



State of Florida
Department of Children and Families

Jeb Bush
Governor

Lucy D. Hadi
Secretary

MEMORANDUM

DATE: March 10, 2006 **TRANSMITTAL NO.:** I-06-03-0006

TO: ACCESS Florida District Operations Managers
ACCESS Florida Zone Program Offices

THROUGH: Greg Keller, Assistant Secretary for Operations (**Signature on File**)

FROM: Jennifer Lange, Acting Director, ACCESS Florida (**Signature on File**)

SUBJECT: 2006 Federal Poverty Level Changes and Updated Consolidated Need Standards (CNS)

This memorandum provides staff with the official 2006 Federal Poverty Level (FPL) and Consolidated Need Standard (CNS) for use in Medicaid and Temporary Cash Assistance. The new figures apply to all pending applications and active cases for eligibility determinations effective April 1, 2006.

Attached are updated versions of appendices A-5, A-7 and A-9 for the Integrated Public Assistance Policy Manual.

Appendix A-5 contains the revised 185% Federal Poverty Level income test and Consolidated Need Standards for each assistance group size.

Appendices A-7 and A-9 reflect the Federal Poverty Levels for family-related and SSI-related Medicaid coverage.

The FLORIDA system Poverty Level, SSI related Medicaid Parameter and AFDC Needs Standards (TPOV, TMEP and TACT) tables will be updated to reflect the new figures. An automated mass change will be completed before pull down in March for April recurring monthly benefits.

When the mass change is completed, a system broadcast message will be posted on FLORIDA. The message will also advise staff when the Mass Change Exception report is available on the Data Mart. Please see attachment 4 for instructions regarding Mass Change Exceptions.

Reminder SSI-related Staff: Figures on the chart do **not** include the \$20 general income disregard. Therefore, individuals may have income up to \$20 more than chart

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figures and qualify for the benefits (e.g., MEDS-AD individuals may have income up to \$739). The FLORIDA system TMEP table has been adjusted to include the \$20 disregard for MEDS-ICP. Policy regarding the \$20 disregard does **not** apply to programs based on the ICP income standard (ICP, Hospice, HCBS or spousal impoverishment standards) or the family related MEDS coverage for children.

In January, interim standards were issued for SSI-Related programs that base eligibility on the Federal Poverty Level. The final figures reflect a reduction in the income standards. As a result individuals with income at the upper range of the interim standards may be adversely affected.

If district program office staff have questions, please contact Virginia Hardcastle SC 291-6962. TCA questions should be addressed to Gary D. Scot at SC 293-7427, FLORIDA questions should be addressed to Victoria Ellis at SC 291-2275.

Attachments:

cc: Program Policy (Lange, Lewis, Schilling, Grignon)
FLORIDA Operations (Jenkins, Anderson, Poirier)
Office of Appeal Hearings (Pritchard)
Office of General Counsel (Minnis)
Quality Control (Pearce)
Office of Quality Management (Ransdell)
FLORIDA Help Desk (Keegan)
Agency for Health Care Administration (McAuley)
Department of Elder Affairs (Taylor, Fante, Shaffer)
Florida Legal Services (Huddleston)
Florida Healthy Kids Corporation (Naff)
Children's Medical Services (Sloyer)
Chiles Center (Jodi Ray)

Attachment 1

Temporary Cash Assistance Income Standards					
			CHART I	CHART II	CHART III
			\$50.01/UP	.01-\$50	\$0
Filing Unit Size	185% of FPL	CNS	Payment Standard	Payment Standard	Payment Standard
.5	1,511	817	90	77	48
1			180	153	95
1.5	2,035	1,100	211	179	119
2			241	205	158
2.5	2,560	1,384	272	231	182
3			303	258	198
3.5	3,084	1,667	334	284	222
4			364	309	254
4.5	3,608	1,950	395	335	278
5			426	362	289
5.5	4,132	2,234	457	388	313
6			487	414	346
6.5	4,656	2,517	518	440	370
7			549	467	392
7.5	5,180	2,800	580	493	416
8			610	519	438
8.5	5,705	3,084	641	545	462
9			671	570	485
9.5	6,229	3,367	702	596	509
10			733	623	534
10.5	6,753	3,650	764	649	557
11			795	676	582
11.5	7,277	3,934	826	702	606
12			857	728	630
12.5	7,801	4,217	888	754	654
13			919	781	678
13.5	8,325	4,500	950	807	702
14			981	834	726
14.5	8,850	4,784	1,012	860	750
15			1,043	887	774
15.5	9,374	5,067	1,074	913	798
16			1,105	940	822
16.5	9,898	5,350	1,136	966	846
17			1,167	993	870
17.5	10,422	5,634	1,198	1,019	894
18			1,229	1,046	918
18.5	10,946	5,917	1,260	1,072	942
19			1,291	1,099	966
19.5	11,470	6,200	1,322	1,125	990
20			1,353	1,152	1,014
20.5	11,995	6,484	1,384	1,178	1,038
21			1,415	1,205	1,062
21.5	12,519	6,767	1,446	1,231	1,086
22			1,477	1,258	1,110
22.5	13,043	7,050	1,508	1,284	1,134
23			1,539	1,311	1,158
23.5	13,567	7,334	1,570	1,337	1,182
24			1,601	1,364	1,206
Add. Person	+525	+284	(.5) +31 (1) +62	(.5) +26 (1) +52	(.5) +24 (1) +48
Eff. Date	April 2006	April 2006	July 1996	July 1996	July 1996

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

Attachment 2

Family – Related Medicaid Income & Asset Limit Chart									
Family Size	MEDS for Children & Pregnant Women (PW) Income Limits				Family Medicaid (1931) & Medically Needy		Asset Limits		
	100% Ages 6-18	133% Ages 1-5	185% PEPW PW	200% Ages Under 1	CNS	Income Level	MEDS	Family Medicaid (1931)	Medically Needy
1	817	1,087	1,511	1,634	817	180	NONE	2,000	5,000
2	1,100	1,463	2,035	2,200	1,100	241	NONE	2,000	6,000
3	1,384	1,840	2,560	2,767	1,384	303	NONE	2,000	6,000
4	1,667	2,217	3,084	3,334	1,667	364	NONE	2,000	6,500
5	1,950	2,594	3,608	3,900	1,950	426	NONE	2,000	7,000
6	2,234	2,971	4,132	4,467	2,234	487	NONE	2,000	7,500
7	2,517	3,348	4,656	5,034	2,517	549	NONE	2,000	8,000
8	2,800	3,724	5,180	5,600	2,800	610	NONE	2,000	8,500
9	3,084	4,101	5,705	6,167	3,084	671	NONE	2,000	9,000
10	3,367	4,478	6,229	6,734	3,367	733	NONE	2,000	9,500
11	3,650	4,855	6,753	7,300	3,650	795	NONE	2,000	10,000
12	3,934	5,232	7,277	7,867	3,934	857	NONE	2,000	10,500
13	4,217	5,609	7,801	8,434	4,217	919	NONE	2,000	11,000
14	4,500	5,985	8,325	9,000	4,500	981	NONE	2,000	11,500
15	4,784	6,362	8,850	9,567	4,784	1,043	NONE	2,000	12,000
16	5,067	6,739	9,374	10,134	5,067	1,105	NONE	2,000	12,500
17	5,350	7,116	9,898	10,700	5,350	1,167	NONE	2,000	13,000
18	5,634	7,493	10,422	11,267	5,634	1,229	NONE	2,000	13,500
19	5,917	7,870	10,946	11,834	5,917	1,291	NONE	2,000	14,000
20	6,200	8,246	11,470	12,400	6,200	1,353	NONE	2,000	14,500
21	6,484	8,623	11,995	12,967	6,484	1,415	NONE	2,000	15,000
22	6,767	9,000	12,519	13,534	6,767	1,477	NONE	2,000	15,500
23	7,050	9,377	13,043	14,100	7,050	1,539	NONE	2,000	16,000
24	7,334	9,754	13,567	14,667	7,334	1,601	NONE	2,000	16,500
Add. Person	+284	+377	+525	+567	+284	+62	NONE	SAME	+500
Effective Date	April 2006	April 2006	April 2006	April 2006	April 2006	April 1992			April 1992

Attachment 3

ELIGIBILITY STANDARDS FOR SSI RELATED PROGRAMS

April 2006

COVERAGE GROUP	INCOME LIMIT	ASSET LIMIT
ICP/HCBS/HOSPICE/HCDA Individual	\$ 1,809	\$ 2,000
ICP/HCBS/HOSPICE/HCDA Couple	\$ 3,618	\$ 3,000
MEDS-AD/ICP-MEDS/Individual (88% FPL)	\$ 719	\$ 5,000
MEDS-AD/ICP-MEDS/Couple	\$ 968	\$ 6,000
QMB Individual (100% FPL)	\$ 817	\$ 5,000
QMB Couple	\$ 1,100	\$ 6,000
SLMB Individual (120% FPL)	\$ 980	\$ 5,000
SLMB Couple	\$ 1,320	\$ 6,000
QI1 Individual (120-135% FPL) *	\$ 1,103	\$ 5,000
QI1 Couple	\$ 1,485	\$ 6,000
Working Disabled Individual (200% FPL)	\$ 1,634	\$ 5,000
Working Disabled Couple	\$ 2,200	\$ 6,000
Protected Medicaid	See A-11 and policy in Chapter 2000	

<u>Medicare Part B Premium</u>	\$ 88.50
<u>Personal Needs Allowance</u>	
ICP/ICP-MEDS/HOSPICE (Institution)	\$ 35
HOSPICE (Community) 100% FPL	\$ 817
ASSISTED LIVING WAIVER	\$ 681.40
LTC COMMUNITY DIVERSION/PACE (resident of assisted living facility)	Facility Room and Board Charge, plus 20% of the FPL (\$164 individual, \$328 couple)
<u>Spousal Impoverishment</u>	
Minimum Monthly Maintenance Income Allowance (MMMIA)**	\$ 1,604
Excess Shelter Standard**	\$ 482
Maximum Community Spouse Income Allowance (MMMIA plus excess shelter allowance cannot exceed this figure)	\$ 2,489
Community Spouse Asset Allocation Standard	\$ 99,540

FBR = Supplemental Security Income Federal Benefit Rate

FPL = Federal Poverty Level

* This is not an open, entitlement program

** These standards change effective July 1 of each year in accordance with federal law found in Section 1924(d) of the Social Security Act.

Attachment 4

MASS CHANGE EXCEPTION REPORT INSTRUCTIONS

IF the exception reason is:	THE case is on exception list because:	THEN you will need to:
FIAT	The system cannot run mass change on any assistance groups created by FIAT.	Run AABC and authorize the FIAT as appropriate. REMEMBER: When re-running AABC on AGs that were originally FIATED, it is necessary to re-FIAT these AGs before authorizing.
PENDED BY MASS CHANGE	Assistance groups have had an unverified change in technical eligibility since the last authorization (e.g., there is a “?” in the verification field for living arrangement).	Run AABC and authorize as appropriate.
SYSTEM DETERMINED CLOSED	AABC has been previously run by the PAS and the system determined that the assistance group needed to be closed but the PAS did not close on AWAA.	Run AABC and close the case on AWAA.
MNA RECALC REQUIRED	Assistance groups with a community spouse allocation will need the Maintenance Need Allowance recalculated	Run AABC and authorize as appropriate. NOTE: If there are two separate cases (one for the ICP individual and one for the community spouse), you must run AABC and authorize the nursing home case first.
FAIL REASON CODE	AABC comes up with a “fail” condition, the assistance group will be bypassed.	Run AABC and authorize as appropriate (reason code 241).