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State/Territory Name: Florida


State Plan Amendment (SPA) #: 20-0001

This file contains the following documents in the order listed:

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

FL - FL-20-0001 - Eligibility



Package ID FL2020MS0001O
Program Name N/A
SPA ID FL-20-0001
Version Number 2
Submitted By Cole Giering
Package Disposition 
Priority Code P2

Submission Type Official
State FL
Region Atlanta, GA
Package Status Approved
Submission Date 1/17/2020
Approval Date 4/2/2020 11:50 AM EDT



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 East 12th Street
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

April 02, 2020

Beth Kidder
Deputy Secretary
Agency for Health Care Administration
2727 Mahan Drive
Mail Stop #20
Tallahassee, FL 32308

Re: Approval of State Plan Amendment FL-20-0001

Dear Beth Kidder:

On January 17, 2020, the Centers for Medicare and Medicaid Services (CMS) received Florida State Plan Amendment (SPA) FL-20-0001 to apply an income disregard for the eligibility determination process for individuals with disabilities with earned income through paid employment..

We approve Florida State Plan Amendment (SPA) FL-20-0001 on April 02, 2020 with an effective date(s) of January 01, 2020.

| Name | Date Created |
|--------------------|--------------|
| No items available | |

If you have any questions regarding this amendment, please contact Tandra Hodges at Tandra.Hodges@cms.hhs.gov.

Sincerely,
James Scott
Director
Division of Program Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | FL2020MS0001O | FL-20-0001

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | FL2020MS0001O | SPA ID | FL-20-0001 |
| Submission Type | Official | Initial Submission Date | 1/17/2020 |
| Approval Date | 4/2/2020 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

State Information

State/Territory Name: Florida

Medicaid Agency Name: Agency for Health Care Administration

Submission Component

- State Plan Amendment Medicaid CHIP

Submission - Summary

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SPA ID and Effective Date

SPA ID FL-20-0001

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | 1/1/2020 | NEW |
| Non-MAGI Methodologies | 1/1/2020 | NEW |
| Mandatory Eligibility Groups | 1/1/2020 | FL-13-0015 |
| Optional Eligibility Groups | 1/1/2020 | FL-13-0015 |
| Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules | 1/1/2020 | 2009-026 |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

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Executive Summary

Summary Description Including Goals and Objectives The amendment seeks approval to apply an income disregard for the eligibility determination process for individuals with disabilities with earned income through paid employment.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2019 | \$0 |
| Second | 2020 | \$0 |

Federal Statute / Regulation Citation

42 CFR 435.222 & 1902(r)(2) of the Act

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Submission - Summary

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Package ID FL2020MS0001O
Submission Type Official
Approval Date 4/2/2020
Superseded SPA ID N/A

SPA ID FL-20-0001
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Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Medicaid Director review and approval

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice
- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

| Name | Date Created | |
|-------------------------------------|------------------------|--|
| 2019-013 FAR Notice | 1/17/2020 11:49 AM EST |  |

Upload with this application a written summary of public comments received (optional)

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:



- All Indian Health Programs
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

| Date of consultation: | Method of consultation: |
|-----------------------|-------------------------|
| 12/13/2019 | Tribal Letters |

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name | Date Created | |
|--|------------------------|---|
| 2019-013 Seminole Tribal letter SIGNED | 1/17/2020 11:52 AM EST |  |
| 2019-013 Miccosukee Tribal letter SIGNED | 1/17/2020 11:52 AM EST |  |

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | FL2020MS0001O | FL-20-0001

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| | User-Entered | | |

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | FL2020MS0001O | FL-20-0001

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The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
 No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
 No

2. The election to use MAGI-like methodologies is described on the RU for each applicable eligibility group.

3. The MAGI-like methodology is consistent with 42 CFR 435.603(b) through (f) with respect to definitions, household income, and definition of household, except:

a. The agency elects to use the MAGI definition of parent when considering the financial responsibility of relatives, which includes natural or biological parents, as well as adopted parents and stepparents.

- Yes
 No

b. Less restrictive methodologies can be used, as described in section B.

c. The financial responsibility requirements for relatives are applicable, as described in section C.

d. The countable income deductions for the medically needy are applicable, when the MAGI-like methodologies are applied to the medically needy, as described in section F.

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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| | System-Derived | | |

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|--|--------------------------|--------------------------|--|---------------|
| Infants and Children under Age 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Parents and Other Caretaker Relatives | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Pregnant Women | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Deemed Newborns | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Former Foster Care Children | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Transitional Medical Assistance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Extended Medicaid due to Spousal Support Collections | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|--|--------------------------|--------------------------|--|---------------|
| SSI Beneficiaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Closed Eligibility Groups | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Deemed To Be Receiving SSI | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Working Individuals under 1619(b) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Medicare Beneficiaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Disabled and Working Individuals | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Specified Low Income Medicare Beneficiaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|------------------------|---|--------------------------|---|--|-------------------------------|
| Qualifying Individuals |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

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A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.


Yes No















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|---|--------------------------|--------------------------|--|---------------|
| Optional Coverage of Parents and Other Caretaker Relatives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Reasonable Classifications of Individuals under Age 21 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Children with Non-IV-E Adoption Assistance |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Independent Foster Care Adolescents |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Optional Targeted Low Income Children |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals above 133% FPL under Age 65 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Needing Treatment for Breast or Cervical Cancer |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Family Planning Services |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals with Tuberculosis |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Electing COBRA Continuation Coverage |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|---|--------------------------|--------------------------|--|---------------|
| Individuals Eligible for but Not Receiving Cash Assistance |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|---|--------------------------|--------------------------|--|---------------|
| Individuals Eligible for Cash Except for Institutionalization |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Optional State Supplement Beneficiaries |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals in Institutions Eligible under a Special Income Level |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| PACE Participants |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving Hospice |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children under Age 19 with a Disability |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Age and Disability-Related Poverty Level |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Work Incentives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Basic |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Medical Improvements |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Family Opportunity Act Children with a Disability |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

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B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No


The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---------------------------------------|---|--------------------------|--------------------------|--|---------------|
| Medically Needy Pregnant Women |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Medically Needy Children under Age 18 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|---|--------------------------|--------------------------|--|---------------|
| Protected Medically Needy Individuals Who Were Eligible in 1973 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

2. Optional Medically Needy:

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|---|--------------------------|--------------------------|--|---------------|
| Medically Needy Reasonable Classifications of Individuals under Age 21 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Medically Needy Parents and Other Caretaker Relatives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|---|--------------------------|--------------------------|--|---------------|
| Medically Needy Populations Based on Age, Blindness or Disability |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | FL2020MS0001O | FL-20-0001

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| Superseded SPA ID | FL-13-0015 | | |
| | System-Derived | | |

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | FL2020MS0001O | FL-20-0001

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

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| Package ID | FL2020MS0001O | SPA ID | FL-20-0001 |
| Submission Type | Official | Initial Submission Date | 1/17/2020 |
| Approval Date | 4/2/2020 | Effective Date | 1/1/2020 |
| Superseded SPA ID | 2009-026 | | |
| | User-Entered | | |

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | FL2020MS0001O | FL-20-0001

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| | User-Entered | | |

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

A percentage of earned income is disregarded.

Percentage: 550.00%

Description of disregard: 550 percent of the Federal Benefit Rate

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

General resource disregard:

| Name of disregard: | Description: |
|-------------------------------|--|
| Cash Asset Resource Disregard | Cash assets can be up to the amount of \$13,000 for a single individual and \$24,000 for a couple. |
| Monthly Status | If resources are below the applicable standard at any time during the month, the individual is eligible on the factor of resources for that month. |

Real property not otherwise excluded is disregarded.

Description of disregard: Pursuant to 42 CFR 435.601(d) and (f) (2), the value of property which exceeds the \$2,000 asset limit may be excluded if the applicant or recipient provides evidence of good faith effort to sell the property.

Proceeds from the sale of the property will be countable resources to the individual unless the individual plans to use them to buy an excluded home within three calendar months of receiving them.

Coverage provided to children who have reached age 18 and are under 21 who were in foster care when they turned 18, or after reaching 16, were adopted from foster care or placed with a court-approved dependency guardian and spent a minimum of 6 months in foster care within the 12 months immediately preceding placement or adoption, without regard to a

resource test that is otherwise required.

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

| Name of methodology: | Description: |
|------------------------------|--|
| Burial Disregard Methodology | The methodologies used in the SSI program in the determination of amounts set aside for burial shall be used with the following exceptions: - Up to \$2500 of resources may be excluded if designated as burial funds. - Burial funds must be kept separate from, and not commingled with, non-burial resources unless the resources cannot be separated or it is unreasonable to require it. Burial fund accounts for prior months may be commingled with non-burial funds. - Resources may be designated as burial funds for any month including the three months prior to the month of application. - The \$2500 exclusion is not reduced by the value of excluded life insurance policies or irrevocable burial contracts. |

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside for retirement

Individual Retirement Accounts (IRA)

Description: Participants can have a retirement account recognized by the Internal Revenue Service.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

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| | User-Entered | | |

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | FL2020MS0001O | FL-20-0001

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| | User-Entered | | |

D. Additional Information (optional)

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 0938-1188. 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.

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