

# **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA)#: 25-0011**

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 - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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



## Center for Medicaid & CHIP Services

February 09, 2026

Brian Meyer  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive  
Mail Stop #8  
Tallahassee, FL 32301

Re: Approval of State Plan Amendment FL-25-0011

Dear Brian Meyer,

On November 12, 2025, the Centers for Medicare and Medicaid Services (CMS) received Florida State Plan Amendment (SPA) FL-25-0011, in which the state proposed to disregard income from the Aides to the Medically Fragile Children's Program in eligibility determinations.

We approve Florida State Plan Amendment (SPA) FL-25-0011 with an effective date of February 09, 2026.

If you have any questions regarding this amendment, please contact Kia Carter-Anderson at (404) 562-7431 or [kia.carter-anderson@cms.hhs.gov](mailto:kia.carter-anderson@cms.hhs.gov).

Sincerely,

Wendy E. Hill Petras

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

# FL - Submission Package - FL2025MS0004O - (FL-25-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS0004O | FL-25-0011

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	FL2025MS0004O	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** FL-25-0011

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	2/9/2026	92-03
Handling of Excess Income (Spendeddown)	2/9/2026	91-39 and 2015-005
Medically Needy Resource Level	2/9/2026	2015-005
Optional Eligibility Groups	2/9/2026	FL-20-0001
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	2/9/2026	FL-20-0001
Medically Needy Pregnant Women	2/9/2026	2008-005 and 2015-005
Medically Needy Children under Age 18	2/9/2026	2008-005 and 2015-005
Medically Needy Reasonable Classifications of Individuals under Age 21	2/9/2026	2008-005 and 2015-005
Medically Needy Parents and Other Caretaker Relatives	2/9/2026	2008-005 and 2015-005
Medically Needy Populations Based on Age, Blindness or Disability	2/9/2026	08-005, 09-026, 2015-005

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

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this State Plan Amendment is to implement an income disregard for Aides to Medically Fragile Children Program in eligibility determinations.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

#### Federal Statute / Regulation Citation

42 CFR Part 435

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

**Describe** Medicaid Deputy Secretary review and approval

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 12:54 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

## Medicaid State Plan Eligibility

### Income/Resource Standards

#### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<u>2/9/2026</u>
<b>Superseded SPA ID</b>	92-03		
	User-Entered		

#### A. Income Level Used

- 1. The state employs a single income level for the medically needy.
- 2. The income level varies based on differences between shelter costs in urban and rural areas.

Yes  
 No

3. The level used is:

Household size	Standard
1	\$180.00
2	\$241.00
3	\$303.00
4	\$364.00
5	\$426.00
6	\$487.00
7	\$549.00
8	\$610.00
9	\$671.00
10	\$733.00

**The state uses an additional incremental amount for larger household sizes.**

Yes  
 No

**Incremental Amount:**  
\$62.00

**The dollar amounts increase automatically each year**

Yes  
 No

# Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	92-03		
	User-Entered		

## B. Basis for Income Level

### 1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

### 2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	92-03		
	User-Entered		

### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:01 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Income/Resource Standards

### Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<a href="#">2/9/2026</a>
<b>Superseded SPA ID</b>	91-39 and 2015-005		
	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

### A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
- i. 6 months
  - ii. 5 months
  - iii. 4 months
  - iv. 3 months
  - v. 2 months
  - vi. 1 month
- b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	91-39 and 2015-005		
	User-Entered		

### B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes  
 No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

# Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	91-39 and 2015-005		
	User-Entered		

## C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
  - i. At any time prior to the budget period.
  - ii. Prior to the third month before the month of application, but no earlier than:
  - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	91-39 and 2015-005		
	User-Entered		

### D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

1. By the type of service, in the following order:
  - a. Premiums, deductibles, coinsurance and co-payments.
  - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
  - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
  - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
2. In chronological order by the date of the service, or the date cost sharing payments are due.
3. In chronological order by the date the bill is submitted to the state by the individual.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	91-39 and 2015-005		
	User-Entered		

### E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	91-39 and 2015-005		
	User-Entered		

### F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	91-39 and 2015-005		
	User-Entered		

### G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:02 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<a href="#">2/9/2026</a>
<b>Superseded SPA ID</b>	2015-005		
	User-Entered		

### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

# Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

**Package ID** FL2025MS00040  
**Submission Type** Official  
**Approval Date** 02/09/2026  
**Superseded SPA ID** 2015-005  
User-Entered

**SPA ID** FL-25-0011  
**Initial Submission Date** 11/12/2025  
**Effective Date** 2/9/2026

## B. Resource Level Used

The level used is:

Household size	Standard
1	\$5000.00
2	\$6000.00
3	\$6000.00
4	\$6500.00
5	\$7000.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

**Incremental Amount:**  
\$500.00

# Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2015-005		
	User-Entered		

## C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:03 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions**

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	FL-20-0001		
	System-Derived		

### 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 <sup>?</sup>	Included in Another Submission Package	Source Type <sup>?</sup>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" 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 checked="" 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
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" 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

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	FL-20-0001		
	System-Derived		

## 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

#### 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

#### 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	FL-20-0001		
	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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:03 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## 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 | FL2025MS00040 | FL-25-0011

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

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<a href="#">2/9/2026</a>
<b>Superseded SPA ID</b>	FL-20-0001		
	System-Derived		

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 | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	FL-20-0001		
	System-Derived		

## 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

- A specified type of income is disregarded:

Name of income type:	Description:
Aide to Medically Fragile Children	Earned income from a licensed home health agency for rendering services as an Aide to Medically Fragile Children in accordance with state law, Section 400.4765, F.S.

### 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: <ul style="list-style-type: none"><li>- Up to \$2500 of resources may be excluded if designated as burial funds.</li><li>- 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.</li><li>- Resources may be designated as burial funds for any month including the three months prior to the month of application.</li><li>- The \$2500 exclusion is not reduced by the value of excluded life insurance policies or irrevocable burial contracts.</li></ul>

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

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	FL-20-0001		
	System-Derived		

## 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 | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	FL-20-0001		
	System-Derived		

## D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:04 PM EST*

# FL - Submission Package - FL2025MS0004O - (FL-25-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS0004O | FL-25-0011

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	FL2025MS0004O	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<a href="#">2/9/2026</a>
<b>Superseded SPA ID</b>	2008-005 and 2015-005 User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

**Description of disregard:**

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

- A specified type of income is disregarded:

Name of income type:	Description:
Aides to Medically Fragile Children	To the extent that such income could be countable in a MAGI-based eligibility determination, earned income from a licensed home health agency for rendering services as an Aide to Medically Fragile Children in accordance with state law, Section 400.4765, F.S.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
The difference between one income standard and another is disregarded.	<p>The following disregards for the difference between the MNIL standard and the converted standard will apply to the following groups:</p> <ul style="list-style-type: none"><li>i. pregnant women,</li><li>ii. children,</li><li>iii. parent/caretaker relatives</li></ul> <p>Medically Needy Pregnant Converted Standard</p> <p>Household of 1: \$243 Household of 2: \$325 Household of 3: \$409 Household of 4: \$492 Household of 5: \$575 Household of 6: \$658 Household of 7: \$742 Household of 8: \$824 Household of 9: \$907 Household of 10: \$991 Household of 11: \$1,074 Household of 12: \$1,158 Household of 13: \$1,242 Household of 14: \$1,325 Household of 15: \$1,409 Household of 16: \$1,493</p> <p>Add-on: \$84</p>

**Name of methodology:**

**Description:**

**Medically Needy children 0-17**

Converted Standard  
Household of 1: \$246  
Household of 2: \$330  
Household of 3: \$414  
Household of 4: \$498  
Household of 5: \$583  
Household of 6: \$666  
Household of 7: \$751  
Household of 8: \$835  
Household of 9: \$919  
Household of 10: \$1,003  
Household of 11: \$1,088  
Household of 12: \$1,173  
Household of 13: \$1,258  
Household of 14: \$1,342  
Household of 15: \$1,427  
Household of 16: \$1,512  
Add-on: \$85

**Medically Needy Parents or Caretaker Relatives**

Converted Standard  
Household of 1: \$259  
Household of 2: \$347  
Household of 3: \$437  
Household of 4: \$525  
Household of 5: \$614  
Household of 6: \$703  
Household of 7: \$792  
Household of 8: \$880  
Household of 9: \$969  
Household of 10: \$1,058  
Household of 11: \$1,147  
Household of 12: \$1,237  
Household of 13: \$1,326  
Household of 14: \$1,415  
Household of 15: \$1,504  
Household of 16: \$1,594  
Add-on: \$89

**Medically Needy 18, 19, and 20 Year Old**

Converted Standard  
Household of 1: \$237  
Household of 2: \$318  
Household of 3: \$399  
Household of 4: \$480  
Household of 5: \$562  
Household of 6: \$642  
Household of 7: \$724  
Household of 8: \$805  
Household of 9: \$886  
Household of 10: \$967  
Household of 11: \$1,049  
Household of 12: \$1,131  
Household of 13: \$1,212  
Household of 14: \$1,294  
Household of 15: \$1,376  
Household of 16: \$1,457  
Add-on: \$82

**All MAGI-related Medically Needy Groups dd**

Disregard to be Applied:  
Household of 1: \$109  
Household of 2: \$146  
Household of 3: \$183  
Household of 4: \$221  
Household of 5: \$258  
Household of 6: \$296  
Household of 7: \$333  
Household of 8: \$371  
Household of 9: \$408  
Household of 10: \$446  
Household of 11: \$484  
Household of 12: \$522  
Household of 13: \$560

Name of methodology:

Description:

Household of 14: \$598  
Household of 15: \$636  
Household of 16: \$674  
Add-on: \$38

MNIL + Disregard  
Household of 1: \$289  
Household of 2: \$387  
Household of 3: \$486  
Household of 4: \$585  
Household of 5: \$684  
Household of 6: \$783  
Household of 7: \$882  
Household of 8: \$981  
Household of 9: \$1,079  
Household of 10: \$1,179  
Add-on: \$100

This disregard description clarifies the existing policy listed on page 2 of Supplement 8a to Attachment 2.6-A of the state plan.

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

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:05 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<a href="#">2/9/2026</a>
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

### Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

- A specified type of income is disregarded:

Name of income type:	Description:
Aides to Medically Fragile Children	To the extent that such income could be countable in a MAGI-based eligibility determination, earned income from a licensed home health agency for rendering services as an Aide to Medically Fragile Children in accordance with state law, Section 400.4765, F.S.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
The difference between one income standard and another is disregarded.	<p>The following disregards for the difference between the MNIL standard and the converted standard will apply to the following groups:</p> <ul style="list-style-type: none"><li>i. pregnant women,</li><li>ii. children,</li><li>iii. parent/caretaker relatives</li></ul> <p>Medically Needy Pregnant Converted Standard Household of 1: \$243 Household of 2: \$325 Household of 3: \$409 Household of 4: \$492 Household of 5: \$575 Household of 6: \$658 Household of 7: \$742 Household of 8: \$824 Household of 9: \$907 Household of 10: \$991 Household of 11: \$1,074 Household of 12: \$1,158 Household of 13: \$1,242 Household of 14: \$1,325 Household of 15: \$1,409 Household of 16: \$1,493</p> <p>Add-on: \$84</p> <p>Medically Needy children 0-17</p>

**Name of methodology:**

**Description:**

Converted Standard  
Household of 1: \$246  
Household of 2: \$330  
Household of 3: \$414  
Household of 4: \$498  
Household of 5: \$583  
Household of 6: \$666  
Household of 7: \$751  
Household of 8: \$835  
Household of 9: \$919  
Household of 10: \$1,003  
Household of 11: \$1,088  
Household of 12: \$1,173  
Household of 13: \$1,258  
Household of 14: \$1,342  
Household of 15: \$1,427  
Household of 16: \$1,512  
Add-on: \$85

Medically Needy Parents or Caretaker Relatives  
Converted Standard  
Household of 1: \$259  
Household of 2: \$347  
Household of 3: \$437  
Household of 4: \$525  
Household of 5: \$614  
Household of 6: \$703  
Household of 7: \$792  
Household of 8: \$880  
Household of 9: \$969  
Household of 10: \$1,058  
Household of 11: \$1,147  
Household of 12: \$1,237  
Household of 13: \$1,326  
Household of 14: \$1,415  
Household of 15: \$1,504  
Household of 16: \$1,594  
Add-on: \$89

Medically Needy 18, 19, and 20 Year Old  
Converted Standard  
Household of 1: \$237  
Household of 2: \$318  
Household of 3: \$399  
Household of 4: \$480  
Household of 5: \$562  
Household of 6: \$642  
Household of 7: \$724  
Household of 8: \$805  
Household of 9: \$886  
Household of 10: \$967  
Household of 11: \$1,049  
Household of 12: \$1,131  
Household of 13: \$1,212  
Household of 14: \$1,294  
Household of 15: \$1,376  
Household of 16: \$1,457  
Add-on: \$82

All MAGI-related Medically Needy Groups dd  
Disregard to be Applied:  
Household of 1: \$109  
Household of 2: \$146  
Household of 3: \$183  
Household of 4: \$221  
Household of 5: \$258  
Household of 6: \$296  
Household of 7: \$333  
Household of 8: \$371  
Household of 9: \$408  
Household of 10: \$446  
Household of 11: \$484  
Household of 12: \$522  
Household of 13: \$560  
Household of 14: \$598

Name of methodology:

Description:

Household of 15: \$636  
Household of 16: \$674  
Add-on: \$38

MNIL + Disregard  
Household of 1: \$289  
Household of 2: \$387  
Household of 3: \$486  
Household of 4: \$585  
Household of 5: \$684  
Household of 6: \$783  
Household of 7: \$882  
Household of 8: \$981  
Household of 9: \$1,079  
Household of 10: \$1,179  
Add-on: \$100

This disregard description clarifies the existing policy listed on page 2 of Supplement 8a to Attachment 2.6-A of the state plan.

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

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

### F. Additional Information (optional)

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:06 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<a href="#">2/9/2026</a>
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit
  - i. Under age 21
  - ii. Under age 20
  - iii. Under age 19
- 2. Reasonable classifications of children

Name of classification	Age Range
Individuals placed in foster care homes by public agencies	Under age 21
Individuals placed in foster care homes by private, non-profit agencies	Under age 21
Individuals placed in private institutions by public agencies	Under age 21
Individuals placed in private institutions by private, non-profit agencies	Under age 21
Individuals in adoptions subsidized in full or part by a public agency	Under age 18

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## C. Financial Methodologies

### 1. The state uses the same financial methodology for all individuals covered.

- Yes  
 No

### 2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 3. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

#### Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

- A specified type of income is disregarded:

Name of income type:	Description:
Aides to Medically Fragile Children	To the extent that such income could be countable in a MAGI-based eligibility determination, earned income from a licensed home health agency for rendering services as an Aide to Medically Fragile Children in accordance with state law, Section 400.4765, F.S.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
The difference between one income standard and another is disregarded.	<p>The following disregards for the difference between the MNIL standard and the converted standard will apply to the following groups:</p> <ul style="list-style-type: none"><li>i. pregnant women,</li><li>ii. children,</li><li>iii. parent/caretaker relatives</li></ul> <p>Medically Needy Pregnant Converted Standard Household of 1: \$243 Household of 2: \$325 Household of 3: \$409 Household of 4: \$492 Household of 5: \$575 Household of 6: \$658 Household of 7: \$742 Household of 8: \$824 Household of 9: \$907 Household of 10: \$991 Household of 11: \$1,074 Household of 12: \$1,158 Household of 13: \$1,242 Household of 14: \$1,325 Household of 15: \$1,409</p>

**Name of methodology:**

**Description:**

Household of 16: \$1,493

Add-on: \$84

**Medically Needy children 0-17**

Converted Standard

Household of 1: \$246

Household of 2: \$330

Household of 3: \$414

Household of 4: \$498

Household of 5: \$583

Household of 6: \$666

Household of 7: \$751

Household of 8: \$835

Household of 9: \$919

Household of 10: \$1,003

Household of 11: \$1,088

Household of 12: \$1,173

Household of 13: \$1,258

Household of 14: \$1,342

Household of 15: \$1,427

Household of 16: \$1,512

Add-on: \$85

**Medically Needy Parents or Caretaker Relatives**

Converted Standard

Household of 1: \$259

Household of 2: \$347

Household of 3: \$437

Household of 4: \$525

Household of 5: \$614

Household of 6: \$703

Household of 7: \$792

Household of 8: \$880

Household of 9: \$969

Household of 10: \$1,058

Household of 11: \$1,147

Household of 12: \$1,237

Household of 13: \$1,326

Household of 14: \$1,415

Household of 15: \$1,504

Household of 16: \$1,594

Add-on: \$89

**Medically Needy 18, 19, and 20 Year Old**

Converted Standard

Household of 1: \$237

Household of 2: \$318

Household of 3: \$399

Household of 4: \$480

Household of 5: \$562

Household of 6: \$642

Household of 7: \$724

Household of 8: \$805

Household of 9: \$886

Household of 10: \$967

Household of 11: \$1,049

Household of 12: \$1,131

Household of 13: \$1,212

Household of 14: \$1,294

Household of 15: \$1,376

Household of 16: \$1,457

Add-on: \$82

**All MAGI-related Medically Needy Groups dd**

Disregard to be Applied:

Household of 1: \$109

Household of 2: \$146

Household of 3: \$183

Household of 4: \$221

Household of 5: \$258

Household of 6: \$296

Household of 7: \$333

Household of 8: \$371

Household of 9: \$408

Name of methodology:

Description:

Household of 10: \$446  
Household of 11: \$484  
Household of 12: \$522  
Household of 13: \$560  
Household of 14: \$598  
Household of 15: \$636  
Household of 16: \$674  
Add-on: \$38

MNIL + Disregard  
Household of 1: \$289  
Household of 2: \$387  
Household of 3: \$486  
Household of 4: \$585  
Household of 5: \$684  
Household of 6: \$783  
Household of 7: \$882  
Household of 8: \$981  
Household of 9: \$1,079  
Household of 10: \$1,179  
Add-on: \$100

This disregard description clarifies the existing policy listed on page 2 of Supplement 8a to Attachment 2.6-A of the state plan.

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

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:06 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<a href="#">2/9/2026</a>
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## B. Financial Methodologies

### 1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

#### Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

- A specified type of income is disregarded:

Name of income type:	Description:
Aides to Medically Fragile Children	To the extent that such income could be countable in a MAGI-based eligibility determination, earned income from a licensed home health agency for rendering services as an Aide to Medically Fragile Children in accordance with state law, Section 400.4765, F.S.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
The difference between one income standard and another is disregarded.	<p>The following disregards for the difference between the MNIL standard and the converted standard will apply to the following groups:</p> <ul style="list-style-type: none"><li>i. pregnant women,</li><li>ii. children,</li><li>iii. parent/caretaker relatives</li></ul> <p>Medically Needy Pregnant Converted Standard Household of 1: \$243 Household of 2: \$325 Household of 3: \$409 Household of 4: \$492 Household of 5: \$575 Household of 6: \$658 Household of 7: \$742 Household of 8: \$824 Household of 9: \$907 Household of 10: \$991 Household of 11: \$1,074 Household of 12: \$1,158 Household of 13: \$1,242 Household of 14: \$1,325 Household of 15: \$1,409 Household of 16: \$1,493</p> <p>Add-on: \$84</p> <p>Medically Needy children 0-17</p>

**Name of methodology:**

**Description:**

Converted Standard  
Household of 1: \$246  
Household of 2: \$330  
Household of 3: \$414  
Household of 4: \$498  
Household of 5: \$583  
Household of 6: \$666  
Household of 7: \$751  
Household of 8: \$835  
Household of 9: \$919  
Household of 10: \$1,003  
Household of 11: \$1,088  
Household of 12: \$1,173  
Household of 13: \$1,258  
Household of 14: \$1,342  
Household of 15: \$1,427  
Household of 16: \$1,512  
Add-on: \$85

Medically Needy Parents or Caretaker Relatives  
Converted Standard  
Household of 1: \$259  
Household of 2: \$347  
Household of 3: \$437  
Household of 4: \$525  
Household of 5: \$614  
Household of 6: \$703  
Household of 7: \$792  
Household of 8: \$880  
Household of 9: \$969  
Household of 10: \$1,058  
Household of 11: \$1,147  
Household of 12: \$1,237  
Household of 13: \$1,326  
Household of 14: \$1,415  
Household of 15: \$1,504  
Household of 16: \$1,594  
Add-on: \$89

Medically Needy 18, 19, and 20 Year Old  
Converted Standard  
Household of 1: \$237  
Household of 2: \$318  
Household of 3: \$399  
Household of 4: \$480  
Household of 5: \$562  
Household of 6: \$642  
Household of 7: \$724  
Household of 8: \$805  
Household of 9: \$886  
Household of 10: \$967  
Household of 11: \$1,049  
Household of 12: \$1,131  
Household of 13: \$1,212  
Household of 14: \$1,294  
Household of 15: \$1,376  
Household of 16: \$1,457  
Add-on: \$82

All MAGI-related Medically Needy Groups dd  
Disregard to be Applied:  
Household of 1: \$109  
Household of 2: \$146  
Household of 3: \$183  
Household of 4: \$221  
Household of 5: \$258  
Household of 6: \$296  
Household of 7: \$333  
Household of 8: \$371  
Household of 9: \$408  
Household of 10: \$446  
Household of 11: \$484  
Household of 12: \$522  
Household of 13: \$560  
Household of 14: \$598

Name of methodology:

Description:

Household of 15: \$636  
Household of 16: \$674  
Add-on: \$38

MNIL + Disregard  
Household of 1: \$289  
Household of 2: \$387  
Household of 3: \$486  
Household of 4: \$585  
Household of 5: \$684  
Household of 6: \$783  
Household of 7: \$882  
Household of 8: \$981  
Household of 9: \$1,079  
Household of 10: \$1,179  
Add-on: \$100

This disregard description clarifies the existing policy listed on page 2 of Supplement 8a to Attachment 2.6-A of the state plan.

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

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	2008-005 and 2015-005		
	User-Entered		

## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:07 PM EST*

# FL - Submission Package - FL2025MS00040 - (FL-25-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	<a href="#">2/9/2026</a>
<b>Superseded SPA ID</b>	08-005, 09-026, 2015-005		
	User-Entered		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Meet at least one of the following:
  - a. Are age 65 or older;
  - b. Have blindness; or
  - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	08-005, 09-026, 2015-005		
	User-Entered		

## B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	08-005, 09-026, 2015-005		
	User-Entered		

## C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes  
 No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes  No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

### Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

A specified type of income is disregarded:

Name of income type:	Description:
Aide to Medically Fragile Children	Earned income from a licensed home health agency for rendering services as an Aide to Medically Fragile Children in accordance with state law, Section 400.4765, F.S.

The following less restrictive methodologies are used:

Name of methodology:	Description:
The difference between one income standard and another is disregarded.	<p>The following disregards for the difference between the MNIL standard and the converted standard will apply to the following groups:</p> <ul style="list-style-type: none"><li>i. pregnant women,</li><li>ii. children,</li><li>iii. parent/caretaker relatives</li></ul> <p>Medically Needy Pregnant Converted Standard</p> <p>Household of 1: \$243 Household of 2: \$325 Household of 3: \$409 Household of 4: \$492 Household of 5: \$575 Household of 6: \$658 Household of 7: \$742 Household of 8: \$824 Household of 9: \$907 Household of 10: \$991 Household of 11: \$1,074 Household of 12: \$1,158 Household of 13: \$1,242 Household of 14: \$1,325 Household of 15: \$1,409 Household of 16: \$1,493</p> <p>Add-on: \$84</p>

**Name of methodology:**

**Description:**

**Medically Needy children 0-17**

Converted Standard  
Household of 1: \$246  
Household of 2: \$330  
Household of 3: \$414  
Household of 4: \$498  
Household of 5: \$583  
Household of 6: \$666  
Household of 7: \$751  
Household of 8: \$835  
Household of 9: \$919  
Household of 10: \$1,003  
Household of 11: \$1,088  
Household of 12: \$1,173  
Household of 13: \$1,258  
Household of 14: \$1,342  
Household of 15: \$1,427  
Household of 16: \$1,512  
Add-on: \$85

**Medically Needy Parents or Caretaker Relatives**

Converted Standard  
Household of 1: \$259  
Household of 2: \$347  
Household of 3: \$437  
Household of 4: \$525  
Household of 5: \$614  
Household of 6: \$703  
Household of 7: \$792  
Household of 8: \$880  
Household of 9: \$969  
Household of 10: \$1,058  
Household of 11: \$1,147  
Household of 12: \$1,237  
Household of 13: \$1,326  
Household of 14: \$1,415  
Household of 15: \$1,504  
Household of 16: \$1,594  
Add-on: \$89

**Medically Needy 18, 19, and 20 Year Old**

Converted Standard  
Household of 1: \$237  
Household of 2: \$318  
Household of 3: \$399  
Household of 4: \$480  
Household of 5: \$562  
Household of 6: \$642  
Household of 7: \$724  
Household of 8: \$805  
Household of 9: \$886  
Household of 10: \$967  
Household of 11: \$1,049  
Household of 12: \$1,131  
Household of 13: \$1,212  
Household of 14: \$1,294  
Household of 15: \$1,376  
Household of 16: \$1,457  
Add-on: \$82

**All MAGI-related Medically Needy Groups dd**

Disregard to be Applied:  
Household of 1: \$109  
Household of 2: \$146  
Household of 3: \$183  
Household of 4: \$221  
Household of 5: \$258  
Household of 6: \$296  
Household of 7: \$333  
Household of 8: \$371  
Household of 9: \$408  
Household of 10: \$446  
Household of 11: \$484  
Household of 12: \$522  
Household of 13: \$560

Name of methodology:	Description:
	<p>Household of 14: \$598  Household of 15: \$636  Household of 16: \$674  Add-on: \$38</p> <p>MNIL + Disregard  Household of 1: \$289  Household of 2: \$387  Household of 3: \$486  Household of 4: \$585  Household of 5: \$684  Household of 6: \$783  Household of 7: \$882  Household of 8: \$981  Household of 9: \$1,079  Household of 10: \$1,179  Add-on: \$100</p> <p>This disregard description clarifies the existing policy listed on page 2 of Supplement 8a to Attachment 2.6-A of the state plan.</p>

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

Yes  No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Comatose applicant/recipient without a known legal guardian	The methodologies of the SSI program regarding availability of resources are used except when the applicant or recipient is comatose and there is no known legal guardian or other individual who can access and expend the applicant's/recipient's resources. In such circumstances, the resources are considered not available until such time as legal guardianship is established.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	08-005, 09-026, 2015-005		
	User-Entered		

## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS0004O | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS0004O	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	08-005, 09-026, 2015-005		
	User-Entered		

## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	08-005, 09-026, 2015-005		
	User-Entered		

## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | FL2025MS00040 | FL-25-0011

## Package Header

<b>Package ID</b>	FL2025MS00040	<b>SPA ID</b>	FL-25-0011
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/12/2025
<b>Approval Date</b>	02/09/2026	<b>Effective Date</b>	2/9/2026
<b>Superseded SPA ID</b>	08-005, 09-026, 2015-005		
	User-Entered		

## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 3/5/2026 1:08 PM EST*