



**State of Florida  
Department of Children and Families**

**Ron DeSantis**  
*Governor*

**Chad Poppell**  
*Secretary*

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**DATE:** March 5, 2020                      **TRANSMITTAL NO.:** I-20-03-0004

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

**FROM:** Tonyaleah Veltkamp, Chief, Program Policy  
William Martinez, Director, Data Analytics & Technology  
**(Signatures on File)**

**SUBJECT:** 2020 Federal Poverty Level Changes and Updated  
Consolidated Need Standards

**EFFECTIVE:** April 1, 2020

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This transmittal provides the 2020 Federal Poverty Level (FPL) and Consolidated Need Standards (CNS) that increases the income limits for the Medicaid and Temporary Cash Assistance (TCA) Programs. The new figures are used in the determination of eligibility for pending applications and open cases in both programs, effective April 1, 2020. Refer to Transmittal NO: [I-19-12-0014](#), 2020 Cost of Living Adjustment and Other Changes, for information regarding assistance/coverage groups whose income limits are based on the FPL and/or CNS in a pending status.

An automated mass change will be completed before pulldown in March for April and ongoing months. Cases that cannot be updated automatically will be listed on the Mass Change Exception Report (MCER) on the ACCESS Online Systems Homepage under exceptions management. Attachment 1 provides the instructions for processing cases listed on the MCER. After the mass change is completed, and the exceptions report is available, a system broadcast message will be posted in FLORIDA. For May benefits to be processed correctly, the MCER must be completed prior to pulldown in April 2020.

The \$20 general disregard is automatically budgeted in the SSI-Related Medicaid Community coverage groups when the gross amount of income is entered on the appropriate screens in FLORIDA. No other action is required to compute or calculate the general disregard in the SSI-Related budgeting process. This disregard does not apply to coverage groups based on the Long-Term Care income standards (Institutional Care Program (ICP), Hospice, Home and Community Based Services (HCBS) and Program of All-Inclusive Care for the Elderly (PACE)) or Family-Related Medicaid.

Attached are the updated appendices A-5, A-7, and A-9 for the ACCESS Florida Program Policy Manual. Appendix A-5 contains the revised 185% FPL income test and CNS for each assistance group. Appendices A-7 and A-9 reflect the FPL for Family-Related and SSI-Related Medicaid coverage.

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1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

The appendices are also located at: <https://www.myflfamilies.com/service-programs/access/program-policy-manual.shtml>.

Regional Program Offices with policy questions related to this transmittal should submit them through the Policy Technical Assistance Request Page. Systems related questions should be directed to LaQuetta Anderson at [LaQuetta.Anderson@myflfamilies.com](mailto:LaQuetta.Anderson@myflfamilies.com).

## **Attachments**

### **Attachment 1: Mass Change Exception Report Instructions**

### **Attachment 2: Temporary Cash Assistance Income Standards**

### **Attachment 3: Family-Related Medicaid Income Limits**

### **Attachment 4: SSI-Related Programs & Coverage Groups- Financial Eligibility**

cc: Assistant Secretary for Economic Self Sufficiency (Taylor Hatch)  
Assistant Secretary for Office of Child Welfare (Patricia Medlock)  
Assistant Deputy Secretary for Economic Self Sufficiency (Maggie Mickler)  
Regional Managing Directors  
Regional ESS Directors  
Business Operations Manager (Alisa Roberson)  
Customer Call Center (Guerschom Alcin)  
ESS Programs and Policy (Patti Grogan)  
FLORIDA Help Desk (Goldie Webster)  
Information Technology (Kit Goodner)  
Innovation and Project Management (Casey Penn)  
Office of Appeal Hearings (Susan Dixon)  
Office of Communications (DaMonica Smith)  
Office of the General Counsel (Rhonda Morris)  
Peer and Integrity Review Manager (Terry Field)  
Public Benefits Integrity (Bryan McDuffie)  
Strategic Partnerships and Initiatives (Lindsay Volpe)  
Florida Policy Institute (Cindy Huddleston)  
AHCA (Christina Vracar, Ann Dalton, Lisa Gill, Peggy Hall, Shevaun Harris,  
Beth Kidder, Abby Riddle, Erica Floyd Thomas)  
Florida Bar Elder Law Section (Emma Hemness, Twyla Sketchley)  
Florida Healthy Kids (Austin Noll, Suzetta Furlong)

### Mass Change Exception Report Instructions

IF the exception reason is:	THE case is on exception list because:	THEN you will need to:
System Determined Closed	This condition occurs when the budget was previously run, FLORIDA determined the assistance group needed to be closed, but staff did not close the assistance group on the FLORIDA system.	Run AABC and close the case on AWAA.
Maintenance Need Allowance (MNA) Recalculation Required	For the Institutional Care Program and Home and Community Based Services (HCBS), the Social Security amount is automatically updated when there is a community spouse allocation (CSA). Staff must run EDBC to determine the CSA and if any, patient responsibility.	Run AABC and authorize as appropriate. <b>NOTE:</b> If there are two separate cases (one for ICP/HCBS and one for the community spouse), staff must run EDBC and reauthorize the ICP/HCBS case first.
Failure Reason Code 241 (over income)	If during the mass change an assistance group displays a 241 failure reason code, staff must run EDBC and take appropriate action. Food assistance groups which fail due to the mass change will be closed and a termination notice will be sent.	Run AABC and authorize as appropriate.

## Attachment 2

Temporary Cash Assistance Income Standards					
			TIER I	TIER II	TIER III
			\$50.01/UP	.01-\$50	0
Filing Unit Size	185% of FPL	CNS (100 % of FPL)	Payment Standard	Payment Standard	Payment Standard
0.5			90	77	48
1	1,968	1,064	180	153	95
1.5			211	179	119
2	2,658	1,437	241	205	158
2.5			272	231	182
3	3,349	1,810	303	258	198
3.5			334	284	222
4	4,040	2,184	364	309	254
4.5			395	335	278
5	4,730	2,557	426	362	289
5.5			457	388	313
6	5,421	2,930	487	414	346
6.5			518	440	370
7	6,112	3,304	549	467	392
7.5			580	493	416
8	6,802	3,677	610	519	438
8.5			641	545	462
9	7,493	4,050	671	570	485
9.5			702	596	509
10	8,184	4,424	733	623	534
10.5			764	649	557
11	8,874	4,797	795	676	582
11.5			826	702	606
12	9,565	5,170	857	728	630
12.5			888	754	654
13	10,256	5,544	919	781	678
13.5			950	807	702
14	10,946	5,917	981	834	726
14.5			1,012	860	750
15	11,637	6,290	1,043	887	774
15.5			1,074	913	798
16	12,328	6,664	1,105	940	822
16.5			1,136	966	846
17	13,018	7,037	1,167	993	870
17.5			1,198	1,019	894
18	13,709	7,410	1,229	1,046	918
18.5			1,260	1,072	942
19	14,400	7,784	1,291	1,099	966
19.5			1,322	1,125	990
20	15,090	8,157	1,353	1,152	1,014
20.5			1,384	1,178	1,038
21	15,781	8,530	1,415	1,205	1,062
21.5			1,446	1,231	1,086
22	16,472	8,904	1,477	1,258	1,110
22.5			1,508	1,284	1,134
23	17,162	9,277	1,539	1,311	1,158
23.5			1,570	1,337	1,182
24	17,853	9,650	1,601	1,364	1,206
Add. Person	+682	+369	(.5) +31 (1) +62	(.5) +26 (1) +52	(.5) +24 (1) +48
Eff. Date	April 2020	April 2020	July 1996	July 1996	July 1996

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

Attachment 3

Family Related Medicaid Income Limits												
Family Size	100% FPL	Adults		Pregnant Women Including PEPW		Infants < 1		Children			MNIL ** See Note Below	MAGI Disregard (5% of 100% FPL) *** See Note Below
		Parents, Caretakers, Children 19 & 20	Standard Disregard	185% FPL	Standard Disregard	200% FPL	Standard Disregard	1 through 5		6 through 18 *See Note Below		
								133% FPL	Standard Disregard	133% FPL		
1	1,064	180	109	1,968	64	2,127	64	1,415	74	1,415	289	53
2	1,437	241	146	2,658	86	2,874	86	1,911	101	1,911	387	72
3	1,810	303	183	3,349	109	3,620	109	2,408	127	2,408	486	91
4	2,184	364	221	4,040	131	4,367	131	2,904	153	2,904	585	109
5	2,557	426	258	4,730	153	5,114	153	3,401	179	3,401	684	128
6	2,930	487	296	5,421	176	5,860	176	3,897	205	3,897	783	147
7	3,304	549	333	6,112	198	6,607	198	4,394	231	4,394	882	165
8	3,677	610	371	6,802	221	7,354	221	4,890	257	4,890	981	184
9	4,050	671	408	7,493	243	8,100	243	5,387	284	5,387	1079	203
10	4,424	733	446	8,184	265	8,847	265	5,884	310	5,884	1179	221
11	4,797	795	484	8,874	288	9,594	288	6,380	336	6,380	1279	240
12	5,170	857	522	9,565	310	10,340	310	6,877	362	6,877	1379	259
13	5,544	919	560	10,256	333	11,087	333	7,373	388	7,373	1479	277
14	5,917	981	598	10,946	355	11,834	355	7,870	414	7,870	1579	296
15	6,290	1,043	636	11,637	377	12,580	377	8,366	440	8,366	1,679	315
16	6,664	1,105	674	12,328	400	13,327	400	8,863	466	8,863	1,779	333
17	7,037	1,167	712	13,018	422	14,074	422	9,359	493	9,359	1,879	352
18	7,410	1,229	750	13,709	445	14,820	445	9,856	519	9,856	1,979	371
19	7,784	1,291	788	14,400	467	15,567	467	10,352	545	10,352	2,079	389
20	8,157	1,353	826	15,090	489	16,314	489	10,849	571	10,849	2,179	408
21	8,530	1,415	864	15,781	512	17,060	512	11,345	597	11,345	2,279	427
22	8,904	1,477	902	16,472	534	17,807	534	11,842	623	11,842	2,379	445
23	9,277	1,539	940	17,162	557	18,554	557	12,338	649	12,338	2,479	464
24	9,650	1,601	978	17,853	579	19,300	579	12,835	676	12,835	2,579	483
Additional Person	+ 369	+ 62		+ 682		+ 737		+ 490		+ 490	+ 100	
Effective Date	April 2020	April 1992		April 2020	April 2020	April 2020	April 2020	April 2020	April 2020	April 2020	January 2014	April 2020

**NOTES:**

\* Children aged 6 through 18 **do not** receive the standard disregard. They do get the 5% MAGI disregard, if needed.

\*\* MNIL--The Medically Needy Income Limit (MNIL) includes the appropriate standard disregard. No additional disregards should be applied to establish a share of cost.

\*\*\* MAGI--The 5% MAGI disregard is used in a budget **only** if it makes a "failing" individual "pass" a full coverage Medicaid group.

MAGI--The 5% MAGI disregard is never used in a Medically Needy budget.

Updated: 02/12/2020

# SSI-Related Programs & Coverage Groups- Financial Eligibility Standards: April 1, 2020

PROGRAMS & TYPES OF COVERAGE	INCOME		ASSETS		MAINTENANCE NEEDS STANDARDS / OTHER						
	Individual	Couple	Individual	Couple							
<b>PROGRAMS MANAGED BY SOCIAL SECURITY (eff 01/01/2020)</b>					<b>Disregards:</b> *Standard Disregard = \$20 *Earned Income Disregard = \$65 + 1/2 Student Earned Income Disregard = \$1,900 monthly, maximum \$7,670 for calendar year <b>Ineligible Spouse Deeming:</b> ½ FBR = \$392 Child Allocation = \$392/child (Difference between the couple and single FBR)  <b>Parent to Disabled Child Deeming:</b> Parent Allocation = \$783  <b>Disability Substantial Gainful Activity (SGA) = \$1,260 non-blind \$2,110 blind</b>  <b>Medicare Part B Premium = \$145, Part A free for most or \$458</b>  * A \$20 General Income Disregard applies to these programs. \$20 will be subtracted from the <u>total of all income</u> not based on need before comparing the income to the income limit. In addition, \$65 is subtracted from the <u>total of all earned income</u> , and ½ the remainder is subtracted before comparing the income to the income limit.						
<b>*Supplemental Security Income (SSI)</b> Federal Benefit Rate (FBR) Cash payment of SSI from SSA; Includes Full Medicaid							<b>\$783</b> <small>(FBR)</small>	<b>\$1,175</b> <small>(FBR)</small>	<b>\$2,000</b>	<b>\$3,000</b>	
<b>*Low Income Subsidy (LIS) or Extra Help (150% FPL)</b> Helps with costs associated with Medicare Prescription Drug Plans Automatic with full Medicaid or Medicare Savings Programs (QMB, SLMB, QI1). Income asset limits change annually							<b>\$1,595</b>	<b>\$2,155</b>	<b>\$14,610</b>	<b>\$29,160</b>	
<b>COVERAGE GROUPS FOR PEOPLE 65+ OR DISABLED (Community Medicaid Programs) (04/01/2020)</b>											
<b>*MEDS-AD (MM S) (88% FPL)</b> Full Community Medicaid					<b>\$936</b>	<b>\$1,265</b>	<b>\$5,000</b>	<b>\$6,000</b>			
<b>*Medically Needy (No Income Limit)</b> Medically Needy Income Level (MNIL) Full Community Medicaid <b>when</b> Share of Cost is met					Subtract \$180 from gross income	Subtract \$241 from gross income					
<b>PROGRAMS FOR PEOPLE WITH MEDICARE (Medicare Savings Programs/Buy-In) (04/01/2020)</b>											
<b>*QMB (100% FPL)</b> Pays Medicare A & B premiums, coinsurance & deductibles <b>only</b>					<b>\$1,064</b>	<b>\$1,437</b>	<b>\$7,860</b>	<b>\$11,800</b>			
<b>*SLMB (120% FPL)</b> Pays for Medicare Part B premium <b>only</b> (PBMO)					<b>\$1,276</b>	<b>\$1,724</b>					
<b>*QI1 (135% FPL)</b> PBMO					<b>\$1,436</b>	<b>\$1,940</b>					
<b>*Working Disabled (200% FPL)</b> Qualified Disabled Working Individuals (QDWI) Program Pays for Medicare <b>Part A only</b> . Must have lost SSDI due to employment					<b>\$2,127</b>	<b>\$2,866</b>	<b>\$5,000</b>	<b>\$6,000</b>			
<b>PROGRAMS BASED ON INSTITUTIONAL POLICY – Patient Responsibility &amp; Income Trusts may apply (eff 01/01/2020)</b>											
<b>Institutional Care Program (ICP)</b> Pays Nursing Home (NH) room, board & care Pays Medicare A & B premiums, coinsurance & deductibles  <b>Hospice</b> Pays Hospice services related to terminal illness Pays Medicare A & B premiums, coinsurance & deductibles  <b>Home and Community Based Services (HCBS) or Waivers</b> Pays Medicare A & B premiums, coinsurance & deductibles					<b>\$2,349</b> <small>(MEDS-AD Institutional Income Limit \$936)</small>	<b>\$4,698</b> <small>(MEDS-AD Institutional Income Limit (\$1265)</small>	<b>\$2,000</b> <small>(\$5,000 if MEDS-AD eligible)</small>	<b>\$3,000</b> <small>(\$6,000 if MEDS-AD eligible)</small>	<b>PERSONAL NEEDS ALLOWANCE</b>		<b>SSI Individual \$30 only in NH = \$100 (SPS)</b>  <b>Transfer of Asset Divisor = \$9,485 (eff 7/1/2019)</b>  <b>Community Hospice Allocations:</b> Spouse only = FBR (\$783) Spouse + Dependents or Dependents Only = <b>CNS Standard</b>  <b>Spousal Impoverishment:</b> (eff 7/1/2019) MMMNA = \$2,114 Excess shelter = \$634 Standard Utility Allowance = \$361 (eff 10/2019) Maximum Income Allowance = \$3,216 Community Spouse Resource Allowance = \$128,640 Family Members Allowance with Spouse = (MMMNA-income) divided by 3 Dependents with no Spouse = <b>CNS Standard</b> Home Equity Interest Limit = \$595,000
									<b>\$130</b>	<b>\$260</b>	
									Community \$1,058 NH \$130	Community \$1,433 NH \$260	
					PACE / SMMC-HCBS in ALF: *R&B+ \$212 / \$424 PACE / SMMC-HCBS @ home: \$2,349/\$4,698 PACE in NH: \$130 / \$260 iBudget: \$2,349 / \$4,698						
<b>STATE FUNDED PROGRAMS (eff 01/01/20)</b>											
<b>OPTIONAL STATE SUPPLEMENT (OSS) REDESIGN</b> Maximum Payment = \$78.40 single / \$156.80 Couple Assists with paying room & board at alternate living facilities					<b>\$861.40</b>	<b>\$1,722.80</b>	<b>\$2,000</b>	<b>\$3,000</b>	<b>\$54</b> Provider rate \$807.40	<b>\$108</b> Provider rate \$1,614.80	
<b>PROTECTED OSS</b> Maximum Payment = \$239 single / \$478 Couple Assists with paying room & board at alternate living facilities					<b>\$968</b>	<b>\$1,936</b>			<b>\$54</b> Provider rate \$968	<b>\$108</b> Provider rate \$1,936	
<b>HOME CARE FOR DISABLED ADULTS (HCDA)</b> Pays small stipend to caregivers of disabled					<b>\$2,349</b>	<b>\$4,698</b>					