

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #: 13-0017-MM3**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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October 28, 2013

Mr. Justin Senior  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, Mailstop #20  
Tallahassee, Florida 32308

Attention: April Cook

RE: Title XIX State Plan Amendment, FL 13-0017-MM3

Dear Mr. Senior:

We have reviewed the proposed State Plan Amendment, FL-13-0017-MM3, which was submitted to CMS on September 12, 2013. This amendment incorporates the MAGI-Based Income Methodologies into Florida's Medicaid State Plan in accordance with the Affordable Care Act. The effective date of the SPA is January 1, 2014.

Notwithstanding any other provisions of the Florida Medicaid State Plan, the financial eligibility methodologies described in SPA FL-13-0017-MM3 will apply to all MAGI-based eligibility groups covered under Florida's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR §435.603 apply to everyone except those individuals described at 42 CFR §435.603 (j) for whom MAGI-based methods do not apply. This SPA supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

Based on the information provided, Medicaid State Plan Amendment FL-13-0017-MM3 was approved on October 25, 2013. The effective date of this amendment is January 1, 2014. We are enclosing the approved HCFA-179 and the plan pages, S10-1 and S10-2. Please incorporate the approved plan pages within a separate section at the back of Florida's approved state plan.

In addition, enclosed is a summary of state plan pages which are superseded by FL SPA 13-0017-MM3, which should also be incorporated into a separate section in front of the approved state plan.

Mr. Justin Senior  
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If you have any questions, please contact Etta Hawkins, R.Ph. at (404) 562-7429 or [etta.hawkins@cms.hhs.gov](mailto:etta.hawkins@cms.hhs.gov).

Sincerely,

/s/

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

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**State/Territory name:** Florida

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

FL-13-0017

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

**Federal Budget Impact**

	Federal Fiscal Year	Amount
<b>First Year</b>	2014	\$ 0.00
<b>Second Year</b>	2015	\$ 0.00

**Subject of Amendment**

MAGI-Based Income Methodologies

**Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:


Reviewed by the Deputy Secretary for Medicaid, who is the Governor's designee.

**Signature of State Agency Official**

**Submitted By:** April Cook

**Last Revision Date:** Oct 1, 2013

**Submit Date:** Sep 12, 2013

<b>DATE RECEIVED:</b> 09/12/13	<b>DATE APPROVED:</b> 10/25/13
PLAN APPROVED – ONE COPY ATTACHED	
<b>EFFECTIVE DATE OF APPROVED MATERIAL:</b> 01/01/14	<b>SIGNATURE OF REGIONAL OFFICIAL:</b> 
<b>TYPED NAME:</b> Jackie Glaze	<b>TITLE:</b> Associate Regional Administrator Division of Medicaid & Children Health Opns

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

FL-13-0017-MM3

**STATE:**

Florida

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**

Notwithstanding any other provisions of the Florida Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment FL-13-0017-MM3 will apply to all MAGI-based eligibility groups covered under Florida's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## MAGI-Based Income Methodologies

S10

1902(e)(14)  
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes  No



# Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

## 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.