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State/Territory Name: Florida

State Plan Amendment (SPA) #:15-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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

September 8, 2015

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 15-0005

Dear Mr. Senior:

We have reviewed the proposed State Plan Amendment, FL 15-0005, which was submitted to the Atlanta Regional Office on June 29, 2015. This amendment implements a Modified Adjusted Gross Income (MAGI)-like eligibility determination for pregnant women, children, and parents and other caretaker relatives. These changes eliminate the asset limit, and comply with federal regulations that prohibit consideration of income of a child as available to his/her siblings; and specifies the amount of income to be disregarded in calculating the Medically Needy Share of cost.

Based on the information provided, the Medicaid State Plan Amendment FL 15-0005 is approved September 4, 2015. The effective date of this amendment is April 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

If you have any questions or need any further assistance, please contact Etta Hawkins, R.Ph. at (404) 562-7429.

Sincerely,

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

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2015-005	2. STATE Florida
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42CFR 435 Subpart D		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2014-2015 \$0 FFY 2015-2016 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 2.6-A page 7 Supplement 8a to Attachment 2.6-A page 2 Supplement 8b to Attachment 2.6-A page 3 Attachment 2.6-A page 14a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 2 to Attachment 2.6-A page 7 Attachment 2.6-A page 14a	
10. SUBJECT OF AMENDMENT: MAGI-Like Medically Needy			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Reviewed by the Deputy Secretary for Medicaid <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL who is the Governor's designee.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Mr. Justin M. Senior Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: April Cook	
13. TYPED NAME: Mr. Justin M. Senior			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 06-29-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6-29-15		18. DATE APPROVED: 09-04-15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-15		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

State/Territory: FLORIDA

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.

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:

- pregnant women,
- children,
- parent/caretaker relatives

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups –

- 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.

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

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDALESS 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:

- pregnant women,
- children,
- parent/caretaker relatives

MNIL		<i>Medically Needy Pregnant</i>	<i>Medically Needy Children 0-17</i>	<i>Medically Needy Parents or Caretaker Relatives</i>	<i>Medically Needy 18, 19, & 20 Year Olds</i>	All MAGI-related Medically Needy Groups	
Unit Size	Original Standard	Converted Standard	Converted Standard	Converted Standard	Converted Standard	Disregard to be Applied	MNIL + Disregard
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

TN No. 2015-005

Supersedes

TN No. NEW

Approval Date 09-04-15

Effective Date 4/1/15