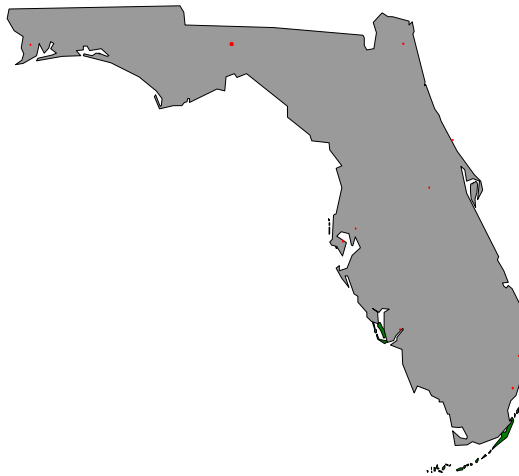


# **SSI-RELATED PROGRAMS**

## **FACT SHEETS**

**January 2010**



The SSI-Related Programs Fact Sheet provides only brief information. It is not a legally binding document and is not to be relied upon for specific information on recipient eligibility or service limitations. Specific policy is contained in statute or administrative rule. Policy staff in the Department of Children and Families prepared the fact sheet. The Department is responsible for eligibility policy for SSI-Related programs (public assistance for the aged, blind or disabled). Look for the fact sheet on the Internet at the following web address:  
<http://www.dcf.state.fl.us/ess/ssifactsheet.pdf>

Note: Eligibility standards generally change during January and March of each year.

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## OVERVIEW: Assistance Programs for Aged, Blind and Disabled

### SSI Fact Sheet

Public assistance programs for aged and disabled individuals include:

- Cash assistance: Supplemental Security Income (SSI) provides cash assistance and Medicaid if eligible. The SSI program is run by the Security Administration (SSA).
- Cash assistance: Optional State Supplementation (OSS) provides supplemental cash payments for those living in specially licensed living arrangements only. (Example: Assisted Living Facility)
- Home Care for the Disabled Adult (HCDA) provides case management services and a small financial subsidy to approved families or friends providing in-home care to disabled individuals residing in family type living arrangements in private homes as an alternative to institutional or nursing home placement.
- Medical assistance: Medicaid is a federal program run by the state. Eligibility requirements and services available vary from state to state.
  - Medicaid eligibility is determined by the Department of Children and Families (SSI recipients automatically qualify for Medicaid without a separate application with DCF).
  - Medicaid services are managed by the Agency for Health Care Administration (AHCA).

### SSI Related Programs

The programs listed below are based on Titles XVI and/or XIX of the Social Security Act, as amended, which establish the policy for Supplemental Security Income (SSI) and Medicaid.

- Supplemental Security Income (SSI)
- Medicaid programs that have full benefits include:
  - Individuals who receive SSI cash benefits administered by SSA are automatically eligible for Medicaid in Florida.
  - MEDS for certain aged and disabled individuals (MEDS-AD).
  - Institutional Care Program (ICP).
  - Hospice.
  - Aged/Disabled Adult Waiver Program.
  - Assisted Living for the Elderly Waiver Program.
  - Channeling Waiver Program.
  - Developmental Services Waiver Program.
  - Project AIDS Care Waiver Program.
  - Long Term Care Community Diversion Waiver Program

## OVERVIEW: Assistance Programs for Aged, Blind and Disabled

## **SSI Related Programs**

- Medicaid Programs that have limited Medicaid benefits include:
  - Medically Needy.
  - Medicare cost-sharing programs:
    - Qualified Medicare Beneficiary (QMB).
    - Special Low Income Medicare Beneficiary (SLMB).
    - Qualified Individuals 1 (QI-1).
- Non-Medicaid:
  - Optional State Supplementation (OSS): cash program for special living arrangements.
  - Home Care for Disabled Adults (HCDA)
  - Extra Help with Medicare Prescription Drug Plan costs

## Social Security Administration SUPPLEMENTAL SECURITY INCOME (SSI)

<b>Purpose</b>	SSI is a cash assistance program administered by the Social Security Administration. It provides financial assistance to needy aged, blind, or disabled individuals.
<b>Requirements</b>	<p>To be eligible for SSI, an individual must:</p> <ul style="list-style-type: none"> <li>• Be aged (65 or older), blind, or disabled.</li> <li>• Be a U.S. citizen (certain legal immigrants may be eligible; contact SSA for more information).</li> <li>• Meet other technical requirements as shown on page 6.</li> <li>• Have countable resources that total no more than \$2000.</li> <li>• Have income less than \$674 a month for individuals in a community living arrangement (home, assisted living facility, etc).</li> </ul> <p>(NOTE: If both husband and wife are applying for SSI; both must be aged, blind, or disabled. The income limit for couples is \$1011; the resource limit is \$3000.)</p>
<b>Amount of Payments</b>	The payment is based upon how much income the individual/couple has and the amount of the maximum SSI payment standard. Currently the maximum SSI payment is \$674 for an individual, \$1011 for a couple.
<b>Medicaid</b>	<p>Florida residents who are eligible for an SSI check of at least \$1 from Social Security automatically receive Medicaid from the State of Florida.</p> <p>Under certain circumstances Medicaid coverage may continue when your SSI cash payment ends. Social Security promotes the use of work incentives. You may continue to receive Medicaid, even if your earnings alone or in combination with other income become too high for a continued SSI cash payment. Contact Social Security at 1-800-772-1213 for information regarding Medicaid coverage under Section 1619(b) of the Social Security Act.</p> <p>SSI recipients who need long term nursing facility care services must meet additional requirements for those benefits. (See Institutional Care Program for more information.)</p>
<b>Where to Apply</b>	To apply for SSI, contact the local Social Security office in the city or county where the applicant is living.
<b>Special Note About Food Assistance</b>	SSI recipients may receive food stamps without applying for them separately. For more information, visit <a href="http://www.dcf.state.fl.us/ess/suncap/english.pdf">http://www.dcf.state.fl.us/ess/suncap/english.pdf</a> or contact DCF.

A \$20 general income exclusion applies to this program. Individuals may have up to \$20 more in unearned income and pass the income test.

## SSI Related Programs Technical Requirements

Some basic technical requirements are identical for all SSI-related programs. The information listed below is intended to give basic requirements only. There may be additional requirements or exceptions depending on the specific program and situation.

**TECHNICAL requirements: To be eligible, an individual must:**

<p><b>Aged, Blind or Disabled</b></p>	<ul style="list-style-type: none"> <li>• Be 65 or older or if under 65, be blind or disabled.</li> </ul> <p><b>Note:</b> The disability must prevent the person from working, expected to last for a continuous period of not less than 12 months, or be expected to result in death. Individuals who receive a disability check from Social Security based on their own disability automatically meet this requirement.</p> <p>If SSA has denied disability payments within the past year because they determine an individual is not disabled, the state must adopt the SSA decision in most cases.</p>
<p><b>Citizenship Status</b></p>	<ul style="list-style-type: none"> <li>• Be a U.S. citizen or a qualified noncitizen.</li> </ul> <p><b>Note:</b> A noncitizen admitted to the U.S. with a qualified status on or after August 22, 1996 may have a waiting period before being eligible to receive Medicaid benefits. Individuals residing in the U.S. as a permanent resident under color of law do not meet noncitizen requirements. Contact your local Department of Children and Families service center or program office for more information.</p>
<p><b>Additional Requirements</b></p>	<ul style="list-style-type: none"> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or file for one.</li> <li>• File for any other benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.)</li> <li>• Tell us about other third party liability (i.e., health insurance).</li> <li>• Provide proof of U.S. citizenship and identity.</li> </ul> <p><b>Note:</b> People who receive, or have received, Medicare, Supplemental Security Income (SSI) or Social Security Disability benefits based on their own work history are not required to provide proof of citizenship or identity.</p>

## SSI-Related Programs Income and Resources

A person's income and resources must fall within certain levels, which vary by program. The following types of resources and income are considered. See specific program for exceptions or additional criteria.

<p><b>Resources</b></p>	<p><b>Some types of resources that count:</b></p> <ul style="list-style-type: none"> <li>• Real property, other than homestead;</li> <li>• Bank accounts, Certificates of Deposit (CDs), Money market funds;</li> <li>• Stocks, bonds;</li> <li>• Trusts; and</li> <li>• Life insurance cash value if the face value of the policies owned on any insured individual totals more than \$2500 (or \$1500 for SSI recipients).</li> </ul>
	<p><b>Some types of resources that DON'T count (exclusions):</b></p> <ul style="list-style-type: none"> <li>• Homestead, if the individual or a dependent lives there, or if the individual is absent but intends to return;</li> <li>• Vehicle (one is excluded);</li> <li>• Burial funds up to \$2500 (or \$1500 for SSI recipients);</li> <li>• Irrevocable pre-paid burial contracts; and</li> <li>• Life insurance, if the total face value of all policies owned by the individual for any one insured does not exceed \$2500 (exclusions is \$1500 for SSI recipients).</li> </ul>
<p><b>Income</b></p>	<p><b>All gross monthly income is generally counted, including:</b></p> <ul style="list-style-type: none"> <li>• Social Security;</li> <li>• Veterans Administration (VA);</li> <li>• Pensions;</li> <li>• Interest;</li> <li>• Income from mortgages; and</li> <li>• Contributions, etc.</li> </ul> <p><b>Note:</b> Gross income includes the amount deducted from the individual's Social Security check for the Medicare premium before their account is credited (or the check is mailed to them).</p>

## Florida Medicaid Services

### Services

The Agency for Healthcare Administration (AHCA) is in charge of Medicaid Services. See the Florida Medicaid Summary of Services booklet at [http://ahca.myflorida.com/Medicaid/pdf/files/SS\\_08\\_080701\\_SOS.pdf](http://ahca.myflorida.com/Medicaid/pdf/files/SS_08_080701_SOS.pdf) for Medicaid covered services. Florida Medicaid services for adults include:

- Inpatient hospital
- Outpatient hospital
- Physician and physician assistant
- Transplant services
- Laboratory and x-ray
- Skilled and intermediate care nursing facilities
- State mental health hospital
- Home health care
- Rural health clinic
- County health department clinic services
- Dialysis center services
- Transportation
- Ambulatory surgical centers
- Podiatry
- Dental
- Visual services
- Community mental health services
- Hospice
- Prescribed drugs (limited to those without Medicare or meeting special criteria)
- Durable medical equipment and medical supplies
- Advanced Registered Nurse First Practitioner
- Registered Nurse First Assistants
- Chiropractic services
- Augmentative and communication systems
- Assistive Care Services for special living situations
- Medicare premiums; deductibles and coinsurance  
(Can only be paid in certain specific situations)

**NOTE:** Limitations and exceptions apply to all services

### How Medicaid Works

The provider must be a certified Medicaid provider for the service to be covered by Medicaid. The provider bills Medicaid directly, and the Medicaid payment is made directly to the provider. The provider must accept payment in full, less any deductibles or patient responsibility previously identified.

It is important to find out in advance if the provider accepts Medicaid. Medicaid generally cannot reimburse the individual for payments he makes to providers.

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**People Who Have Medicare**

The Department of Children and Families determines eligibility for Medicaid. The Social Security Administration administers the Medicare Program. Many aged or disabled people have Medicare benefits and can still qualify for Medicaid. However, Medicaid will only pay for services after Medicare has paid.

Medicaid does not cover most prescription drugs for individuals who have Medicare Part A (hospital insurance) or Part B (medical insurance). For prescription drug coverage, individuals must enroll in a Medicare Prescription Drug Plan. See the section on Help with Medicare Prescription Drug Plan Costs on page 36 for information about the help that is available to cover the costs associated with a Medicare Prescription Drug Plan.

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**People Who Have Medically Needy**

The Medically Needy program provides limited benefits. Individuals qualify for Medically Needy coverage on a month to month basis by meeting a monthly share of cost. Refer to page 33 for Medically Needy program criteria.

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## Florida Medicaid MEDS for Aged and Disabled (MEDS-AD)

<b>Purpose</b>	<p>The MEDS-AD program entitles a limited group of aged or disabled individuals to receive full Medicaid coverage. The traditional MEDS-AD Program ended 12/31/05 and the state received approval from the Center for Medicare and Medicaid Services to continue this coverage for individuals who meet certain special criteria.</p> <p><b>Note:</b> MEDS-AD does <b>not</b> cover blind individuals unless they are considered disabled.</p>
<b>Technical Requirements</b>	<p>To meet technical requirements, the individual must:</p> <ul style="list-style-type: none"> <li>• Be aged 65 or older, or disabled as determined by Social Security criteria.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any other benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.) .</li> <li>• Tell us about other third party liability (i.e., health insurance).</li> </ul> <p><b>As of January 1, 2006, the individual also:</b></p> <ul style="list-style-type: none"> <li>• Must <i>not</i> have Medicare Part A or B, <u>or</u></li> <li>• Must be receiving Institutional Care Program, Hospice, Home and Community Based Services Waiver, or Assistive Care Services regardless of their Medicare status.</li> </ul>
<b>Income limit</b>	\$795 for an individual and \$1069 for an eligible couple.
<b>Asset limit</b>	\$5000 for an individual and \$6000 for an eligible couple.
<b>Nursing Facility Care</b>	MEDS-AD recipients who need nursing facility care must meet additional eligibility criteria to qualify for institutional care benefits. See Institutional Care Program information.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

A \$20 general income exclusion applies to this program. Individuals may have up to \$20 more in unearned income and pass the income test.

## Florida Medicaid Institutional Care Program (ICP)

<b>Purpose</b>	The Institutional Care Program (ICP) helps people in nursing facilities pay for the cost of their care plus provides general medical coverage.
<b>Overview</b>	<p>In a nursing facility, people are generally classified according to their method of payment (private, Medicare, or Medicaid) and to the level of nursing care the patient requires (skilled or intermediate care). Unlike Medicare, Medicaid can pay for:</p> <ul style="list-style-type: none"> <li>• Intermediate care, and</li> <li>• An unlimited time period.</li> </ul> <p><b>Note:</b> Intermediate care is often called “custodial” care.</p>
<b>Who may apply</b>	The individual or the individual’s designated representative may apply. If there is a legal guardian, the guardian must apply.
<b>Technical Requirements</b>	<p>To meet technical requirements, the individual must:</p> <ul style="list-style-type: none"> <li>• Be aged 65 or older or disabled as determined by Social Security criteria.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any other benefits for /which they may be eligible (i.e., pensions, retirement, disability benefits etc.)</li> <li>• Tell us about other third party liability (i.e., health insurance).</li> <li>• Be determined to be in need of nursing facility services.</li> <li>• Be placed in a nursing home that participates in the Medicaid program.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual; \$4044 for an institutionalized couple in the same facility.
<b>Asset Limit</b>	<p>\$2000 for an individual and \$3000 for a couple.</p> <p>If the individual or couple has income within the MEDS-AD limit, they are entitled to an asset limit of \$5000 or \$6000 respectively.</p> <p>See policies relating to community spouse for additional resource allowances.</p>
<b>Qualified Income Trusts</b>	<p>Individuals whose income is over the ICP income standard may still be eligible if they set up an income trust and deposit sufficient funds monthly into a “qualified income trust” account so that their income outside the trust is less than the income standard.</p> <p>To qualify, the income trust must:</p> <ul style="list-style-type: none"> <li>• Be irrevocable;</li> <li>• Be comprised of income only; and</li> <li>• Designate that the state will receive any funds remaining in the trust upon the death of the recipient, up to the amount of Medicaid payments paid on behalf of the individual.</li> </ul>

## Institutional Care Program (ICP) -- Continued

<p><b>Transfers of Income and Resources</b></p>	<p>Transfers of income or resources may affect eligibility if they are made within 36 months of the application for Medicaid (60 months if used to establish a trust). Assets transferred on or after January 1, 2010 may potentially affect eligibility for Medicaid ICP, Institutional Hospice, Home and Community Based Waiver programs, and Program of All-Inclusive Care for the Elderly for sixty months after the transfer.</p> <p>A person may be ineligible for a period of time if income or resources are transferred for less than fair market value to become Medicaid eligible. The period of ineligibility will vary depending on the value of the transferred income or resource(s).</p> <p>Anyone determined ineligible due solely to transferred income or resources cannot qualify for nursing facility payments. However, the individual may still qualify for basic Medicaid coverage (e.g., medicines, hospital coverage, etc.).</p>
<p><b>Allowable Transfers</b></p>	<p>Certain transfers are allowable. The applicant/recipient may transfer:</p> <ul style="list-style-type: none"> <li>• Any resource to a spouse or disabled adult child.</li> <li>• The homestead, without penalty, to one of the following relatives:             <ul style="list-style-type: none"> <li>• His/her spouse;</li> <li>• His/her minor child (under 21 years) or his blind or disabled adult child;</li> <li>• His/her sibling who has equity interest in the home and resided there at least one year prior to the client's institutionalization;</li> <li>• His/her son or daughter who resided in the home for at least two years immediately before institutionalization <b>and</b> who provided care that delayed the client's institutionalization.</li> </ul> </li> </ul>
<p><b>Payments to Medicaid Nursing Facilities</b></p>	<p><b>How Much Can a Nursing Facility Charge?</b></p> <p>The Agency for Health Care Administration, Medicaid, sets the rates for which a nursing facility can charge Medicaid patients. This amount varies from facility to facility.</p> <p><b>How Much Does the Patient Pay?</b></p> <p>In general, all of the patient's monthly income, except for \$35 for personal needs, must be paid to the nursing facility for the patient's care. This includes any funds deposited into a qualified income trust. The payment to the facility is called the "patient responsibility".</p> <p>Some veterans receiving certain VA pensions may be allowed to keep more of their income. The eligibility worker calculates the patient responsibility amount.</p> <p>Some individuals may be entitled to an Uncovered Medical Expense Deduction. Refer to page 39 for further information.</p> <p>All or part of the patient's income may be set-aside for the spouse and/or dependents, reducing the amount the individual must pay to the nursing facility each month. See the next section, "Special ICP Policies That Apply to Spouses" for more information.</p> <p><b>How Much Does Medicaid Pay?</b></p> <p>Medicaid pays the difference between how much the patient pays (patient responsibility) and what the nursing facility charges under Medicaid.</p>
<p><b>Where to Apply</b></p>	<p>Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.</p>

## Special ICP Policies that Apply to Spouses

<b>Overview</b>	Resources and income are considered differently for married individuals when one spouse is institutionalized and one spouse continues to live in the community (referred to as the "community spouse").
<b>Resources at Application</b>	<p>All resources of the husband and wife must be counted together to determine the eligibility of the institutionalized individual. (See page 7 for what is NOT counted.)</p> <p>After deducting \$109,560 from their combined resources for the community spouse resource allowance, the institutional spouse's remaining resources must not exceed \$2000 to qualify for ICP (the resource limit may be \$5000 if the institutional spouse's monthly income is \$795 or less).</p>
<b>Resources after Approval</b>	Resources over the individual limit (\$2000 or \$5000) must be transferred to the community spouse within twelve months after the ICP approval to maintain eligibility.
<b>Income at Application</b>	The total gross monthly income that belongs to the institutionalized spouse is considered to determine eligibility for ICP.
<b>Income after Approval</b>	After the individual is determined eligible, a special budget is used to determine the monthly patient responsibility amount. After deducting \$35 for personal needs, an additional amount of the institutional spouse's income may be allocated to the community spouse. This is called the community spouse income allowance.
<b>Determining the Community Spouse Income Allowance</b>	<p>The community spouse income allowance is computed as follows:</p> $\$1,822 \text{ (minimum monthly maintenance income allowance) } + \text{ excess shelter costs}^* - \text{ community spouse's monthly gross income} = \text{ community spouse income allowance}^{**}$ <p>*Excess Shelter Cost is the amount by which the community spouse's shelter costs exceeds \$547 per month. Shelter costs may include rent or mortgage payment, homeowner's insurance, condo maintenance fees, and a standard utility allowance of \$317 (effective 10/2009) per month.</p> <p>**Total community spouse income allowance cannot exceed \$2,739.</p>
<b>Exceptions to Spouse Allowance</b>	Court-ordered support. If there is a court order for support that is greater than the above allowance, that amount will be used.
<b>Other Dependents</b>	Under certain conditions, a dependent allowance may also be deducted from the institutionalized individual's income.

## Florida Medicaid Hospice Program

<b>Purpose</b>	<p>Hospice helps maintain a terminally ill individual at home for as long as possible by providing care at home and avoiding institutionalization whenever possible. However, hospice is also available to individuals residing in a nursing facility.</p> <p>For people living at home who already have Medicaid, hospice services are covered if the individual enrolls in the hospice program. For people who do not otherwise qualify for Medicaid, there is a special hospice coverage that allows higher income limits for the terminally ill so that they may qualify.</p>
<b>Technical Requirements</b>	<p>To meet technical requirements, an individual must:</p> <ul style="list-style-type: none"> <li>• Be age 65 or older or disabled as determined by Social Security criteria.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> </ul> <ul style="list-style-type: none"> <li>• File for any other benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.).</li> <li>• Tell us about other third party liability (i.e., health insurance).</li> <li>• Have a medical prognosis that life expectancy is 6 months or less (as long as the illness runs its normal course).</li> <li>• Elect hospice services.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for an eligible couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Payments to Hospice</b>	<p><b>What is the Patient's Responsibility?</b></p> <ul style="list-style-type: none"> <li>• The patient's monthly income, except for a personal need allowance and income set aside for a spouse or dependent, goes to the hospice provider.</li> <li>• Persons remaining in the community keep \$903 for their personal needs.</li> <li>• Persons residing in a nursing home may keep only \$35 for their personal needs.</li> <li>• Individuals who receive SSI checks or qualify for Medicaid under MEDS-AD have no patient responsibility.</li> </ul> <p><b>Some individuals may be entitled to an Uncovered Medical Expense Deduction. Refer to page 39 for further information.</b></p> <p><b>How Much Does Medicaid Pay?</b></p> <p>Medicaid pays the difference between the patient responsibility and the amount Hospice charges.</p>
<b>How to Apply</b>	Contact your local hospice. They will help you initiate the process.

An individual who already has full Medicaid may elect to receive hospice services in place of standard Medicaid without filing a separate application.

## Florida Medicaid Aged/Disabled Adult Waiver Program (ADA Wavier)

<b>Description</b>	This program provides home and community-based services for individuals in need of nursing home care who could remain at home if provided special services. Recipients make an informed choice of receiving home and community-based services in lieu of nursing facility care.
<b>Technical Requirements</b>	<p>To be eligible for the program an individual must:</p> <ul style="list-style-type: none"> <li>• Be age 18 through 64 and determined disabled or blind according to Social Security standards <u>or</u> be age 65 or older.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.)</li> <li>• Tell us about any third party liability (i.e., insurance).</li> <li>• Meet nursing facility level-of-care criteria as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES).</li> <li>• Be enrolled in the ADA waiver.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for an eligible couple.
<b>Asset Limit</b>	<p>\$2000 for an individual and \$3000 for an eligible couple.</p> <p>Only assets of the individual count towards the asset limit.</p>
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	For individuals age 60 or older please contact your local Department of Elder Affairs or contact the Department of Children and Families, Adult Protective Services for individuals age 18 – 59 to initiate the waiver request. Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office to submit a Medicaid application. See page 41 for additional contact information.

An individual who already has full Medicaid may enroll in the ADA Waiver without a separate application depending on the availability of funding and the need for waiver services.

## Florida Medicaid Assisted Living for the Elderly Waiver Program (ALE Waiver)

<b>Description</b>	<p>This program provides home and community-based services for recipients who reside in qualified Assisted Living Facilities (ALFs). Recipients make an informed choice of receiving home and community-based service in lieu of nursing facility care.</p> <p>Note: This program does not pay for the room and board charges of the ALF.</p>
<b>Technical Requirements</b>	<p>To be eligible for the program an individual must:</p> <ul style="list-style-type: none"> <li>• Be age 60 through 64 and determined disabled according to Social Security standards <u>or</u> be age 65 or older.</li> <li>• Be a U.S. Citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.)</li> <li>• Tell us about any third party liability (i.e. insurance).</li> <li>• Meet nursing facility level-of-care criteria as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES).</li> <li>• Be enrolled in the ALE waiver.</li> <li>• Reside in an ALF licensed to provide the additional services.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for an eligible couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

An individual who already has full Medicaid may enroll in the ALE Waiver without a separate application depending on the availability of funding and the need for waiver services.

Special spousal impoverishment policies apply when only one spouse is applying for or receiving Assisted Living waiver benefits and their spouse continues to live in the community. See page 13.

Some individuals may be entitled to the Uncovered Medical Expense Deduction. Refer to page 39 for further information.

## Florida Medicaid Channeling Waiver Program

<b>Description</b>	This program provides home and community-based services through a contractual agreement with an organized health care delivery system.
<b>Technical Requirements</b>	<p>To be eligible for the program an individual must:</p> <ul style="list-style-type: none"> <li>• Reside in Miami-Dade or Broward counties.</li> <li>• Be age 65 or older.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.).</li> <li>• Tell us about any third party liability (i.e., insurance).</li> <li>• Meet the nursing facility level-of-care criteria as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES).</li> <li>• Be enrolled in the Channeling waiver.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for an eligible couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitation</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program. This program is not available in areas other than Miami-Dade and Broward counties.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

An individual who already has full Medicaid may enroll in the Channeling Waiver without a separate application depending on the availability of funding and the need for waiver services.

## Florida Medicaid Developmental Services Waiver Program (DS Waiver)

<b>Description</b>	The purpose of this program is to prevent institutionalization by allowing the individual with developmental disabilities to remain at home in the community.
<b>Technical Requirements</b>	<p>To be eligible for the program an individual must:</p> <ul style="list-style-type: none"> <li>• Be age 3 or older and disabled as determined by Social Security criteria.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.)</li> <li>• Tell us about any third party liability (i.e., insurance).</li> <li>• Meet the level-of-care criteria for intermediate care facilities for the developmentally disabled as determined by Developmental Services.</li> <li>• Meet SSI related Medicaid or Institutional Care program income and asset requirements.</li> <li>• Be enrolled in the Developmental Services Waiver.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for an eligible couple. (We do not consider the parent's income or a spouse's income available to the client.)
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program. Please note that individuals waiting to enroll in the DS Waiver may qualify for limited services under the Family Supported Living Waiver, another waiver with the same eligibility criteria.
<b>How to Apply</b>	Please contact the Agency for Persons with Disabilities for information. Apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

An individual who already has full Medicaid may enroll in the DS Waiver without a separate application depending on the availability of funding and the need for waiver services.

## Florida Medicaid Family Supported Living Waiver Program

<b>Description</b>	The purpose of this program is to prevent institutionalization by allowing the individual with developmental disability to assist them to live in their home or the community.
<b>Technical Requirements</b>	<p>To be eligible for the program and individual must:</p> <ul style="list-style-type: none"> <li>• Be age 3 or older.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc)</li> <li>• Tell us about any third party liability (i.e. insurance).</li> <li>• Live in their family home, foster home, own home or apartment or want to live in own home/apartment.</li> <li>• Be able to participate in community life.</li> <li>• Meet the level of care for intermediate care facilities for the developmentally disabled (ICF/DD) as determined by Agency for Persons with Disabilities (APD)</li> <li>• Meet SSI related Medicaid or Institutional Care program income and asset requirements.</li> <li>• Be enrolled in the Family and Supported Living Waiver</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for an eligible couple. (We do not consider the parent's income or a spouse's income available to the client.)
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please contact the Agency for Persons with Disabilities for information. Apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office See page 41 for additional contact information.

An individual who already has full Medicaid may enroll in the Family and Supported Living Waiver without a separate application depending on the availability of funding and the need for waiver services.

**Florida Medicaid  
Project AIDS Care Waiver Program (PAC Waiver)**

<b>Description</b>	This program provides home and community-based services. Recipients make an informed choice between hospital or nursing facility care and the home and community-based services provided under this program.
<b>Technical Requirements</b>	<p>To be eligible for the program an individual must:</p> <ul style="list-style-type: none"> <li>• Be age 65 or over, or determined disabled according to Social Security Administration standards.</li> <li>• Have a medical diagnosis of AIDS.</li> <li>• Be a U. S. citizen or qualified noncitizen.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.).</li> <li>• Tell us about any third party liability (i.e., insurance).</li> <li>• Be at risk of institutionalization in a hospital or nursing facility based on an assessment by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES).</li> <li>• Be enrolled in Project Aids Care Waiver.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

An individual who already has full Medicaid may enroll in the PAC Waiver without a separate application depending on the availability of funding and the need for waiver services.

## Florida Medicaid Long Term Care Community Diversion Waiver Program (LTCCD)

<b>Description</b>	This program provides individuals in need of nursing home care the choice of receiving services through a managed care provider (HMO). If the individual chooses the managed care option, the HMO will manage the individual's medical needs regardless of their living situation. The program provides services for individuals in need of nursing home care who can remain at home with special services, individuals residing in an assisted living facility, and individuals residing in a nursing home.
<b>Technical Requirements</b>	<p>To be eligible for the program, an individual must:</p> <ul style="list-style-type: none"> <li>• Be 65 years of age or older <u>and</u> reside in a project area.</li> <li>• Be a Florida resident.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• File for any other benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.).</li> <li>• Tell us about any rights to third party liability (i.e., health insurance).</li> <li>• Have a Social Security number or apply for one.</li> <li>• Meet nursing facility level of care criteria as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES).</li> <li>• Be enrolled in the LTCCD waiver.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. Information is also available at the following Agency for Health Care Administration website: <a href="http://ahca.myflorida.com/Medicaid/ltc_partnership_program/index.shtml">http://ahca.myflorida.com/Medicaid/ltc_partnership_program/index.shtml</a> . See page 41 for additional contact information.

Special spousal impoverishment policies apply when only one spouse is applying for or receiving Long Term Care Diversion Waiver benefits and their spouse continues to live in the community. See page 13.

Individuals may be entitled to an Uncovered Medical Expense Deduction. Refer to page 39 for further information.

## Florida Medicaid Cystic Fibrosis Waiver Program (CF Waiver)

<b>Description</b>	This program provides home and community-based services for individuals who are diagnosed with cystic fibrosis, require hospitalization but could remain at home if provided special services.
<b>Technical Requirements</b>	<p>To be eligible for the program, an individual must:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age or older.</li> <li>• Be determined disabled if under age 65.</li> <li>• Be a Florida resident.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• File for any other benefits to which they may be eligible (i.e., pensions, retirement, disability benefits etc.).</li> <li>• Tell us about any rights to third party liability (i.e., health insurance).</li> <li>• Have a Social Security number or apply for one.</li> <li>• Meet level of care criteria for being at risk of hospitalization as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES).</li> <li>• Be enrolled in the Cystic Fibrosis waiver.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

Special spousal impoverishment policies apply when only one spouse is applying for or receiving Cystic Fibrosis Waiver benefits and their spouse continues to live in the community. See page 13.

## Florida Medicaid Familial Dysautonomia Waiver Program

<b>Description</b>	The FD Waiver will provide services to individuals diagnosed with the FD syndrome who would otherwise require hospitalization if not for the receipt of Home and Community Based Services.
<b>Technical Requirements</b>	<p>To be eligible for the program an individual must:</p> <ul style="list-style-type: none"> <li>• Be at least 3 or older and disabled as determined by Social Security criteria.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• File for any benefits to which they may be eligible (i.e. pensions, retirement, disability benefits, etc)</li> <li>• Tell us about any third party liability (i.e. insurance).</li> <li>• Meet the level of care criteria for inpatient hospital care based on an assessment by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES) .</li> <li>• Be enrolled in the Familial Dysautonomia Waiver as evidenced by a current CF-ES form 2515.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

An individual who already has full Medicaid may enroll in the Familial Dysautonomia Waiver without a separate application depending on the availability of funding and the need for waiver services.

## Florida Medicaid Program of All Inclusive Care for the Elderly (PACE)

<b>Description</b>	This program provides coordinated services to individuals in need of nursing home care. If the individual chooses to enroll in PACE, their medical needs will be managed regardless of their living situation. The program provides services for individuals in need of nursing home care who can remain at home with special services, individuals residing in an assisted living facility, and individuals residing in a nursing home.
<b>Technical Requirements</b>	<p>To be eligible for the program, an individual must:</p> <ul style="list-style-type: none"> <li>• Reside within the PACE service area.</li> <li>• Be at least 55 years of age or older.</li> <li>• Be determined disabled if under age 65.</li> <li>• Be a Florida resident.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Elect the PACE provider as the sole source of Medicare and/or Medicaid service delivery.</li> <li>• File for any other benefits to which they may be eligible</li> <li>• Tell us about any rights to third party liability (i.e., health insurance).</li> <li>• Have a Social Security number or apply for one.</li> <li>• Meet nursing facility level of care criteria as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES).</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	The Department of Elder Affairs' CARES Unit is usually the initial entry point in the PACE program for potential participants. When an individual applies directly with the Department of Children and Families and expresses an interest in PACE, <u>DCF will complete a referral to CARES for consideration for enrollment in PACE and at the same time complete a Medicaid eligibility determination.</u> See page 41 for additional contact information. The PACE Provider may also submit a Medicaid application to DCF and a referral to DOEA for PACE participation.

Special spousal impoverishment policies apply when only one spouse is applying for or receiving PACE benefits and their spouse continues to live in the community. See page 13.

Individuals may be entitled to an Uncovered Medial Expense Deduction. Refer to page 39 for further information.

## Florida Medicaid Model Waiver Program

<b>Description</b>	The model waiver allows the provision of specified home and community based services to persons with degenerative spinocerebellar disease. These services are provided to eligible persons who otherwise require the level of care provided in an acute care hospital.
<b>Technical Requirements</b>	<p>To be eligible for the program, an individual must:</p> <ul style="list-style-type: none"> <li>• Be under 21 years of age, and determined disabled by Social Security criteria,</li> <li>• Be a U.S. citizen or qualified noncitizen,</li> <li>• Have a social security number or apply for one,</li> <li>• Be a Florida resident,</li> <li>• File for other benefits to which they may be eligible (i.e. pensions, retirement, disability)</li> <li>• Tell us about third party liability (i.e. health insurance)</li> <li>• Be diagnosed as having a degenerative spinocerebellar disease,</li> <li>• Meet the appropriate level of care for inpatient hospital care as determined by Children's Medical Services; and</li> <li>• Be enrolled in the waiver through Children's Medical Services as documented by form CF-ES 2515.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Florida can only serve five children at any one time under this program. The Agency for Health Care Administration evaluates each case and funding availability.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

**Florida Medicaid  
Traumatic Brain and Spinal Cord Injury Waiver Program**

<b>Description</b>	The waiver provides home and community based services. The purpose of the waiver is to provide individuals who meet the state definition of brain and spinal cord injury and who meet nursing home level of care with the long-term community-based services and supports required to live safely and independently in their homes or in community-based settings rather than in a nursing facility.
<b>Technical Requirements</b>	<p>To be eligible for the program, an individual must:</p> <ul style="list-style-type: none"> <li>• Be between the ages of 18 and 64,</li> <li>• Be a U.S. citizen or qualified noncitizen,</li> <li>• Be a Florida resident</li> <li>• Have a social security number or apply for one,</li> <li>• File for other benefits to which they may be eligible (i.e. pensions, retirement, disability),</li> <li>• Tell us about third party liability (i.e. health insurance),</li> <li>• Be disabled due to traumatic brain injury or spinal cord injury,</li> <li>• Meet a nursing facility level of care as determined by Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES), and</li> <li>• Be enrolled in the waiver as documented by form CF-ES 2515.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

**Florida Medicaid  
Alzheimer's Disease Waiver Program**

<b>Description</b>	The waiver provides specialized services to eligible participants who have a diagnosis of Alzheimer's disease and live in a private home or apartment with a caregiver. The supportive services are designed to allow the participants to remain in the community rather than require nursing home care.
<b>Technical Requirements</b>	<p>To be eligible for the program, an individual must:</p> <ul style="list-style-type: none"> <li>• Be aged 60 or older (must meet disability criteria is under age 65),</li> <li>• Be a U. S. citizen or a qualified noncitizen,</li> <li>• Be a Florida resident,</li> <li>• Have a social security number or apply for one,</li> <li>• File for other benefits to which they may be eligible (ie pensions, retirement, disability),</li> <li>• Tell us about third party liability (i.e. health insurance),</li> <li>• Reside within the project area (Miami-Dade, Broward, Palm Beach or Pinellas county),</li> <li>• Meet level of care requirement and special criteria as determined by Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES), and</li> <li>• Be enrolled in the ALZ waiver as documented by form CF-ES 2515.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

**Florida Medicaid  
Comprehensive Adult Day Health Care Waiver Program**

<b>Description</b>	The waiver provides supportive services to eligible participants through an individual plan of care in an adult day care center. Adult Day Health Care Centers allow frail elders to remain in their homes or community instead of going to a nursing facility .
<b>Technical Requirements</b>	<p>To be eligible for the program, an individual must:</p> <ul style="list-style-type: none"> <li>• Be aged 75 or older,</li> <li>• Be a U S citizen or qualified noncitizen,</li> <li>• Be a Florida resident,</li> <li>• File for other benefits to which they may be eligible (i.e. pensions, retirement, disability),</li> <li>• Tell us about third party liability (i.e. health insurance),</li> <li>• Live within the project area (Lee or Palm Beach county),</li> <li>• Meet the level of care requirement and special criteria as determined by Department of Elder Affairs, Comprehensive Assessment and Review for Long Term Care Services (CARES), and</li> <li>• Be enrolled in the waiver as documented by form CF-ES 2515.</li> </ul>
<b>Income Limit</b>	\$2022 for an individual and \$4044 for a couple.
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for an eligible couple.
<b>Limitations</b>	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

**Florida Medicaid  
Qualified Medicare Beneficiaries (QMB)**

<b>QMB Benefits</b>	<p>Individuals who qualify for QMB are eligible to have Medicaid pay for:</p> <ul style="list-style-type: none"> <li>• Medicare premiums (Parts A and B),</li> <li>• Medicare Deductibles, and</li> <li>• Medicare coinsurance within the prescribed limits.</li> </ul> <p><b>NOTE:</b> QMB recipients automatically qualify for the Extra Help with Medicare Prescription Drug Plan Costs. See page 29.</p>
<b>Technical Requirements</b>	<p>To qualify, an individual must:</p> <ul style="list-style-type: none"> <li>• Be entitled to Medicare Part A.</li> <li>• Be a Florida resident.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• File for any other benefits to which they may be entitled.</li> <li>• Disclose any rights to third party liability (i.e., health insurance).</li> <li>• Have a Social Security number or file for one.</li> </ul>
<b>Income Limit</b>	\$903 for an individual and \$1215 for an eligible couple.
<b>Asset Limit</b>	\$6600 for an individual and \$9910 for an eligible couple.
<b>Date of Entitlement</b>	Date of entitlement for QMB begins on the first day of the month in which the individual files an application <b>and</b> is determined to meet all factors of eligibility.
<b>No Retroactive Coverage</b>	QMB coverage cannot be retroactive. No benefits can be paid for months <b>prior</b> to the month of application.
<b>Limitations</b>	<p>QMB covers Medicare expenses the same as a Medicare supplemental insurance. As with any Medicaid coverage, the provider must be enrolled as a Medicaid provider for Medicaid to pay the expense.</p> <p>If you are determined eligible for QMB, the Social Security Administration will reimburse you for any Medicare premiums that you paid when you were eligible to have Medicaid pay. This buy-in benefit usually takes one to two months from the time your application was approved.</p>
<b>Nursing Facility Coverage</b>	<p>If you are admitted under Medicare to a nursing facility, Medicare will charge you a co-insurance cost starting on the 21st day of your stay in the facility. If you are QMB eligible, Medicaid will pay that cost for you without a separate application for Institutional Care Program benefits. During your Medicare/QMB period, you have no patient responsibility.</p> <p><b>IMPORTANT:</b> If you stay in the nursing home <b>after</b> the Medicare coverage has ended, you must apply for and qualify for the Institutional Care Program if you need help to pay the nursing home charges.</p>
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

A \$20 general income exclusion applies to this program. Individuals may have up to \$20 more in unearned income and pass the income test.

**Florida Medicaid**  
**Special Low-Income Medicare Beneficiary (SLMB)**

<b>SLMB Benefits</b>	<p>Individuals who are eligible for SLMB are eligible to have Medicaid pay Medicare directly for Medicare premiums for Part B.</p> <p><b>NOTE:</b> SLMB recipients automatically qualify for the Extra Help with Medicare Prescription Drug Plan Costs. See page 29.</p>
<b>Technical Requirements</b>	<p>To qualify, an individual must:</p> <ul style="list-style-type: none"> <li>• Be enrolled in Medicare Part A.</li> <li>• Be a U.S. citizen or a qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• Apply for any other benefits to which they may be entitled.</li> <li>• Disclose any third party liability (i.e., health insurance).</li> </ul>
<b>Income Limit</b>	\$1083 for an individual and \$1457 for an eligible couple.
<b>Asset Limit</b>	\$6600 for an individual and \$9910 for an eligible couple.
<b>Date of Entitlement</b>	Date of entitlement for SLMB begins on the first day of the month in which the individual files an application <b>and</b> is determined to meet all factors of eligibility.
<b>Retroactive Coverage</b>	SLMB coverage may be made retroactive for 3 months. This means that you can receive benefits for any or all of the 3 months prior to the month of application, if you meet all of the factors of eligibility for the particular month.
<b>Limitations</b>	Payment of the Medicare Part B premium is the <b>only</b> benefit from Medicaid. If you are determined eligible for SLMB, the Social Security Administration will reimburse you for any Medicare premiums that you paid when you were eligible to have Medicaid pay. This buy-in benefit usually takes one to two months from the time your application was approved.
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

A \$20 general income exclusion applies to this program. Individuals can have up to \$20 more in unearned income and pass the income test.

## Qualifying Individuals 1 (QI1)

<b>QI1</b>	<p>Individuals who are eligible for QI1 are eligible to have Medicaid pay Medicare directly for the Medicare premiums for Part B.</p> <p><b>NOTE:</b> QI1 recipients automatically qualify for the Extra Help with Medicare Prescription Drug Plan Costs. See page 29.</p>
<b>Requirements</b>	<p>To qualify, an individual must:</p> <ul style="list-style-type: none"> <li>• Be enrolled in Medicare Part A.</li> <li>• Be a U.S. citizen or a qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• Apply for any other benefits to which they may be entitled.</li> <li>• Disclose any third party liability (i.e., health insurance).</li> </ul>
<b>Income Limit</b>	\$1219 for an individual and \$1640 for an eligible couple.
<b>Asset Limit</b>	\$6600 for an individual and \$9910 for a couple.
<b>Date of Funding</b>	Funding for this program is limited to the annual federal allocation for this coverage. The funding began January 1, 1998. Payment is only guaranteed through the end of the year the application is filed, but preference will be given to those cases already active if funds are available for the following year.
<b>Retroactive Coverage</b>	QI1 coverage may be made retroactive for 3 months. This means that you can receive benefits for any or all of the 3 months prior to the month of application, if you meet all of the factors of eligibility for the particular month.
<b>Limitations</b>	<p>Payment of the Medicare Part B premium is the <b>ONLY</b> benefit from Medicaid. If you are determined eligible for QI1, the Social Security Administration will reimburse you for any Medicare premiums that you paid when you were eligible to have Medicaid pay. This buy-in benefit usually takes one to two months from the time your application was approved.</p> <p>An individual who is eligible for one month in the year is entitled to the QI1 coverage for the remainder of the year, provided all factors of eligibility continue to be met. This program is available on a first-come, first-serve basis as long as there is federal funding.</p>
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

A \$20 general income exclusion applies to this program. Individuals can have up to \$20 more in unearned income and pass the income test.

## Florida Medicaid Medically Needy Program

<b>Purpose</b>	This program is intended to provide Medicaid for persons with high medical bills but whose income is too high to qualify for traditional Medicaid programs. Individuals qualify for Medicaid Medically Needy coverage on a month-to-month basis by meeting a monthly share of cost. More information may be found online at <a href="http://www.dcf.state.fl.us/ess/medneedybrochure.pdf">http://www.dcf.state.fl.us/ess/medneedybrochure.pdf</a> .
<b>Requirement</b>	To qualify, an individual must: <ul style="list-style-type: none"> <li>• Be aged 65 or older, blind, or disabled.</li> <li>• Be a U.S. citizen or a qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or apply for one.</li> <li>• Apply for any other benefits to which they may be entitled.</li> <li>• Disclose any third party liability (i.e., health insurance).</li> </ul>
<b>Income Limit</b>	There is no income limit; however, gross income is used to determine the Share of Cost.
<b>Asset Limit</b>	\$5000 for an individual and \$6000 for an eligible couple.
<b>How to Determine the Share of Cost</b>	To calculate the share of cost: <p style="margin-left: 40px;">Determine your <b>gross</b> monthly income</p> <p style="margin-left: 40px;">-Subtract \$20 general income disregard</p> <p style="margin-left: 40px;">- <u>Subtract \$180 Medically Needy income level (\$241 for a couple)</u></p> <p style="margin-left: 40px;">The remainder is the monthly share of cost.</p>
<b>Meeting the Share of Cost</b>	The share of cost works like a deductible. A person must incur enough medical expenses to offset his income to within the Medically Needy income level. This process is called "meeting the share of cost."  When medical bills exceed the share of cost (SOC), the person becomes eligible for Medicaid for the remainder of that month only. Coverage does not extend beyond the month in which the SOC is met.
<b>Limitations</b>	Medically Needy will <u>not</u> pay: <ul style="list-style-type: none"> <li>• For the bills that are used in total to help the individual meet his share of cost (SOC)</li> <li>• For institutional care services even if the share of cost is met.</li> <li>• For prescription drugs if the individual has Medicare, the same as any Medicaid program.</li> </ul>
<b>How to Apply</b>	Please apply on-line at <a href="http://www.dcf.state.fl.us/ess/">http://www.dcf.state.fl.us/ess/</a> or contact the local Department of Children and Families ACCESS Services office. See page 41 for additional contact information.

## Optional State Supplementation (OSS)

<b>Purpose</b>	The Optional State Supplementation (OSS) is a cash assistance program. Its purpose is to supplement a person's income to help pay for room and board costs of an assisted living facility, mental health residential treatment facility, and adult family care home. OSS is NOT a Medicaid program.
<b>Technical Requirements</b>	To be eligible for OSS, a person must: <ul style="list-style-type: none"> <li>• Be 65 years or older, or be blind or disabled if age 18 to 64 years.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or file for one.</li> <li>• File for any other benefits to which they may be entitled, including SSI payments.</li> <li>• Disclose other third party liability (i.e., health insurance).</li> <li>• Be certified by Adult Services, Developmental Disabilities, or Adult Mental Health as needing placement in a licensed facility: Adult Family Care Home (AFCH), Assisted Living Facility (ALF), or Mental Health Residential Treatment Facility (MHRTF).</li> </ul>
<b>Income limit</b>	Varies by type of facility in which the individual resides: \$752.40 for an individual and \$1504.80 for a couple, <u>or</u> \$859.00 for an individual and \$1718.00 for a couple (Limited to individuals residing in certain MHRTFs and to recognized protected groups).
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for a couple.
<b>OSS Payments</b>	The OSS payment is made directly to the client. The amount is based on the client's income and the current OSS standard cost of care in the facility.
<b>How to Determine Amount of the OSS Payment:</b>	<p>Step 1 Individual's gross monthly income</p> <ul style="list-style-type: none"> <li>-Personal needs allowance of \$54</li> <li>-<u>Amount set aside for spouse</u></li> <li>=Amount of individual's countable income.</li> </ul> <p>Step 2 Standard Cost of Care</p> <ul style="list-style-type: none"> <li>- <u>Amount of Individual's countable income (above)</u></li> <li>= Amount of monthly OSS payment to client.</li> </ul>
<b>Cost of Care (Amount recipient is expected to pay the facility for room and board)</b>	Varies by type of facility. This is amount the recipient is expected to pay the facility: \$698.40 for an individual and \$1396.80 for a couple, <u>or</u> \$859.00 for an individual and \$1718 for a couple (Limited to qualified MHRTFs and protected groups).
<b>Assistive Care Services (ACS)</b>	Facilities that are enrolled Medicaid Assistive Care Service providers may also bill Medicaid for ACS services it provides to Medicaid eligible residents in their facility.
<b>Where to Apply</b>	Contact the local Department of Children and Families for more information about this program. See page 41 for additional contact information.

## Home Care for the Disabled Adult (HCDA)

<b>Purpose</b>	The Home Care for the Disabled Adult (HCDA) program provides case management services and a small monthly subsidy to approved families or friends providing in-home care to disabled adults as an alternative to institutional or nursing home care. It is NOT a Medicaid program.
<b>Technical Requirements</b>	<p>To be eligible for HCDA, a person must:</p> <ul style="list-style-type: none"> <li>• Be disabled and aged 18 through 59 years of age.</li> <li>• Be a U.S. citizen or qualified noncitizen.</li> <li>• Be a Florida resident.</li> <li>• Have a Social Security number or file for one.</li> <li>• File for any other benefits to which they may be entitled.</li> <li>• Have an identified and approved provider / caregiver.</li> <li>• Be certified by a physician and Adult Services staff to require services as an alternative to nursing home placement.</li> </ul>
<b>Income limit</b>	\$2022 for an individual and \$4044 for a couple
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for a couple.
<b>Payments</b>	Subsidy payments are made directly to the provider/caregiver providing home care for the disabled adult person. Eligibility is based on the financial status of the person receiving care.
<b>Where to Apply</b>	Contact the local Department of Children and Families ACCESS office or the local Department of Children and Families, Adult Services office for more details on this program. See page 41 for additional contact information.

## Social Security Administration

### Extra Help with Medicare Prescription Drug Plan Costs

<p><b>Benefits for Medicare Beneficiaries</b></p>	<p>While prescriptions may be covered by Medicaid for certain people, Medicaid does not cover the costs of prescription drugs for Medicare beneficiaries. Medicare beneficiaries who qualify for QMB, SLMB, QI1, and/or any full Medicaid program are automatically eligible for federal assistance with the costs of a Medicare prescription drug plan. The Extra Help is also known as the Low Income Subsidy (LIS). The Extra Help provides:</p> <ul style="list-style-type: none"> <li>• Payment of all or most of the annual \$275 deductible.</li> <li>• Coverage during the “doughnut hole” or gap period.</li> <li>• Payment of monthly plan premiums up to the base amount.</li> </ul> <p>Medicare beneficiaries <b>MUST</b> enroll in a Medicare prescription drug plan to obtain prescription drug coverage even if they qualify for the Extra Help.</p> <p>With the Extra Help, individuals who enroll in a Medicare Prescription Drug Plan have the benefit of full prescription coverage similar to prescription coverage provided by Medicaid. Individuals are responsible for small co-pay for each prescription.</p>
<p><b>Requirements</b></p>	<p>The individual <i>must</i> have Medicare A or B.</p> <p>To <i>automatically</i> qualify for help with Medicare prescription drug plan costs without filing a special application with the Social Security Administration, the individual must:</p> <ul style="list-style-type: none"> <li>• Be eligible for any full Medicaid program, or</li> <li>• Be eligible for QMB, SLMB, QI1, or</li> <li>• Meet their Medically Needy Share of Cost (coverage begins when the SOC is met and continues through the rest of calendar year).</li> </ul>
<p><b>Income Limit* **</b></p>	<p>Individuals must have income no greater than \$1354 for an individual and \$1822 for a couple.</p>
<p><b>Asset Limit+++</b></p>	<p>The maximum asset limit is \$11,010 for an individual and \$22,010 for a couple. An additional \$1500 is allowed for each individual for burial purposes. The asset limit for full subsidy is \$6600 for an individual and \$9910 for an eligible couple.</p>
<p><b>Retroactive Coverage</b></p>	<p>The help may be approved for up to three months prior to the date of application through SSA. If automatically eligible for Extra Help through another Florida Medicaid program, see information for the other program to determine if retroactive benefits are available.</p>
<p><b>Limitations</b></p>	<p>Restricted to individuals who are eligible for Medicare Part A or B. No retroactive benefit is available unless the individual was enrolled in a Medicare Prescription Drug Plan during the retroactive period.</p>
<p><b>How to Apply</b></p>	<p>For individuals wanting to apply just for the Extra Help, contact SSA at 1-800-772-1213 or apply on-line at <a href="http://www.ssa.gov">www.ssa.gov</a>.</p> <p>Individuals who apply for the Extra Help may have their application considered for the Medicare Savings Program (MSP). At the individuals option, an electronic file will be sent to the state listed in the mailing address. That state will then process for the MSP.</p> <p>For information on how to enroll in a Medicare Prescription Drug Plan, contact Medicare at 1-800-633-4227.</p>

\*A \$20 general income exclusion applies to this program. Individuals can have up to \$20 more in unearned income and pass the income test.

++ Income limits change yearly.

+++ Asset Limit may change annually.

## Qualified Income Trust Information

### What is a Qualified Income Trust?

If your income is over the limit to qualify for Medicaid long-term care services (including nursing home care), a Qualified Income Trust (QIT) allows you to become eligible by placing income into an account each month that you need Medicaid. The QIT involves a written agreement, setting up a special account and making deposits into the account.

### Who needs a Qualified Income Trust?

You need a QIT if your income **before any deductions** (such as taxes, Medicare or health insurance premiums) is over the limit to qualify for the Institutional Care Program (ICP), Institutional Hospice, Program of All-Inclusive Care for the Elderly (PACE) or the Home and Community Based Services (HCBS) waivers.

### How do I set up a Qualified Income Trust agreement?

You may obtain professional help to set up the QIT agreement, but it is not required. A QIT agreement must meet specific requirements and be approved by Department of Children and Families legal offices. You must submit a copy of the QIT agreement to an eligibility specialist who will forward it to our legal offices for review.

### What items must be included in the Qualified Income Trust agreement?

The QIT agreement must:

- Be irrevocable (cannot be canceled).

- Require that the State will receive all funds remaining in the trust at the time of your death (up to the amount of Medicaid benefits paid on your behalf).

- Consist of your income only. (Do not include or add assets).

- Be signed and dated by you, your spouse, or a person who has legal authority to act on your behalf or who is acting at your request or the request of your spouse.

### How does the Qualified Income Trust account work?

After setting up the account, you must make deposits into the QIT account **every month** for as long as you need Medicaid. This means you may need to make deposits before a Medicaid application is approved if you need Medicaid coverage.

You cannot make deposits for a past or future month. Any income you receive back from the trust to you will be counted as income to you.

If you fail to make a deposit in any given month, or to deposit enough income you will be ineligible for Medicaid payment of long-term care services for the month.

As long as you deposit income into the QIT account in the month it is received, it will not be counted when we determine if you are eligible for Medicaid for that month.

### How much income must I deposit into the Qualified Income Trust account?

You must deposit enough income into the QIT account each month so that your income outside the QIT account is within program standards. It is better to deposit more income than take the chance of depositing too little to qualify for Medicaid. Call (866) 762-2237 or visit [http://www.dcf.state.fl.us/ess/ssi\\_fin\\_elig\\_chart.pdf](http://www.dcf.state.fl.us/ess/ssi_fin_elig_chart.pdf) for information about current income standards.

### What happens to the income I deposit in the Qualified Income Trust account?

The income you have in and out of the QIT is used to calculate your patient responsibility. If you do have a patient responsibility, you are responsible for paying that amount. If there is money left in the QIT upon your death, it is paid to the State, up to an amount equal to the total medical assistance paid on your behalf by the state.

## Long Term Care (LTC) Insurance Partnership Program

### What is the Purpose of the Long Term Care Partnership Program?

The Long Term Care Partnership Program is a federal and state initiative intended to encourage individuals to plan for their future long term care needs by purchasing long term care insurance policies.

### How Do I Know if My Policy is a Qualified Long Term Care Partnership Insurance Policy?

The insurance policy must meet certain criteria and be certified by Florida's Office of Insurance Regulation (OIR) to be accepted as a qualified Long Term Care Partnership policy. Individuals owning a standard long term care policy may ask their insurance carrier to convert the current policy to a qualified Long Term Care Partnership insurance policy.

Contact your insurance company for information about converting a standard long term care policy or purchasing a qualified Long Term Care Partnership policy.

### What is the Benefit of a Qualified Long Term Care Partnership Insurance Policy?

The Department of Children and Families will not count a portion of an individual's assets if they apply for Medicaid to cover their nursing home care.

The amount not counted is equal to the actual amount of benefits paid out to or for the individual by the qualified long term care partnership insurance policy for the individual's care.

For example, if the insurance company paid out \$60,000 in benefits for John Doe's care, the state would not count \$60,000 of his assets if Mr. Doe applies for Medicaid to cover his ongoing care. In other words, Mr. Doe can keep \$60,000 of his countable assets above the Institutional Care Program asset limit and still qualify for Medicaid if he meets all other eligibility criteria.

### What information do I need to provide to the Department when I apply?

Individuals with a qualified Long Term Care Partnership Policy must provide documentation of the insurance benefits paid out to or on their behalf for the cost of their care.

Contact your insurance agency for assistance.

For more information regarding Long Term Care Partnership Program visit:

[http://ahca.myflorida.com/Medicaid/ltc\\_partnership\\_program/index.shtml](http://ahca.myflorida.com/Medicaid/ltc_partnership_program/index.shtml),

<http://www.floridashine.org/longtermcare.html>, or

<http://elderaffairs.state.fl.us/shine/docs/LTCPartnershipFAQ.pdf>.

# Uncovered Medical Expense Deduction

## What is the deduction?

An uncovered medical expense deduction is a credit you receive for your out-of-pocket medical expenses. The deduction reduces the amount you pay the nursing facility or pay our Medicaid services provider each month and enables you to keep more money to pay for your uncovered medical expenses.

## Who can receive the deduction?

If you receive Medicaid under one of the programs listed below and have a patient responsibility (share of the cost of your care) to pay from your income, you may be entitled to the deduction.

- Institutional Care Program (nursing home)
- Long-Term Care Diversion Waiver Program
- Assisted Living Waiver Program
- Hospice
- Program for All-inclusive Care for the Elderly (PACE)

## What types of medical expenses can be deducted?

Deductible expenses are health insurance costs (premiums, deductibles and co-payments) and the cost of medically necessary medical services or items, such as dental services, hearing supplies and services, vision services and supplies, therapy services, over-the-counter medications, certain medical supplies such as adult diapers, and vitamins and nutritional supplements.

## How we figure the deduction and apply it to monthly income.

We use the medical expenses you paid during a recent period (usually the past six months) to get an estimate of the expenses you expect to have over the next six months. We determine your average cost and deduct it from your income when calculating your patient responsibility for the next six months, called a projection period. Near the end of a projection period, we ask you for verification of actual medical expenses you had during the projection period. We compare the estimate we projected with your actual expenses. If the projected amount was less than or more than the actual expenses by more than \$120, we reconcile by averaging the balance over the next projection period together with an average of your actual expenses. This process repeats every six months while you receive Medicaid through the program.

## What you must do.

Let your eligibility specialist know what medical expenses you have to pay. You may need to show proof of the types of expense, the cost, and proof that it was not covered by Medicare, or a third party. It is important that you report new expenses or changes in your expenses within ten days after receiving your bill/receipt or respond to requests from the department for documentation of your actual expenses within given time periods. An eligibility specialist will adjust your deduction during the review period or earlier, if you are entitled to it.

## **Medical Help for Those Who Are Not Eligible for Full Medicaid:**

### **FLORIDA DISCOUNT DRUG CARD**

Individuals who are not eligible for full Medicaid may receive help with the cost of prescription drugs through the Florida Discount Drug Card at <http://floridadiscountdrugcard.com/>

### **COVER FLORIDA**

Individuals 19 to 64 who have been without health insurance for at least six months, even if there are pre-existing health conditions, may qualify for affordable health insurance through the Cover Florida Healthcare Access Program at <http://www.coverfloridahealthcare.com>

### **FLORIDA ELDER HELPLINE AND REFERRAL**

Information regarding elder services and activities is available through the Elder Helpline Information and Referral Service within each Florida county at 1-800-96-ELDER (1-800-963-5337).

All elder help lines may be accessed through the Florida Telecommunication Relay System (1-800-955-8771 for TDD, or 1-800-955-8770 for Voice) which allows telephone calls to be placed between TDD users and nonusers with the help of specially trained operators translating the calls.

Information is also available on the Internet at <http://elderaffairs.state.fl.us/>.

## CONTACT INFORMATION

### DEPARTMENT OF CHILDREN AND FAMILIES

The Department of Children and Families' main website may be accessed at [http://www.state.fl.us/cf\\_web/](http://www.state.fl.us/cf_web/). Individuals may apply for Medicaid:

- On-line at the DCF/ACCESS Florida website at <http://www.dcf.state.fl.us/ess/>.
- On-site at a DCF/ESS customer service center. To locate a service center, "Select a County" from the "Finding a Customer Service Center" option at <http://www.dcf.state.fl.us/ess/>.
- On-site through a member of the DCF Community ACCESS Network. Our community partners are listed at <http://www.dcf.state.fl.us/access/CPSLookup/search.aspx>.

Individuals may check their case status through the My ACCESS Accounts icon listed on the ACCESS website at <http://www.myflorida.com/accessflorida/>. This is available 24 hours a day 7 days a week. After registering, you can:

- check on the status of an application or review,
- see a list of items you need to return,
- see when the next review is due,
- see the date and time of a scheduled appointment,
- see the Share of Cost amount if enrolled in the Medically Needy program,
- see the amount of the patient responsibility (if there is one), and
- print a temporary Medicaid card (once approved),

Information may also be accessed by calling the **ACCESS Response Unit (ARU)** an automated response system available by phone at 1-866-762-2237 or the Internet at <https://myaccessaccount.dcf.state.fl.us/Login.aspx>

### SOCIAL SECURITY ADMINISTRATION

For more information about or to apply for programs available through the Social Security Administration (retirement, disability insurance, Supplemental Security Income, Extra Help with Medicare Prescription Drug Plan costs), call the Social Security Administration at 1-800-772-1213 or visit the SSA Website on-line at <http://www.ssa.gov/>. While the application for disability must be filed in the SSA office, the disability report can be filed on the SSA Website.

### MEDICARE

Medicare is a federal health insurance program that includes hospital insurance (Part A), medical insurance (Part B), Medicare HMO plans (Medicare Advantage), and Medicare prescription drug plans (Part D). For information about Medicare coverage, call 1-800-633-4227 or visit the Medicare website on-line at <http://www.medicare.gov>.