Chapter	Passage	Summary
1430	1440.1302	Added APD and Kepro
	1440.1303	Updated language to include three types of care/reimbursement levels
1610	1610.0200	Asset limit updated to \$2,750 for household not including an elderly or disabled member and \$4,250 for households with an elderly or disabled member
1810	1820.0805, 1820.0806	FmHA updated to USDA Rural Housing
1830	1830.0000	Deleted Pretax Income Exclusions
	1830.0101	Added definition of income; MAGI-based budget determination requires deduction of income for pretax experience
	1830.0800, 1840.0805, 1840.0806	FmHA updated to USDA Rural Housing
1850	1850.0800,1850.0805,1850.0806, 1860.0800,1860.0805,1860.0806	FmHA updated to USDA Rural Housing
0000	2010.0201	
2000	2010.0201	Asset limit updated to \$4,250

1440.1302 Who Determines Need for Placement (MSSI)

The agency or office responsible for determining the need for care depends on the applicant's age and what kind of facility or program is needed. After the eligibility specialist requests a determination, the specialist must receive DOEA CARES Form 603 (Notification of Level of Care) for nursing home placement or the Certification of Enrollment Status for Home and Community Based Services (HCBS) Form (CF-ES 2515) for HCBS waivers from the responsible office to document the specific need in the case record.

Note: The eligibility specialist does not request level of care decisions for HCBS waivers but must receive documentation of decisions from case managers, APD or CARES.

The determination will be obtained from one of the following offices:

CARES (Comprehensive Assessment and Review for Long Term Care Services), Department of Elder Affairs:

- 1. For ICP: determines Level of Care for applicant/recipients over age 21 in nursing facilities, swing beds or hospital based nursing facility beds.
- 2. For HCBS: determines if applicant/recipient meets waiver requirements for the specific HCBS waiver.
- 3. For PACE: determines if the applicant/recipient meets the Level of Care.

CMAT (Children's Multidisciplinary Assessment Team), Children's Medical Services in the Department of Health:

- 1. For ICP: determines Level of Care for children under age 21, unless they are applicants for the Developmental Disabilities (DD) iBudget Florida Waiver.
- 2. For HCBS: determines if applicants meet waiver requirements for the Model Waiver.

APD (Agency for Persons with Disabilities):

- 1. For Intermediate Care Facility for Developmental Disabilities: Kepro determines Level of Care/Reimbursement for ICF/DD placement.
- For HCBS: APD determines if applicant meets waiver requirements for the Developmental Disabilities and iBudget Florida Waivers.

If the eligibility specialist is not sure who is handling this determination, or whether a determination has been requested, he should request assistance from his supervisor.

1440.1303 Appropriate Placement for Institutional Care (MSSI)

The Institutional Care Program (ICP) includes coverage for individuals in nursing homes, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), certain state mental hospitals for those aged 65 and over, and certain rural hospitals on a temporary basis (swing beds).

Placement is appropriate when the individual is placed in a Medicaid facility certified to provide the level of care the individual requires. The individual must be in a bed certified to provide the same level of care determined necessary by CARES.

Individuals must require one of the following levels of care:

1. Skilled, Intermediate I, or Intermediate II in a nursing home or hospital swing bed;

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- 2. one of four types of care (Level 6, 7, 8, or 9) in an ICF/DD; or three types of care/reimbursements Level 1, 2 or 3 (LOR 1, LOR 2, or LOR 3)
- 3. appropriate care in a mental hospital for individuals age 65 and over.

The individual must be in a bed certified to provide the same level of care as determined necessary by CARES, CMAT, or Developmental ServicesAPD.

Certified rural hospital swing bed providers or hospital based nursing facility bed providers can provide skilled or intermediate levels of care to individuals for a 30-day period. Prior authorization for stays beyond 30 days must be approved by CARES.

Note: For swing bed providers, 30-day extensions may be granted. For hospital based nursing facility bed providers, only one 15-day extension may be granted.

1610.0200 ASSET LIMITS (FS)

The asset limit is the maximum amount of liquid and/or nonliquid assets that an assistance group can retain and remain eligible for public assistance.

The total countable assets of the assistance group cannot exceed:

- 1. \$2,500\$2,750 for assistance groups that do not include an elderly or disabled member; or
- \$3,750\$4,250 for assistance groups that include a member(s) who is elderly or disabled. Elderly is defined as being age 60 or older. An individual may be considered elderly if they will be age 60 by the last day of the application month.

For categorically eligible households, countable assets are assumed to be within the FS asset limits.

1820.0805 Programs Administered by HUD/FmHAUSDA Rural Housing (TCA)

Individuals generally can exclude the value of any assistance from the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration (FmHA) USDA Rural Housing (formerly Farmers Home Administration (FmHA)) used to offset their rent or mortgage payments. These payments may be made to landlords or mortgagees.

Passages 1820.0806 and 1820.0807 discuss further policy for payments received for utilities and housing assistance from HUD/FmHA USDA Rural Housing.

1820.0806 HUD/FmHAUSDA Rural Housing Utility Payments (TCA)

When an assistance group lives in subsidized housing, all or a portion of its rent may be paid by HUD or the Farmers Home Administration (FmHA) USDA Rural Housing (formerly Farmers Home Administration (FmHA)). In this situation, a rent deduction may be claimed for the amount the assistance group actually pays. The assistance group may also qualify for a HUD or FmHA USDA Rural Housing utility payment.

HUD and FmHA USDA Rural Housing utility payments are excluded as income due to these payments being made for the purpose of providing energy assistance. Additionally, when a HUD/FmHA USDA Rural Housing utility allowance is used to reduce the amount of rent, this type of "utility allowance" is not to be considered income.

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1830.0000 Family-Related Medicaid

This chapter discusses policy for individuals whose income must be considered when completing a Family-Related Medicaid eligibility determination. Modified Adjusted Gross Income (MAGI) is an Internal Revenue Service (IRS) method for counting income that aligns financial eligibility across all Insurance Affordability Programs (IAP). Adjusted Gross Income (AGI) is gross income minus casualty losses, charitable contributions, medical and dental expenses, qualified retirement contributions and other miscellaneous itemized deductions. MAGI is equal to Adjusted Gross Income plus foreign earned income, employer contribution plans, and tax exempt interest accrued during the taxable year. Current point in time income will be used in the eligibility determination process when available.

Income is money received from any source such as wages, benefits, contributions, and rentals. If income is taxable, it is counted.

MAGI-based budget determination requires deduction of income for pretax expenses.

Pretax Income Exclusions

Pretax income is excluded from gross income before taxes are deducted. Examples of "pretax income exclusions" include but not limited to:

- Some retirement plans (IRAs and 401(k) plan types)
- Life insurance
- Health Insurance premiums
- Transportation programs
- Health Savings accounts and Flexible spending accounts

Convert all pretax income exclusion amounts on the paystub/verification to a monthly amount (refer to Appendix A-37 for annual pretax income exclusion limits). Failure to deduct all pretax income exclusions will result in an incorrect calculation of income.

Note: An individual does not have to file a tax return to get pretax income excluded in a MAGI budget.

1830.0101 Income (MFAM)

Income is money received from any source such as wages, benefits, contributions, and rentals. If income is taxable, it is counted.

MAGI-based budget determination requires deduction of income for pretax expenses.

Taxable Earned income is the receipt of wages, salary, commission, or profit from an individual's performance of work or services or a self-employment enterprise.

Taxable Unearned income is income for which there is no performance of work or services. Taxable unearned income may include:

- 1. retirement, disability payments, unemployment compensation;
- 2. annuities, pensions, and other regular payments;
- 3. alimony and spousal support payments with decrees issued prior to January 01, 2019;
- 4. dividends, interest, and royalties;
- 5. prizes and awards; or
- 6. Social Security income.

Excluded income is income (earned or unearned) that is not counted when determining eligibility.

Pretax Income Exclusions

Pretax income is excluded from gross income before taxes are deducted. Examples of "pretax income exclusions" include but not limited to:

- 1. Some retirement plans (IRAs and 401(k) plan types)
- 2. Life Insurance
- 3. Health Insurance Premiums
- 4. Transportation programs
- 5. Health Savings accounts and Flexible spending accounts

Convert all pretax income exclusion amounts on the paystub/verification to a monthly amount (refer to Appendix A-37 for annual pretax income exclusion limits). Failure to deduct all pretax income exclusions will result in an incorrect calculation of income.

Note: An individual does not have to file a tax return to get pretax income excluded in a MAGI budget.

1830.0800 ASSISTANCE FROM GOVERNMENT AGENCIES (MFAM)

Assistance payments are benefits based on applicant or recipient need.

Payments excluded as unearned income are:

- 1. energy assistance such as Low Income Home Energy Assistance Program (LIHEAP) and Home Energy Assistance (HEA)
- across-the-board rebates from utility companies payments from the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration (FmHA) USDA Rural Housing (formerly Farmers Home Administration (FmHA))
- 3. used to offset rent or mortgage or utility payments
- 4. disaster assistance payments
- 5. cash Severance payments, upfront diversion payments and state relocation payments
- 6. temporary Cash Assistance and Relative Caregiver payments
- 7. Supplemental Security Income (SSI)
- 8. Emergency Financial Assistance for Housing Program (EFAHP) payments
- 9. Home Care for the Elderly and Home Care for Disabled Adult payments are excluded when not specifically identified for a member of the assistance group
- 10. benefits withheld to recover an overpayment
- 11. adoption subsidies and foster care payments
- 12. payments from a state fund for the victims of crimes
- 13. guardianship assistance payments

1840.0805 Programs Administered by HUD/<u>FmHAUSDA Rural Housing</u> (MSSI, SFP)

Individuals generally can exclude the value of any assistance from the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration (FmHA) USDA Rural Housing (formerly Farmers Home Administration (FmHA)) used to offset their rent or mortgage payments. These payments may be made to landlords or mortgagees.

1840.0806 HUD/FmHAUSDA Rural Housing Utility Payments (MSSI, SFP)

When an assistance group lives in subsidized housing, all or a portion of its rent may be paid by HUD or the Farmers Home Administration (FmHA)USDA Rural Housing (formerly Farmers Home Administration (FmHA)). In this situation, a rent deduction may be claimed for the amount the assistance group actually pays. The assistance group may also qualify for a HUD or FmHA USDA Rural Housing utility payment.

HUD and FmHAUSDA Rural Housing utility payments are excluded as income due to these payments being made for the purpose of providing energy assistance. Additionally, when a HUD/FmHAUSDA Rural Housing utility allowance is used to reduce the amount of rent, this type of "utility allowance" is not to be considered income.

1850.0800 ASSISTANCE FROM GOVERNMENT AGENCIES (CIC)

Assistance payments are benefits based on applicant or recipient need.

The following topics are discussed in this section:

- 1. Energy Assistance
- 2. Programs Administered by HUD/EmHA USDA Rural Housing (for Public Housing and utility payments),
- 3. Vocational Rehabilitation,
- 4. Disaster Assistance Payments,
- 5. Foster Care Payments,
- 6. Developmental Services,
- 7. Supplemental Security Income (SSI), and
- 8. Assistance Payments Based on Need.

1850.0805 Programs Administered by HUD/FmHA USDA Rural Housing (CIC)

Individuals generally can exclude the value of any assistance from the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration (FmHA) USDA Rural Housing (formerly Farmers Home Administration (FmHA)) used to offset their rent or mortgage payments. These payments may be made to landlords or mortgagees.

Passages 1850.0806 and 1850.0807 discuss further policy for payments received for utilities and housing assistance from HUD/FmHA USDA Rural Housing.

1850.0806 HUD/FmHA USDA Rural Housing Utility Payments (CIC)

When an assistance group lives in subsidized housing, all or a portion of its rent may be paid by HUD or the Farmers Home Administration (FmHA)-USDA Rural Housing (formerly Farmers Home Administration (FmHA)). In this situation, a rent deduction may be claimed for the amount the assistance group actually pays. The assistance group may also qualify for a HUD or FmHA USDA Rural Housing utility payment.

HUD and FmHA USDA Rural Housing utility payments are excluded as income due to these payments being made for the purpose of providing energy assistance. Additionally, when a HUD/FmHA USDA Rural Housing utility allowance is used to reduce the amount of rent, this type of "utility allowance" is not to be considered income.

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1860.0800 ASSISTANCE FROM GOVERNMENT AGENCIES (RAP)

Assistance payments are benefits based on applicant or recipient need.

The following topics are discussed in this section:

- 1. Energy Assistance
- 2. Programs Administered by HUD/EmHA USDA Rural Housing (for Public Housing and utility payments),
- 3. Vocational Rehabilitation,
- 4. Disaster Assistance Payments,
- 5. Foster Care Payments,
- 6. Developmental Services,
- 7. Supplemental Security Income (SSI), and
- 8. Assistance Payments Based on Need.

1860.0805 Programs Administered by HUD/FmHA USDA Rural Housing (RAP)

Individuals generally can exclude the value of any assistance from the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration (FmHA) USDA Rural Housing (formerly Farmers Home Administration (FmHA)) used to offset their rent or mortgage payments. These payments may be made to landlords or mortgagees.

Passages 1860.0806 and 1860.0807 discuss further policy for payments received for utilities and housing assistance from HUD/FmHA USDA Rural Housing.

1860.0806 HUD/FmHA USDA Rural Housing Utility Payments (RAP)

When an assistance group lives in subsidized housing, all or a portion of its rent may be paid by HUD or the Farmers Home Administration (FmHA) USDA Rural Housing (formerly Farmers Home Administration (FmHA)). In this situation, a rent deduction may be claimed for the amount the assistance group actually pays. The assistance group may also qualify for a HUD or FmHA USDA Rural Housing utility payment.

HUD and FmHA USDA Rural Housing utility payments are excluded as income due to these payments being made for the purpose of providing energy assistance. Additionally, when a HUD/FmHA USDA Rural Housing utility allowance is used to reduce the amount of rent, this type of "utility allowance" is not to be considered income.

2010.0201 Categorically Eligible Assistance Groups (FS)

A categorically eligible assistance group is one in which all members are receiving or are authorized to receive Temporary Cash Assistance or Supplemental Security Income (SSI) benefits or a combination of Temporary Cash Assistance and SSI. A broad-based categorically eligible standard filing unit (SFU) is one that receives information about Temporary Assistance for Needy Families or Maintenance of Effort funded services or benefits on an ACCESS Florida notice and does not contain a disqualified member. An individual is considered a recipient of Temporary Cash Assistance or SSI if the benefits have been authorized but not received, if the benefits are suspended or recouped, or if the benefits are not paid because they are less than a minimum amount.

Families that are receiving or are authorized to receive services through Healthy Families Florida are considered categorically eligible.

The assistance group cannot be considered categorically eligible for months in which an individual opts not to receive Temporary Cash Assistance, months that a SFU contains an ineligible or disqualified member or receives medical assistance only.

Individuals who are categorically eligible for food stamps are considered to have met gross and net income limits, asset limits, SSN requirements, and residency without further verification, unless questionable.

Broad-based categorically eligible SFUs must meet the 200% gross income limits. If the SFU contains a member who is age 60 or over or meets the definition of food stamp disabled, the SFU must meet the gross income limit of 200% of the federal poverty level for the AG size. If the SFU does not meet the 200% of the federal poverty income limit, the SFU must meet the net income limit of 100% of the federal poverty level for the AG size and the asset limit of \$3750\$4,250.