (exc pregnant women, infan		
		AF	n determining countabl FDC-related individual re used:	e resources for s, the following methods	
		(a)	The methods under th plan; and	e State's approved AFDC	
		<u>/</u> (b)	plan and/or any more	e State's approved AFDC liberal methods ent 8b to ATTACHMENT	
		re re hc re	esources of spouses li ousehold as available esources of parents as	ncy considers only the ving in the same	
				1	

TN No. <u>91-39</u> Supersedes TN No. <u>89-11</u>	Approval	Date SEP 18 1992	Effective	Date <u>10/1/91</u>
			HCFA ID:	7985E

Management and a state of the s

Revision:	HCFA-PM-91-4 AUGUST 1991 State:	( 89	D) FLORIDA	ATTACHMENT 2.5-A Page 16a OMB No.: 0938-
Citati	on		Condition or Requ	uirement
and a start of the	5. <u>M</u> e	thods	for Determining Resource	<u>85</u>
1902(a)(10 1902(a)(10 1902(m)(1) and (C), a 1902(r) of	)(C), )(B) and	under the a	individuals, including section 1902(a)(10)(A) gency used the following ment of resources:	(ii)(X) of the Act, g methods for
			The methods of the SSI SSI methods and/or any described in <u>Supplement</u>	more liberal methods
		· .	$\frac{2.6-A}{2.6}$	
			individuals described the Act) and/or more 1. SSI program. <u>Suppleme</u> describes the more res	restrictive (except for in section $1902(m)(1)$ of iberal than those of the nt 5 to ATTACHMENT 2.6-A trictive methods and HMENT 2.6-A specifies the

		or b · b 1099		an jár szere keletetetetetetetetetetetetetetetetetete
TN No. <u>91-39</u> Supersedes	Approval	Date DEP D 1994	Effective	Date <u>10/1/91</u>
TN NO. NEW			HCFA ID:	7985E

and the second second

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 ATTACHMENT 2.6-A Page 17 OMB No.: 0938-

State: FLORIDA

Citation

#### Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act

Water and the second se

c. <u>Blind individuals</u>. For blind individuals the agency uses the following methods for treatment of resources:

\_ The methods of the SSI program.

X SSI methods and/or any more liberal methods described in <u>Supplement 8b to</u> <u>ATTACHMENT 2.6-A</u>.

\_ Methods that are more restrictive and/or more liberal than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describe the more restrictive methods and <u>Supplement 8b to</u> <u>ATTACHMENT 2.6-A</u> specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. <u>91-39</u> Supersedes	Approval Date SEP _ 8 1292	Effective Date <u>10/1/91</u>
TN NO. <u>90-40</u>		HCFA ID: 7985E

	A-PM-91-4 ( ST 1991	(BPD) ATTACHMENT 2.6-A Page 18 OMB No.: 0938-
S	tate:	FLORIDA
Citation		Condition or Requirement
1902(a)(10)(A) 1902(a)(10)(C) 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	, <u>cov</u> the	sabled individuals, including individuals vered under section 1902(a)(10)(A)(ii)(X) of e Act. The agency uses the following thods for the treatment of resources: The methods of the SSI program.
(682 W 2 C W W	X	SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6</u>
	-	Methods that are more restrictive (except for individuals described in section 1902(m)(1) the Act) and/or more liberal that those under the SSI program. More restrictive methods a described in <u>Supplement 5 to ATTACHMENT 2.6-</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
	age	determining relative financial responsibility, ency considers only the resources of spouses liv the same household as available to spouses and
	res wit	sources of parents as available to children liv. th parents until the children become 21.
1902(1)(3) and 1902(r)(2) of the Act	res wit e. <u>Pov</u> sec	sources of parents as available to children liv.
and $1902(r)(2)$	res wit e. <u>Pov</u> <u>sec</u> 190 The	sources of parents as available to children liv th parents until the children become 21. verty level pregnant women covered under ctions 1902(a)(10)(A)(i)(IV) and
and $1902(r)(2)$	res wit e. <u>Pov</u> <u>sec</u> 190 The	<pre>sources of parents as available to children liv: th parents until the children become 21. <u>verty level pregnant women covered under</u> <u>ctions 1902(a)(10)(A)(1)(IV) and</u> <u>02(a)(10)(A)(11)(IX)(A) of the Act</u>. e agency uses the following methods in e treatment of resources.  The methods of the SSI program only.  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic  The methods of the SSI program and/or any magnetic </pre>
and $1902(r)(2)$	res wit e. <u>Pov</u> <u>sec</u> 190 The	<pre>sources of parents as available to children liv: th parents until the children become 21. <u>verty level pregnant women covered under</u> ctions 1902(a)(10)(A)(1)(TV) and 02(a)(10)(A)(11)(TX)(A) of the Act. e agency uses the following methods in e treatment of resources.  The methods of the SSI program only.  The methods of the SSI program and/or any mo liberal methods described in <u>Supplement 5a</u> of the state of supplement state of the state o</pre>
and 1902(r)(2) of the Act	res wit e. <u>Pov</u> <u>sec</u> <u>190</u> The the the <u></u>	<pre>sources of parents as available to children liv: th parents until the children become 21. verty level pregnant women covered under ctions 1902(a)(10)(A)(i)(IV) and 02(a)(10)(A)(ii)(IX)(A) of the Act. e agency uses the following methods in e treatment of resources. The methods of the SSI program only. The methods of the SSI program and/or any methods described in <u>Supplement 5a</u> Supplement 8b to ATTACHMENT 2.6-A.</pre>
and 1902(r)(2) of the Act	res wit e. <u>Pov</u> <u>sec</u> <u>190</u> The the the <u></u>	<pre>sources of parents as available to children liv: th parents until the children become 21. <u>verty level pregnant women covered under ctions 1902(a)(10)(A)(i)(IV) and 02(a)(10)(A)(ii)(IX)(A) of the Act. e agency uses the following methods in e treatment of resources. _ The methods of the SSI program only. _ The methods of the SSI program and/or any methods liberal methods described in <u>Supplement 5a of</u> <u>Supplement 8b to ATTACHMENT 2.6-A</u>.</u></pre>
and 1902(r)(2) of the Act	res wit e. <u>Pov</u> <u>sec</u> <u>190</u> The the the <u></u>	sources of parents as available to children livit th parents until the children become 21. verty level pregnant women covered under ctions 1902(a)(10)(A)(1)(IV) and 02(a)(10)(A)(11)(IX)(A) of the Act. e agency uses the following methods in e treatment of resources. The methods of the SSI program only. The methods of the SSI program and/or any mo liberal methods described in <u>Supplement 5a of</u> <u>Supplement 8b to ATTACHMENT 2.6-A</u> . Date

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A Page 19 AUGUST 1991 OMB No.: 0938-FLORIDA State: Condition or Requirement citation Methods that are more liberal than those of SSI. The more liberal methods are specified i Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A. Not applicable. The agency does not consider X resources in determining eligibility. · · · In determining relative financial responsibility, th agency considers only the resources of spouses livir. in the same household as available to spouses and th resources of parents as available to children living with parents until the children become 21. f. Poverty level infants covered under section 1902(a)(10)(A)(1)(IV) of the Act.  $1902(r)(2)^{-}$  of the Act The agency uses the following methods for the treatment of resources: The methods of the State's approved AFDC plan. Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in 1902(1)(3)(C)Supplement 5a of ATTACHMENT 2.5-A. of the Act Methods more liberal than those in the State's approved AFDC plan (but not more 1902(r)(2)restrictive), as described in <u>Supplement 5a o</u> of the Act Supplement 8b to ATTACHMENT 2.6-A. <u>X</u> Not applicable. The agency does not consider resources in determining eligibility. A REAL PROPERTY OF THE REAL PR

TN No. 91-39 Supersedes Approval Date Effective Date 10/1/91 TN No. 90-22 HCFA ID: 7985E STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

• •	State:	FLORIDA
		ELIGIBILITY CONDITIONS AND REQUIREMENTS
Citation(s)		Condition or Requirement
1902(1)(3) 1902(r)(2) the Act		g. 1. <u>Powerty level children covered under section</u> 1902(a)(10)(A)(1)(VI) of the Act. The agency uses the following methods for the
		The methods of the State's approved AFDC plan.
1902(1)(3) of the Act	(C)	Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 3a of ATTACHMENT</u> <u>2.6-A</u> .
1902(r)(2) of the Act		Methods more liberal than those in the State's approved AFDC plan (but hot more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.
		X Not applicable. The agency does not consider resources in determining eligibility.
		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
		•

TN NO. 92-23 Approval Date DCT 13 1992 Effective Date 4/1/92 Supersedes TN No. 91-39

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:		FLORIDA
		ELIGIBILI	TY CONDITIONS AND REQUIREMENTS
Citatic	n(s)		Condition or Requirement
1902(1)(3) 1902(r)(2)		g.	2. Poverty level children under section 1902(a)(10)(A)(1)(VII)
the Act			The agency uses the following methods for the treatment of resources:
			The methods of the State's approved AFDC plan.
1902(1)(3) the Act	(C)		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement</u> Sa of ATTACHMENT 2.5-A.
1902(r)(2) of the Act			Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement</u> 8a to ATTACHMENT 2.6-A.
			X Not applicable. The agency does not consider resources in determining eligibility.
			In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until

the children become 21.

TN No. 92-23 OCT 13 1992 Supersedes Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_ Revision: HCFA-PM-91-8 (MB) October 1991

ATTACHMENT 2.6-A Page 20 OMB No.:

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(1) of the Act the agency uses the following methods for treatment of resources:
	The methods of the SSI program only.
	X The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to</u> ATTACHMENT 2.6-A.
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:
	The methods of the SSI program only.
	More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

Approval Date SEP 18 1992 TN No. 91-39 Supersedes Effective Date 10/1/91 TN No. 90-22 HCFA ID: 7985E 4

State/Territory: FLORIDA

Revision: HCFA-PM-93-5 (MB) MAY 1993

ATTACHMENT 2.6-A Page 20a

	State:			FLORIDA
Citation		<u></u>	Con	dition or Requirement
1902(a)(1 of the Ac	.0)(E)(111) t	<u>, , , , , , , , , , , , , , , , , , , </u>	k.	Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act
				The agency uses the same method as in 5.h. of Attachment $2.6-A$ .
		6.	Rea	source Standard - Categorically Needy
			a.	1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:
				Same as SSI resource standards.
				More restrictive.
				The resource standards for other individuals are the same as those in the related cash assistance program.
			b.	Non-1902(f) States (except as specified under items 6.c. and d. below)
×				The resource standards are the same as those in the related cash assistance program.
				Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.
	. *			9200p01

TN NO.

92-23

Supersedes TN No. 91-39

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: \_\_\_\_\_ FLORIDA\_

ana) Bail Bail	LIGIBILITY (	CONDITIONS AND REQUIREMENTS
Citation(s)	Co	ndition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	с.	For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.
· ·		Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.
		X No. The agency does not apply a resource standard to these individuals.
1902(1)(3)(A) and (C) of the Act	d.	For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a recource standard.
		Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.
		X No. The agency does not apply a resource standard to these individuals.
	·	

Approval Date DG113

1992 Effective Date

Revision: HCFA-PM-91-4 AUGUST 1991

المحمد المحم المحمد (BPD)

ATTACHMENT 2.6-A Page 21a OMB No.: 0938-

RUGUSI -		OMB NO.: 0938-				
State	6 1 	FLORIDA	OMB NG.: 0938-			
Citation		Condition or Requirement				
1902(m)(1)(C) and (m)(2)(B) of the Act	ę,	For aged and disabled in section 1902(m)(1) of th under section 1902(a)(10 Act, the resource standa	e Act who are covered )(A)(11)(X) of the			
	C	which are higher t	ce standards. lly needy resource standards, han the SSI resource State covers the medically			
		Supplement 2 to ATTACHME resource levels for thes				

TN NO. <u>91-39</u> Supersedes TN NO. NEW	Approval Date	<u>8.332</u> Effec	ctive	Date <u>10/1/91</u>
TIA 140.		HCFA	ID:	7985E

 $\dot{r}_{\rm eff}$ 

Revision:	HCFA-PM-93 MAY 1993	3-5 (MB)	ATTACHMENT 2.6-A Page 22
	State:	FLORIDA	
Citation		Condition or Requireme	ent
		7. Resource Standard	d – Medically Needy
		a. Resource stand	lards are based on family size.
1902(a)(10)(C of the ACT	)(i)	b. A single standa determining reso groups.	rd is employed in ource eligibility for all
			s, the resource standards are than in 7.b. above for—
		Aged Blind Disabled	
		the resource sta medically needy	• <u>ATTACHMENT 2.6-A</u> specifies ndards for all covered groups. If the agency estrictive levels under 7.c., p indicates.
1905(p)(1)(D) and (p)(2)(B) of the Act			<ul> <li>Qualified Medicare</li> <li>ified Low-Income Medicare</li> <li>Qualifying Individuals</li> </ul>
1860D-14(a) (i) and (ii)	(3)(D)	Beneficiaries and Qu under section 1902( 1902(a)(10)(E)(iv) or times the SSI Stand subsequent years, th by the annual percer	are Beneficiaries, Specified Low-Income ualifying Individuals covered a)(10)(E)(i), 1902(a)(10)(E)(iii), and f the Act, the resource standard is three ard indexed annually since 2006. For he resource standard will be increased htage increase in the consumer price nearest multiple of \$10.
1905(a) of the Act		9. Resource standard Working Individuals	– Qualified Disabled and
		covered under sect Act, the resource st couple (in the case	ed and working individuals ion 1902(a)(10)(E)(ii) of the andard for an individual or a of an individual with a e SSI resource standard.
TN No <u>. 2009-</u>	026		

TN No<u>. 2009-026</u> Supersedes TN No. <u>93-43</u>

Approval Date:03-15-10 Effective Date 01/1/2010

#### Revision: HCFA-PM-93-5 (MB) MAY 1993

#### ATTACIIHENT 2.6-A Page 23

State:	FLORIDA					
Citation	Condition or Requirement					
1902(u) of the Act	10. Excess Resources					
· .	a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries					
	Any excess resources make the individual ineligible.					
	b. Categorically Needy Only					
	X This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.					
	c. Medically Needy					
	Any excess resources make the individual incligible.					
	ş					

TN No. 93-43 Bupersedes Approval Date 11/19/93 Effective Date 7/1/93 TN No. 91-39

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 24
	State:	FLORIDA	OMB No.: 0938-
Citati	on	Condition	or Requirement
42 CFR	11.	Effective Date of Elig	JIDILICY
435.914	a.	Groups Other Than Qual	lified Medicare Beneficiarie
		(1) For the prospect	tive period.
*			llable for the full month if Iduals are eligible at any t. 1.
		X Aged, blir X AFDC-relat	nd, disabled. Led.
·	- 1	during the month	llable only for the period for which the following the eligibility requiremen
			y recipients must incur es in order to become
		X Aged, blir X AFDC-relat	nd, disabled. ted.
		(2) For the retroact	tive period.
		the date of appl	llable for three months befo lication if the following Id have been eligible had the
		Aged, blir AFDC-relat	nd, disabled. red.
•	、 . ·	of the third mor application if t	llable beginning the first date of the following individuals would be at any time during that applied.
		X Aged, blir X AFDC-relat	nd, disabled. .ed.
•		4	· · ·
TN No. <u>91</u> - Supersedes		val Date 3 2	Effective Date <u>10/1/91</u>

HCFA ID: 7985E

ΗC

.

TN No. <u>92-23</u> Supersedes TN No. <u>91-39</u>

- FEBRUARY	1992	Page 25
		XIX OF THE SOCIAL SECURITY ACT
State:		ORIDA
	ELIGIBILITY CONDI	TIONS AND REQUIREMENTS
Citation(s)	Conditi	on or Requirement
1920(b)(1) cf the Act	<u></u>	(3) For a presumptive eligibility for pregnant women only.
		Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	<u>X</u> b.	For qualified Medicare beneficiaries defined in section $1905(p)(1)$ of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section $1905(p)(1)$ . The eligibility determination is valid for
		X 12 months
· •	•,	6 months
		<pre> months (no less than 6 months and no more than 12 months)</pre>
		,

1332

Effective Date

4/1/92

Approval Date

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

.

FLORIDA

## Citation

## Condition or Requirement

1902(a)(51)(B) 12. and 1902(f) of the Act

Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.

Construction of the second			an a	
TN NO. <u>91-39</u>	۵	Date SEP 18 1992		
	Approval	Date SEP 18 1992	Effective	Date <u>10/1/91</u>
TN NO. NEW				
		A	HCFA ID:	7985E

Revised Submission 6/26/92

Revision: HCFA-PM-97-3 December 1997	ATTACHME Page 26a OMB No.:093	NT 2.6-A 8-0673
State:		
Citation	Condition or Requirement	
•	•	
1924 of the Act 15.	The agency complies with the provisions of income and resource eligibility and posteligi individuals who are expected to be institut consecutive days and who have a spouse b	f §1924 with respect to bility determinations for ionalized for at least 30 iving in the community.
	When applying the formula used to de resources in initial eligibility determination community spouses is:	•
•		
	<u>x</u> the maximum standard permitted	•
	the minimum standard permitted h	•
•	<u>S</u> a standard that is an amount betwe maximum.	en the minimum and the
, · · ·		
	*	
		· .
•	. · ·	•
· · ·	•	_
TN No. <u>98-16</u> .	FEB 1 6 2001	Effective

Attachment 2.6-A Page 27

## FLORIDA

Citation

## Condition or Requirement

Section 13611 OBRA 1993 The agency complies with the provisions of section 13611 of OBRA 1993 with respect to the transfer of income and assets and the exclusion of income trusts.

FEB 1 8 1994

Approval -

Effective 10/1/93

TN No. <u>93-59</u> Supersedes TN No. <u>NEW</u>

Attachment 2.6-A Page 28

## FLORIDA

Citation

Condition or Requirement

Section 13611 OBRA 1993 The agency complies with the provisions of section 13612 of OBRA 1993 with respect to recovering the Medicaid costs of long term care from the estates of recipients. Procedures have been established to waive recovery due to undue hardship.

TN No. <u>93-60</u> Supersedes TN No. <u>NEW</u>

2-9-94

Approval -

Effective 10/1/93

1.

# Supplement 1 to Attachment 2.6-A Page 1

#### Revision:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: FLORIDA

#### INCOME ELIGIBILITY LEVELS

#### A. MANDATORY CATEGORICALLY NEEDY

1. TANF-Related Groups Other Than Poverty Level Pregnant Women and Infants:

PAYMENT STANDARDS

FAMILY	PAYMENT
SIZE	STANDARD
	(INCLUDES
	MAXIMUM
	SHELTER)
1	180
2	241
3	303
4	364
5	426
6	487
7	549
8	610
9	671
10	733
10*	+62

The need standard is based on 100 percent of the official Federal income poverty line.

Adjustment for each addition.

1. Pregnant Women and Infants under Section 1902(a)(10)(I)(IV) of the Act:

Effective May 1, 1992, based on the following percent of the official Federal income poverty level--

133 percent	$\mathbf{X}$	<u>185</u>	perce	nt (r	10	more	than	185	percent)
(specify)		base	ed on	famil	lу	size			

TN No. <u>2001-15</u> Supercedes TN No. 2000-12

Effective	Date	<u>October 1, 2001</u>
Approval	FEB	0 8 2002

Page 1.b

· · · .

## Monthly Residential Group Care Rates

,	<u>Age 0-11</u>	<u>Age 12 - 17</u>
Basic Rate Enhanced Rate	\$ 605	\$ 715
up to Maximum of	\$1,395	\$1,395

Included in the above monthly rates for foster family homes, foster family group homes and non-psychiatric residential group care are funds for the child's allowance and incidentals at the following rates:

Allowance	\$ 5		\$	11
Incidentals	\$ 7		\$	8

In addition to the board payment, an initial and a yearly clothing allowance is provided for all departmental foster care children. The funds to purchase school clothes for these children will be provided directly to the parents. If the children are in residential group care, the funds will be provided to the caregivers. The rates are as follows:

#### Initial Clothing Allowance

<u>Age 0-11</u>

Age 12 and over \$70

\$50

#### Annual Clothing Allowance

<u>Age 0-4</u>

#### Age 5 and over

\$100 per child

\$200 per child

As in the past, these rates are to be treated as the budgeted average. Exceptional circumstances may require paying an additional amount to obtain needed services.

> Amendment 91-07Effective 1/1/91Supersedes 87-37Approval Date 4/15/91

## Emergency Shelter Care Rates

Type of Shelters	Monthly Subsidy	Per Diem Rate
0-11 Family Shelters 12 over Family Shelters	\$50 \$50	\$11.74 \$12.86
0-11 Continuous Supervision 12 over Continuous Supervis:	0.	\$26.83
24 Hour Awake Supervision	0	\$28.00 \$45.55

## Monthly Family Foster Care Board Rates

	<u>Age 0-11</u>	Age 12 and over
Minimum	\$296	\$372
Moderate	\$314	\$393
Intensive	\$332	\$407

## Monthly Foster Family Group Home Rates

\$473 per child

Amendment 91-07 Effective <u>1/1/91</u> Supersedes <u>87-37</u> Approval Date <u>4/15/91</u>

#### Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	FLORIDA
d hates	LOULDE

## INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
  - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
  - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN NO. 92-23		00113	1992	ميا الكريمية، عدمة والمالية، معمد عنها المالية، معمد عنها المالية، مع	A	
Supersedes	Approval	Date OCT13		Effective	Date	4/1/92
TN NO. 91-39						

Revision: HCFA-PM-91-4 August 1991 Supplement 1 to Attachment 2.6-A Page 3

#### INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
  - 1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on <u>185</u> percent of the official Federal income poverty level (more than 133 percent and no more than 185 percent).

Family Size	Income Level
<u>    1                                </u>	\$
2	\$
3	\$
4	\$
5	\$

TN No. <u>93-45</u> Supersedes TN No. <u>91-39</u>

Approval Date 11-19-93

Effective Date 7/1/93

Revision:

HCFA-PM-91-4 (BPD) AUGUST 1991 Supplement 1 to Attachment 2.6-A Page 4 OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### State: FLORIDA

#### INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LINE

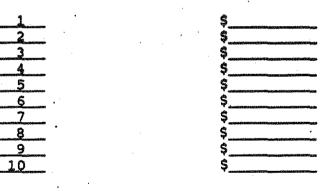
2. Children under the age of 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on <u>100</u> percent (no more than 100 percent) of the official federal income poverty line.

Family Size

Income Level



 TN No. 93-31
 JUL 30 1993
 Effective 4/1/93

 Supersedes
 Approval Date
 HCFA ID: 7985E

 TN No. 91-39
 HCFA ID: 7985E

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: <u>FLORIDA</u>

#### INCOME ELIGIBILITY LEVELS (Continued)

#### 3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (1) of the Act are based on \_\_\_\_\_ percent of the official Federal income poverty line.

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No.: <u>05-015</u> Supersedes TN No.: <u>02-010</u>

Approval Date: <u>02/13/06</u>

Effective Date: 01/01/06

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 6 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

state:	FLORIDA

#### INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

- 1. NON-SECTION 1902(f) STATES
- a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: // 85 percent /X/ 100 percent (no more than 100) Eff. Jan. 1, 1990: // 90 percent /X/ 100 percent (no more than 100) Eff. Jan. 1, 1991: 100 percent Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

#### Income Levels

TN No. <u>91-39</u> Supersedes TN No. NEW	Approval	Date SEP _8 1992	Effective	Date <u>10/1/91</u>
			HCFA ID:	7985E
		· •		

## Revision: HCFA-Region IV

f (?)

SUPPLEMENT 1 TO ATTACHMENT 2.6A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE FLORIDA

D. INCOME ELIGIBILITY LEVEL - MANDATORY GROUP OF QUALIFIED DISABLED WORKING INDIVIDUALS

The income of Qualified Disabled Working Individuals will not exceed 200 percent of the Federal Poverty Level.

<u>IN No. 90-40</u>		970499077200454004422777004 <u>344</u>	10-11-90	an a
Supersedes	Approval	Date	Effective	Date <u>7/1/90</u>
TN NO. NEW	damana a secondaria a	·.		

(evi		FA-PM-91-3 UST 1991	• (BP	0)	Page	PLEMENT 1 5 7 No.: 09			<b>2.6-A</b>
	S	STATE PLAN	UNDER 1	ITLE XIX	OF THE	SOCIAL SE	CURITY .		NGI
	Sta	te:	<b>*************************************</b>	FLORID	<u>A</u>	<del></del>			
¢	-	IN	COME ELI	GIBIÚITY	LEVELS	<u>(Continue</u>	<u>ed)</u>		
	QUALIFIED LEVEL	MEDICARE	BENEFIC	IARIES WI	TH INCOM	IES RÉLAT	ED TO FE	DERAL P	OVERTY
2.	SECTION 1 MORE REST	902(f) STA Rictive th	TES WHI	CH AS OF	JANUARY	1, 1989	USED INC	OME STA	NDARDS
	Based on ' level:	the follow	ing per	cent of t	he offic	ial Fede	ral inco	me pove	sty .
	Eff. Jan.	1, 1987:	27 80	percent		per	cent (no	more t	han 100)
	Eff. Jan.	1, 1990:	<u> </u>	percent	Land management	per	cent (no	more t	han 100)
<b>6</b> 4	Eff. Jan.	1, 1991:	<u>/</u> / 95	percent		per	cent (no	more t	han 100)
	Eff. jan.	1, 1992:	100 pe:	rcent					
) .	Levels:	Family	Size		Income	Levels			•
			- <del></del> .	•	\$				,
			Shapes			وروها با می با این این این این این این این این این ای			
		1							
٠							j.		
	·								

TN NO. 91-39 Supersedes TN No. NEW	Approval	Date <u>SEP 8 1992</u>	Effective Date <u>10/1/91</u> HCFA ID: 7985E Revised Submission FEB 1 1 1992
· · · · · · · · · · · · · · · · · · ·			•

	5			
Revision	HCFA-PM-91-4 AUSUST 1991	(BPD)	SUPPLEMENT 1 TO AT Page 8 CMB No.: 0938-	TACHMENT 2.5-A
	STATE PLAN C	NDER TITLE XIX OF	THE SOCIAL SECURIT	Y ACT
	State:	FLORIDA		_
D. MED:	CALLY NEEDY	INCOME LEVELS /	Cont(nued)	
×X	_ Applicable to a	ill groups.	Applicable to a	11 groups except
			those specified group income le listed on an at	vels are also
				(5)
Size	Net income level protected for maintenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR
/	urban only	435.10071	enamouskaikenampenenskaise	435.10071
	urban & rural			
	<u>\$ 180</u>			
2	<u>\$ 241</u>	<u></u>		
3	<u>\$ 303</u>			
4	<u>\$ 364</u>			\$\$
_For eac	h			
addi- tional				
person,	\$ 62		ę	¢
میں اور	he agency has met	hods for excludin	ig from its claim fo	
	onre made on heha	if of individuals	whose income excee	ds

:	TN No. <u>92-03</u> Supersedes TN No. 91-39	Approval	Date SEP 18 1992	Effective	Date 1/1/92
				HCFA ID:	7985E
				́с. н	

Revision: HCFA+PM-91-1 (BPD) AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.5-A Page 9 CMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ FLORIDA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

• .

Family Net income 1 Size protected f maintenance mont /_/ urban only /_/ urban & rura 5 \$ 426 6 \$ 487 7 \$ 549 8 \$ 610	or Column (2) for exceeds limit hs specified i 42 CFR 435.1007 <sup>1/</sup>	for personation for personation for personation for the second se	ons Column (4) In exceeds limits for specified in
<pre>// urban &amp; rura 5 \$ 426 6 \$ 487 7 \$ 549</pre>	435.1007*'	2 S	
5     \$     426       6     \$     487       7     \$     549	1 \$		<u>\$</u>
<u>5 \$ 487</u> 7 <b>\$</b> 549	5		
7 \$ 549		\$	
0 4 610			
<u>8 \$ 610</u>	5	<u> </u>	
<u>9 <b>\$</b> 671</u>		<b>S</b>	S
<u>10 \$ 733</u>	<u> </u>	\$\$	ع
or each ddi- ional erson, dd: \$ 62	<i>2</i>		• •
<u>dd: \$ 62</u>	anne an		administration and Welling and American and American and American and American and American and American and Am

IN No. 92-03 Supersedes IN No. 91-39	Approval	Date SEP 1 8 1992	Effective	Date 1/1/92
TN NO. 91-39			HCFA ID:	7985E

Revision:	HCFA-Re	ICFA-Region IV				SUPPLEMENT 1 TO ATTACHMENT 2.6-A							
	August	1991					I	Page 9a					
	STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURI	ITY	ACT		
	State:				. <del>د سف ۳۰۰ و انسر بی بران</del>				*				

- INCOME LEVELS (Continued)
- E. Optional Groups Other Than the Medically Needy
  - 1. Institutionalized Individuals Under Special Income Levels as follows:

Payment Category (Reasonable	Adminiatered by		Income Level Gross Het				Income Nisregards Employed
Uleselfication)	Federal	State	l per- son	Couple	l per- son	Couple	
(1)	(2)	<u> </u>			(6)		(5)
. Shilled Mursing Facility		X	)00% of SSI FBR	JOOZ of SSI FBR x 2	300% of SSI FBR	JOOX of SSI FBR x 2	SSI, VA Aid & Attendema and exclusion for UME- VAIP in eligibility determination for those with gross income less
. Hental Hospitain 6 Psychistric Facilities		R	<b>96</b>				than 300% of SSI FBR.
7. Intermediate Care Facility		R	•	**	-	**	
D. Intermodiate Care Facility for the Pentally Retarded		X .	<b>P8</b>	40	**	•	

\*Agency that determines eligibility for coverage.

WINTER AND A DECOMPANY AND A D	Approval Date	Effective Date 10/1/91
Supersedes TN No. <u>NEW</u>	SEP 1992	HCFA ID: 7983E

×.

Revision:	HCFA-PM-91-4	(BPD)
	AUGUST 1991	

A.

SUPPLEMENT 2 TO ATTACHMENT 2.5-A Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	FLORIDA
	RESOURCE LEVELS
CATEGORICALLY	NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
	en - Not applicable. The state agency does not consider resources in determining eligibility. y Groups
// Sam	e as SSI resources levels.
<u> </u>	s restrictive than SSI resource levels and is as follows:
Family	Size Resource Level
1	
2	
b. Optional	Groups
<u>/</u> / Sam	e as SSI resources levels.
<u>/</u> / Les	s restrictive than SSI resource levels and is as follows:
Family	Size Resource Level
2	

	Approval	Date	SEP :	181992	Effe	ctive	Date	10/1/91
TN No. 87-37				a de	HCFA	ID:	7985E	

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 2 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ FLORIDA

- 2. <u>Infants</u> Not applicable. The state agency does not consider resources in determining eligibility. a. <u>Mandatory Group of Infants</u>
  - - // Same as resource levels in the State's approved AFDC plan.
    - $\angle$  Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
<u> </u>	
4	a a construction and a construction and a construction of the cons
6	-
7	
8	
9	ang band (and 2000) The association of the State of the
10	and the second

TN No. <u>91-39</u> Supersedes TN No. 89-37	Approval	Date SEP _ 8 1992	Effective	Date 10/1/91
		ι,	HCFA ID:	7985E

Revision:	HCFA-PM-91-4
	AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	FLORIDA
Þ.	<u>Optional</u> does not	Group of Infants - Not applicable. The state agency consider resources in determining eligibility.
	San	ne as resource levels in the State's approved AFDC plan.

\_\_\_\_ Less restrictive than the AFDC levels and are as follows:

Family Size	<u>Resource Level</u>
2	
3	
4	
5	محمد المحمد ا
6	artification and a second and a s
7	- Colombia de La companya de la constituía de any any fungamente any any fungamente de la constituía de la const
8	
9	، مشاهدات المراجع معالم المراجع ا
10	

(BPD)

TN No. 91-39 Supersedes TN No. 89-07	Approval	Date 🔌		Effect	.ive	Date _	10/1/91
			×.	HCFA I	D:	7985E	

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: FLORIDA

3. <u>Children</u> - Not applicable. The state agency does not consider resources in determining eligibility. a. <u>Mandatory Group of Children under Section 1902(a)(10)(i)(VI)</u> of the Act. (Children who have attained age i but have not attained age 6.)

Same as resource levels in the State's approved AFDC plan.

Less restrictive than the AFDC levels and are as follows:

Resource Level

Family Size

#### NILY JIZE

TN No. 92-23	OPITS 133K		
Supersedes Approval	Date	Effective Date	4/1/92
TN No. 91-39			
· · · · · · · · · · · · · · · · · · ·			

. .

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### FLORIDA State:

b. <u>Mandatory Group of Children under Section 1902(a)(10)(i)(VII)</u> of the Act. (Children born after September 30, 1983 who have attained age 6 but have not attained age 19.) Not applicable. The state agency does not consider resources in determining eligibility. Same as resource levels in the State's approved AFDC plan.

Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
2	
4	
5	
6	
	مېر مېروندې د ورو ورو ورو ورو ورو ورو ورو ورو ورو و
8	•
9	
10	

1992 TN NO. 92-23 UCI 13 Effective Date \_4/1/92 Supersedes Approval Date TN NO. 92-16

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 6 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STACA:	FLORIDA	
State:	FLORIDA	

## 4. Aged and Disabled Individuals

/// Same as SSI resource levels.

// More restrictive than SSI levels and are as follows:

Family Size	Resource Level
	an sa fala a an
3	
5	Anno an ann an an an ann an ann an ann an

 $\overline{X}$ 

Same as medically needy resource levels (applicable only if State has a medically needy program)

Approval Date SEP 18 1992 TN NO. 91-39 Supersedes Effective Date \_ 10/1/91 TN NO. NEW HCFA ID: 7985E

# State: FLORIDA

# RESOURCE LEVELS (Continued)

# B. <u>MEDICALLY NEEDY</u>

Applicable to all groups -

 $\Box$  Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
1	\$5000
2	6000
3	6000
4	6500
5	7000
6	7500
7	8000
8	8500
9	9000
10	9500
For each additional person	\$ 500

Refer to Supplement 8b to Attachment 2.6-A for more liberal treatment of resources for MAGI-based eligibility groups of parents and other caretaker relatives, children, and pregnant women.

# Post-Eligibility Treatment of Institutionalized Individuals' Incomes

The following policy will be applied in considering medical expense deductions for institutionalized medical care cases in the post-eligibility treatment of income pursuant to 42 CFR § 435.725. The State will recognize as an uncovered medical expense and deduct from an institutional resident's income any premium, deductible, or coinsurance charges for health insurance coverage.

The following reasonable limits will be placed on other incurred medical expense deductions for residents of medical institutions in the post-eligibility treatment of income:

- The service or item claimed as a deduction from the resident's income must:

   a. be a medical or remedial care service recognized under state law;
   b. be medically necessary;
   c. have been incurred no earlier than the 3 months preceding the month of application; and
   d. have not been paid for under the Medicaid State Plan.
- 2. For medically necessary care, services and items not paid for under the Medicaid State Plan, the actual billed amount will be used as the deduction, not to exceed the maximum payment or fee recognized by Medicare, commercial payers or any other third party payer for the same or similar item, care, or service.
- 3. Other resident health insurance policies will be treated as first payer and the beneficiary will have to demonstrate that other insurance has not/will not cover the expense.
- 4. The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 SUPPLEMENT 4 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State:

#### FLORIDA

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

Not applicable.

TN NO. <u>91-39</u> Supersedes TN No. <b>NEW</b>	Approval	Date	SEF	1592	Effec	tive	Date	10/1/91
				×.	HCFA	ID:	7985E	1 1

SUPPLEMENT 5 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: FLORIDA

MORE RESTRICTIVE METHODS OF TREATING RESOURCES THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

Not applicable.

TN No. 91-39 Supersedes TN No. 89-11	Approval	Date	81992			Date 10/1/91
				HCFA	ID:	7985E
			۰ <b>۲</b>			

SUPPLEMENT Sa TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

# FLORIDA

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

Not applicable.

TN NO. <u>91-39</u> Supersedes TN No. 87-21	Approval	Date SEP 18 1992	Effective	Date 10/1/91
IN NO. CO. 22		κ.	HCFA ID:	7985E

State FlorIda

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)		Administered by		- Cross	evel ' <u>Net</u>		Income Disregards Employed	
		Federal	State	l per-	Couple	l per- son	Couple	
	(1)	(2)		(3)		(4)		(5)
	Skilled Nursing Facility		X	300% of SSI FBR	300% of SS1 FBR x 2	300% of SSI FBR	300% of SSI FBR x 2	SSI, VA Aid & Attendanc and exclusion for UME- VAIP in eligibility determination for those with gross income less
	Mental Nospitals & Psychistric Facilities		¥	**		<b>\$9</b>		than 300% of SSI FBR.
с.	Intermediate Care Facility		X	8¥		<b>99</b>	. 9#	
	Intermodiate Care Facility for the Mentally Retarded		<b>X</b>	v.	<b>VD</b>	•*	çı.	
		• <u></u>			3			n na mana an
	No. <u>18824</u> ersedes Appro	val Date	10/39	Effective D	1/1/5	39		

Revision: CMS-PM-02-1

May 2002

SUPPLEMENT 7 TO ATTACHMENT 2.6-A Page 1 OMB No.:0938-0673

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory:

## VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

## Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

TN No. Supersedes TN No.

Approval Date\_\_\_\_\_

Effective Date

Revision: HCFA-PM-91-4 (BPD) AUGUST/1991

5

15

SUPPLEMENT 8 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938- -

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

TN No. <u>91-39</u> Supersedes TN No. 85-03	Approval	Date	8 592	Effective	Date <u>10/1/91</u>
TN NO. <u>85-03</u>			X	HCFA ID:	7985E

1.20

Revision: HCFA-PM-91-4 (BPD) August 1991

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: $\underline{\mbox{FLORIDA}}$

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT\*

## Coverage Groups

1902(a)(10)(E) and and 1902(m) of the Act	When income is received more often than once per month (weekly, biweekly), the monthly income from that source will be computed by first determining the weekly income amount and then multiplying that amount by 4. We will not treat 4 week months any differently than 5 week months.
	The anticipated weekly income for fluctuating income will be projected at the time of application by using the most recent six weeks of income (or less, if appropriate). After that, it will be recomputed every six months or when the client reports a change.
	In the event an individual would be denied or terminated by the use of this methodology, actual income (if less), will be used.
	In-kind support and maintenance (ISM) is not considered in determining income eligibility.
1902(r)(2) of the Act	All wages paid by the Census Bureau for temporary employment related to Census activities are excluded for the mandatory and optional eligibility groups listed below:
	Mandatory groups 1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv)(I)
	Optional Groups 1902(a)(10)(A)(ii)(I) and 1905(a)(i),(ii),and (viii), 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(IV), 1902(a)(10)(C)(i)(III)and 1905(a)(i),(ii),and (viii)
*More liberal methods may not	result in exceeding gross income limitations under

\*More liberal methods may not result in exceeding gross income limitations under \$1903(f).

Revision: HCFA-PM-00-1 February 2000

State Plan Under Title XIX of the Social Security Act

## State: FLORIDA

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

- X For all eligibility groups not subject to the limitations on payment explained in section 1903(f) of the Act\*: All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.
- X For infants described in 1902(1)(1)(B), all family income between 185% and 200% of the federal poverty level is disregarded as revised annually in the federal register.
- X For children who have reached age 18 and are under 21 who were in foster care when they turned 18, or after reaching 16, were adopted from foster care or placed with a courtapproved dependency guardian and spent a minimum of 6 months in foster care within the 12 months immediately preceding placement or adoption, without regard to an income test that is otherwise required.

\*Less restrictive methods may not result in exceeding gross income limitations under § 1903(f).

Coverage Groups

1902(a)(10)(A)(ii)(XV) of the Act Countable earned income up to 250% of the federal poverty level is disregarded as revised annually in the federal register.

TN No: 2008-013 Supersedes Approval Date: <u>11/17/08</u> Effective Date: <u>August 1, 2008</u> TN No: 2003-07

# State: FLORIDA

# LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

The following disregards for the difference between the MNIL standard and the converted standard will apply to the following groups:

- $\underline{X}$  pregnant women,
- X -children,
- $\underline{X}$  -parent/caretaker relatives

IM	NIL	Medically Needy Pregnant	Medically Needy Children 0-17	Medically Needy Parents or Caretaker Relatives	Medically Needy 18, 19, & 20 Year Olds	All MAG Medicall Gro	y Needy
Unit Size	Original	Converted	Converted	Converted	Converted	Disregard	MNIL +
	Standard	Standard	Standard	Standard	Standard	to be	Disregard
						Applied	
1	\$180	\$243	\$246	\$259	\$237	\$109	\$289
2	\$241	\$325	\$330	\$347	\$318	\$146	\$387
3	\$303	\$409	\$414	\$437	\$399	\$183	\$486
4	\$364	\$492	\$498	\$525	\$480	\$221	\$585
5	\$426	\$575	\$583	\$614	\$562	\$258	\$684
6	\$487	\$658	\$666	\$703	\$642	\$296	\$783
7	\$549	\$742	\$751	\$792	\$724	\$333	\$882
8	\$610	\$824	\$835	\$880	\$805	\$371	\$981
9	\$671	\$907	\$919	\$969	\$886	\$408	\$1,079
10	\$733	\$991	\$1,003	\$1,058	\$967	\$446	\$1,179
11	\$795	\$1,074	\$1,088	\$1,147	\$1,049	\$484	\$1,279
12	\$857	\$1,158	\$1,173	\$1,237	\$1,131	\$522	\$1,379
13	\$919	\$1,242	\$1,258	\$1,326	\$1,212	\$560	\$1,479
14	\$981	\$1,325	\$1,342	\$1,415	\$1,294	\$598	\$1,579
15	\$1,043	\$1,409	\$1,427	\$1,504	\$1,376	\$636	\$1,679
16	\$1,105	\$1,493	\$1,512	\$1,594	\$1,457	\$674	\$1,779
Add-on	\$62	\$84	\$85	\$89	\$82	\$38	\$100

Revision:	HCFA-PM-91-4 August 1991	SUPPLEMENT 8b to ATTACHMENT 2.6-A Page 1
	STATE PLAN UNDER TITLE XIX OF State: MORE LIBERAL METHODS OF UNDER SECTION 1902(1	FLORIDA F TREATING RESOURCES
/_/ <u>Coverage Gr</u> 435.211 435.231 435.320 435.322 435.324 1902(a)(10) (A)(ii)(XV) of the Act	The methodologies of the of resources are used of is comatose and there individual who can acco recipient's resources. are considered not avaged	<pre>/X / Non-Section 1902(f) State ne SSI program regarding availability except when the applicant or recipient is no known legal guardian or other ess and expend the applicant's/ In such circumstances, the resources lable until such time as legal ished.</pre>
1902(a) (10)(E) and 1902(m) of the Act Hospice 435.217	during the month, the solution of resources for that r	
1902(a) (10)(A)(ii) (XV)	The methodologies used	sehold is excluded regardless of value. in the SSI program in the determination of amounts hall be used with the following exceptions:
	burial funds. - Burial funds must commingled with, be separated or : accounts for pric - Resources may be including the the - The \$2500 excluse	esources may be excluded if designated as to be kept separate from, and not non-burial resources unless the resources cannot at is unreasonable to require it. Burial fund or months may be commingled with non-burial funds. designated as burial funds for any month the months prior to the month of application. Son is not reduced by the value of excluded life es or irrevocable burial contracts.
1902(a)(10) (iv)(I)& (I 1905(p)of t Act	I); he Any income producing re transaction date prior	eal or personal property with a financial to March 1, 2005 may be excluded from assets if it cent with its fair market value.
TN No. <u>2009-</u> Supersedes TN No. <u>2007</u>	Approval Da	Effective Date 01/01/10 ate: 03-15-10

SUPPLEMENT 8b to ATTACHMENT 2.6 - A Page 2

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: FLORIDA

MORE LIBERAL METHODOLOGIES OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

#### Coverage Groups

1902(a)(10)(A)(i)(III) 1902(a)(10)(A)(i)(IV) 1902(a)(10)(A)(i)(VI) 1902(a)(10)(A)(i)(VII) 1902(a)(10)(A)(ii) 0f the Act 435.200-.236 1902(a)(10)(A)(ii)(XV) Pursuant to 42 CFR 435.601(d) and (f)(2), the value of property which exceeds the \$2,000 asset limit may be excluded if the applicant or recipient provides evidence of good faith effort to sell the property.

Proceeds from the sale of the property will be countable resources to the individual unless the individual plans to use them to buy an excluded home within three calendar months of receiving them.

Coverage provided to children who have reached age 18 and are under 21 who were in foster care when they turned 18, or after reaching 16, were adopted from foster care or placed with a court-approved dependency guardian and spent a minimum of 6 months in foster care within the 12 months immediately preceding placement or adoption, without regard to a resource test that is otherwise required.

TN No: 2008-013Supersedes Approval Date: 11/17/08 Effective Date August 1, 2008 TN No: 2007-006

# State: FLORIDA

# MORE LIBERAL METHODOLOGIES OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

□ Section 1902(f) State

☑ Non-Section 1902(f) State

# Coverage Groups

42 CFR 435.301(b)(1) 42 CFR 435.308 42 CFR 435.310 42 CFR 435.350 In applying MAGI-like income counting methodologies, all assets/resources used to determine eligibility for medically needy pregnant women, children, and parent/caretaker relatives will be disregarded.

SUPPLEMENT 8c TO ATTACHMENT 2.6-A Page 1

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Florida

# LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are 1917(b)(1)(C) eligible for medical assistance under one of the following eligibility group:

# 1902(a)(10)(A)(ii)(V)

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

- X The Agency for Health Care Administration (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the Office of Insurance Regulation.
  - The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
  - The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.
  - The policy was issued no earlier than the effective date of this State plan amendment.
  - The insured individual was a resident of Florida or another state that has entered into a reciprocal agreement with Florida when coverage first became effective under the policy. If the policy is later exchanged for a different

TN No. <u>FL-06-009</u> Supersedes

Approval Date: <u>11/27/06</u> Effective Date: <u>01/01/07</u>

TN No. New

SUPPLEMENT 8c TO ATTACHMENT 2.6-A Page 2

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Florida

# LONG-TERM CARE INSURANCE PARTNERSHIP

long-term care policy, the individual was a resident of Florida or another state that has entered into a reciprocal agreement with Florida when coverage under the earliest policy became effective.

- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The Office of Insurance Regulation assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

TN No. <u>FL-06-009</u> Supersedes

Approval Date: <u>11/27/06</u> Effective Date: <u>01/01/07</u>

TN No. <u>New</u>

Revision: HCFA-AT-85-3 (BERC) Supplement 9 to Attachment 2.6-A February 1985

1-1-1

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: FLORIDA

1917(c)(2)(D)of the Act

TRANSFER OF RESOURCES

An institutionalized spouse who (or whose spouse) transferred resources for less than fair market value shall not be found ineligible for nursing facility services, for a level of care in a medical institution equivalent to that of nursing facility services, or for home and community based services where the State determines that denial of eligibility would work an undue hardship under the provision of section 1917 (c)(2)(D) of the Social Security Act.

TN No. 91-09 Supersedes TN NO. NEW

Approval Date \_\_\_\_4/15/91

Effective 1/1/91

HCFA ID: 4093E/0002P

#### SUPPLEMENT 9(b) to ATCH 2.6-A Page 1

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: FLORIDA

#### TRANSFER OF ASSETS

## 1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services;

Nursing facility level of care provided in a medical institution;

Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

------ .

The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

# SUPPLEMENT 9(b) to ATCH 2.6-A Page 2

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: FLORIDA

#### TRANSFER OF ASSETS

- 3. <u>Penalty Date</u> The beginning date of each penalty period imposed for an uncompensated transfer of assets is <u>the later of</u>:
  - the first day of a month during or after which assets have been transferred for less than fair market value;
    - X The State uses the first day of the month in which the assets were transferred

- or
- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

## AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals

In determining the penalty for an institutionalized individual, the agency uses:

- <u>X</u> the average monthly cost to a private patient of nursing facility services in the State at the time of application;
- the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.
- 5. Penalty Period Non-institutionalized Individuals

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

The State uses the first day of the month after the month in which the assets were transferred

## State: FLORIDA

# TRANSFER OF ASSETS

# 6. Penalty period for amounts of transfer less than cost of nursing facility care

- X Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.
- X The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

#### 7. Penalty periods - transfer by a spouse that results in a penalty period for the individual

- (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
- (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

#### 8. Treatment of a transfer of income

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

- X For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.
- X For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

## State: FLORIDA

### TRANSFER OF ASSETS

#### 9. Imposition of a penalty would work an undue hardship

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.

## 10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

#### 11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed days (may not be greater than 30).

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: FLORIDA

11

## CONSIDERATION OF MEDICAID QUALIFYING TRUSTS--UNDUE HARDSHIP

1902(k)(4) of the Act, P.L. 99-272 (Section 9506) The following criteria will be used to determine whether the agency will not count the funds in a trust as specified in <u>ATTACHMENT 2.6-A</u>, section C.2., because it would work an undue hardship for categorically and medically needy individuals:

For the applicant or recipient who is subject to the requirements at section 1904(k)(4) of the Act, governing Medicaid qualifying trusts, the State will waive application of these requirements to the applicant or recipient in cases where the State determines that application of these rules would result in undue hardship.

TN No. <u>91-39</u> Supersedes TN No. 91-09	Approval Date SEP 18 1992	Effective Date <u>10/1/91</u>
	K	HCFA ID: 7985E

# Attachment 2.6-A Supplement 12, Page 1

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: FLORIDA

# ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

X Pregnant women with no other eligible children.

\_\_\_\_\_ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

 $\underline{X}$  In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modifications.

The agency applies the lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 $\underline{X}$  The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as provided below:

More Liberal Income Methodologies Allowed Under Welfare Reform for Low Income Families

Effective January 1, 1997, applicants and recipients of Medicaid under the low income families coverage group who have earned income and meet other eligibility requirements will be eligible for an earned income disregard of the first \$200 plus one-half of the remainder of earned income applied when determining eligibility for benefits.

Applicants for and recipients of Medicaid are eligible for the \$200 and onehalf earned income disregard if they meet one of the following criteria:

- have been eligible for and received Medicaid benefits under sec. 1931 in one of the past four months; or
- 2) have gross income, less the \$90 standard earned income disregard and dependent care expenses, which is less than the applicable consolidated need standard.

TN No. <u>99-09</u> Supersedes TN No. <u>97-06</u> Effective <u>10/1/99</u>

Approval Date DEC 0 6 2000

The \$90 standard earned income disregard is included in the first \$200 earned income disregard. Therefore, in calculating the \$200 earned income disregard, the \$90 standard earned income disregard is subtracted. This amount, minus any allowable dependent care expenses, is compared to the consolidated need standard for the size of the standard filing unit. If the amount is below the consolidated need standard, then subtract an additional \$110 for a total of \$200. The remaining one-half earned income disregard is then subtracted. (The \$200 and one-half of the remainder earned income disregard without a time limit effectively replace the \$90 standard earned income disregard plus the \$30 and 1/3 disregards.) This is calculated as follows:

- A) the \$90 standard disregard
- B) + deemed and unearned income to arrive at a countable income figure
- C) dependent care expenses
- D) compare the result to the consolidated need standard
- E) if the net countable income is < the consolidated need standard, the individual is eligible for the disregard.

When an individual with income joins an existing standard filing unit, that individual's income must meet all disregard tests.

For applicants who fail to meet the above standard, the AFDC standard in effect on July 16, 1996, will apply.

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

#### More Liberal Resource Methodologies Allowed Under Welfare Reform for Low Income Families

- Effective January 1, 1997, low income families are eligible for an additional \$1,000 resource exclusion over the AFDC standard in effect on July 16, 1996. (This effectively raises the resource standard to \$2,000.)
- 2) In determining the resources of a family, the following shall be excluded:
  - a) One licensed vehicle valued at no more than \$8,500 and/or, if vehicles are needed for training, employment, or education, one vehicle per employable adult in the unit, the combined value which does not exceed \$8,500.
  - b) Funds paid to a homeless shelter which are being held for the family to enable the family to pay deposits or other costs associated with moving to a new shelter arrangement.

\_\_\_\_\_ The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

\_\_\_\_\_ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Effective: <u>10/01/08</u>

Revised Submission

# SUPPLEMENT 12 to ATTACHMENT 2.6-A ADDENDUM Page 2a

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: <u>FLORIDA</u>

#### ELIGIBILITY UNDER SECTION 1931 OF THE ACT

B

The State covers low-income families and children under section 1931 of the Act.

X The agency uses less restrictive income and resource methodologies than those in effect as of July 16, 1996, as follows:

> All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

All TANF payments including regular monthly payments, all diversion payments, and Retention Incentive Training Accounts payments are excluded in determining the applicant or recipient's Medicaid eligibility.

The income and resource methodologies that the less restrictive methodologies replace are as follows:

TN. No. <u>2002-07</u> Supersedes TN No. <u>2000-06</u> Approval Date JUL 2 5 2002 Effective Date 4/1/02

Attachment 2.6-A Supplement 12, Page 3

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: <u>FLORIDA</u>

# Receipt of Lump Sum Payment

The following policy applies to all Medicaid eligible individuals, whether eligible through temporary cash assistance or Medicaid only.

A lump sum is considered an asset in the month of receipt and is excluded as income.

Lump sum payments are defined as unearned money received in the form of non-recurring lump sum payments including, but not limited to: income tax returns, rebates or credits, retroactive lump-sum Social Security, SSI, public assistance, railroad retirement benefits, or other payments; lump sum insurance settlements; or refunds of security deposits on rental property or utilities.

If the lump sum is earned income, such as a bonus or commission, it must be counted as earned income in the month of receipt. Any earned income left over after the month of receipt will be considered an asset.

TN No. <u>99-06</u> Supersedes TN No. <u>NEW</u> Approval Date

Effective Date 4/1/99

CMS-10283 October 2009 OMB No.: 0938-1070

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Florida ELIGIBILITY UNDER SECTION 1925 OF THE ACT TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. (42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act)

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

- 6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.
- $X_1$  12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

 TN No.: 2009-023
 2009-023

 Supersedes TN No.: New
 Approval Date: 12/22/09
 Effective Date: 12/1/09

Revision: HCFA-Region IV October 1989 Supplement 13 Attachment 2.6-A

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### STATE: FLORIDA

### SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with section 1924.
- B. In the determination of resource eligibility the State resource standard is the maximum allowed by Title XIX of the Social Security Act, (The community spouse allocation standard.)
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Spousal Impoverishment, Section 1924(c)(3)(C)

An institutionalized spouse who (or whose spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per section 1924(c)(3)(C), where the State determines that denial of eligibility on the basis of having excess resources would work an undue hardship

TN No. <u>91-09</u> Supersedes TN No. <u>91-07</u>

Approval Date

4/15/91

Effective Date 1/1/91

HCFA-PM-95-7 (MB) 10/95

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# 

## ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB) INFECTED INDIVIDUALS

For TB infected individuals under  $\frac{1902(z)(1)}{1}$  of the Act, the income and resource eligibility levels are as follows:

Each individual covered under the plan meets the applicable financial and non-financial conditions as specified in Attachment 2.6-A. These requirements are defined by 42 CFR 435 and 1902 of the Social Security Act.

TN No. <u>95-17</u>	Annual Dete	Effective	
Supersedes	Approval Date _		
TN NO. <u>NEW</u>		Revised Submission 5/14/97	-

Revision: HCFA-PM-97-2 December 1997 Supplement 15 To Attachment 2.6-A Page 1 OMB. No.: 0938-0673

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Florida

# VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

An additional personal needs allowance is permitted in an amount equal to ½ of the gross amount of therapeutic wages up to a maximum of \$111.00 per month. The Department of Children and Families eligibility worker makes the determination. The higher personal needs allowance provides support for the working individual.

An additional personal needs allowance is permitted in an amount equal to the amount of court ordered child support paid by the individual to meet his court ordered obligation. Funds are protected only to the extent that the income was not already deducted under another provision in the post eligibility process.

#### State: FLORIDA

#### ASSET VERIFICATION SYSTEM

- 1940(a) 1. The agency will provide for the verification of assets for of the Act purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
  - A. The request and response system must be electronic:
    - Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
    - (2) The system cannot be based on mailing paper-based requests.
    - (3) The system must have the capability to accept responses electronically.
  - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
  - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
  - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
  - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State

Supersedes TN No.: <u>New Page</u>

SUPPLEMENT 16 TO ATTACHMENT 2.6-A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: FLORIDA

#### ASSET VERIFICATION SYSTEM

- 2. System Development
  - A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

X B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

> In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

\_\_\_\_ D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. - D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

TN No.: 2012-005 Approval Date: 05/30/12 Effective Date: 01/01/12 Supersedes TN No.: New Page

#### State: FLORIDA

#### ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Florida has prepared an ITN and will be reviewing bids during the months of April and May, 2012. The vendor will be required to implement the AVS system as of October 1, 2012.

The vendor selected will have a system that meets the requirements of Supplement 16 to Attachment 2.6-A, page 1.

TN No: 2012-005 Approval Date: 05/30/12 Effective Date: 01/01/12

Supersedes TN No.: New Page

# SUPPLEMENT 17 TO ATCH 2.6-A Page 1

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: FLORIDA

# DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f)	covered un disabled ch	te agency denies reimbursement for nursing facility services and other long-term care services I under the State plan for an individual who does not have a spouse, child under 21 or adult d child residing in the individual's home, when the individual's equity interest in the home the following amount:	
	<u>X</u>	\$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).	
	alanumanin'n a'r faf	An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).	
	· .	The amount chosen by the State is	
		This higher standard applies statewide.	
		This higher standard does not apply statewide. It only applies in the following areas of the State:	
		This higher standard applies to all eligibility groups.	
		This higher standard only applies to the following eligibility groups:	

The State has a process under which this limitation will be waived in cases of undue hardship.

Approval Date: <u>11/28/06</u>

Effective Date: 01/01/07