

## **Medicaid Eligibility**

OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

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42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)		
ndependent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 1, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and accordance with the provisions described at 42 CFR 435.226.  Yes O No		
☑ The state attests that it operates this eligibility group in accordance with the following provisions:		
Individuals qualifying under this eligibility group must meet the following criteria:		
Are under the following age		
• Under age 21		
C Under age 20		
O Under age 19		
Were in foster care under the responsibility of a state on their 18th birthday.		
Are not eligible and enrolled for mandatory coverage under the Medicaid state plan.		
Have household income at or below a standard established by the state.		
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MA Based Income Methodologies, completed by the state.	GI-	
The state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013.	5	
Yes C No		
The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.  ( Yes		
The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013):		
All children under the age selected		
C A reasonable classification of children under the age selected:		
Income standard used for this eligibility group		
Minimum income standard		
The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.		

Approval Date: 11/18/13 Effective Date: 01/01/14 TN No: 13-0015-MM1 S57-1

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	Maximum income standard
	No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
	● Yes O No
	No income test was used (all income was disregarded) for this eligibility group under (check all that apply):
	The Medicaid state plan as of March 23, 2010.
	☐ The Medicaid state plan as of December 31, 2013.
	A Medicaid 1115 demonstration as of March 23, 2010.
	A Medicaid 1115 demonstration as of December 31, 2013.
	The state's maximum standard for this eligibility group is no income test (all income is disregarded).
	Income standard chosen
	Individuals qualify under this eligibility group under the following income standard:
	This eligibility group does not use an income test (all income is disregarded).
There i	s no resource test for this eligibility group.

## PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN No: 13-0015-MM1 Approval Date: 11/18/13 Effective Date: 01/01/14 Florida S57-2