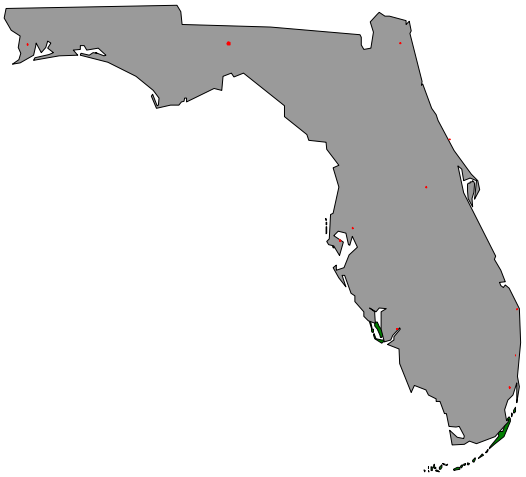
SSI-RELATED PROGRAMS

FACT SHEETS

April 2011



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 prepare 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/programs/access/docs/ssifactsheet.pdf

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

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DEPARTMENT OF CHILDREN AND FAMILIES

The Department of Children and Families' main website may be accessed at 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.
- Medicaid/Medicare Buy-In application accessed online at : http://www.dcf.state.fl.us/programs/access/medicaid.shtml

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:

- complete a review
- report a change
- request additional assistance
- 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 ADMINISTRAITON

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/

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/.

OVERVIEW: Assistance Programs for Aged, Blind and Disabled

- Medical assistance:

  Medicaid is a federal program administered by the state. States are allowed some flexibility in administration of the program, so eligibility requirements and services available may vary from state to state.

  In Florida:

  - Medicaid eligibility is determined by DCF (except for SSI recipients).
  - Medicaid services are managed by the Agency for Health Care Administration (AHCA).

  Medicaid programs that have full benefits include:

  - Institutional Care Program (ICP)
  - Hospice
  - Home and Community Based Services Waiver programs.
  - MEDS for certain aged and disabled individuals (MEDS-AD).

  Note: Individuals who receive SSI are automatically eligible for Medicaid in Florida.

  Medicaid Programs that have limited Medicaid benefits include:

  - Medically Needy.
  - Medicare cost-sharing programs:
    - Qualified Medicare Beneficiary (QMB).
    - Special Low-income Medicare Beneficiary (SLMB).
    - Qualifying Individuals 1 (QI-1).

- Cash assistance:

Some public assistance programs provide cash payments for aged and disabled individuals.

Optional State Supplementation (OSS) provides supplemental cash payments for eligible individuals living in specially licensed living arrangements such as Assisted Living Facility. Eligibility for cash payments is determined by the DCF.

- Home Care for the Disabled Adult (HCDA) provides a small financial subsidy and case management services to approved family members or caregivers 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. Eligibility for the financial subsidy is approved by DCF.

Supplemental Security Income (SSI) provides cash assistance and Medicaid to eligible Individuals. Eligibility for SSI cash assistance and Medicaid is determined by the Social Security Administration (SSA).

Florida Medicaid Services

Services	The Agency for Healthcare Administration (AHCA) is responsible for Medicaid Services. See the Florida Medicaid Summary of Services booklet at: http://www.fdhc.state.fl.us/Medicaid/pdffiles/SS_10_100105_SOS.pdf for Medicaid covered 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.

People Who Have Medicare	The Centers for Medicare and Medicaid Services administers the Medicare Program. The Social Security Administration enrolls eligible individuals into the Medicare Program. Some 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 Extra Help with Medicare Prescription Drug Plan Costs on page 34 for information about help available to cover the costs associated with a Medicare Prescription Drug Plan.
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 31 for Medically Needy Program eligibility criteria.

Social Security Administration SUPPLEMENTAL SECURITY INCOME (SSI)	
Purpose	The Social Security Administration determines eligibility for SSI. SSI is a cash assistance program that provides help to aged, blind, or disabled individuals who meet certain financial and technical requirements.
Requirements	• To be eligible for SSI, an individual must: • Be aged (65 or older), blind, or disabled. • Be a U.S. citizen (certain legal immigrants may be eligible; contact SSA for more information). • Meet other technical requirements as shown on page 9. • Have countable resources that total no more than $2000. • Have income less than $674 a month for individuals in a community living arrangement (home, assisted living facility, etc). (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.)
Amount of Payments	The payment is based upon the individual/couple income and the maximum SSI payment standard. Currently the maximum SSI payment is $674 for an individual, $1011 for a couple.
Medicaid	Florida residents who are eligible for an SSI check from Social Security automatically receive Medicaid from the State of Florida. Under certain circumstances Medicaid coverage may continue after SSI cash payment ends. Social Security promotes the use of work incentives. An individual may continue to receive Medicaid, even if earnings alone or in combination with other income become too high for a continued SSI cash payment. Contact the Social Security Administration for more information. SSI recipients who need long term nursing facility care services must meet additional requirements. (See Institutional Care Program on page 12 for more information.)
Where to Apply	To apply for SSI, contact the local Social Security office in the city or county where the applicant lives.
Special Note About Food Assistance	SSI recipients may receive food stamps without applying for them separately. For more information, visit http://www.dcf.state.fl.us/programs/access/docs/suncapenglish.pdf or contact DCF.

SSI Related Medicaid Programs: Technical Requirements

The DCF determines eligibility for SSI-related Medicaid programs. The information listed below is intended to provide basic requirements only. See specific programs for exceptions or additional criteria.

Aged, Blind or Disabled	To be eligible an individual must: • Be 65 or older or if under 65, • Be blind or disabled. Note: The disability must prevent the person from working, and be 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 the Social Security Administration based on their own disability automatically meet this requirement. In most cases, 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.
Citizenship Status	In addition the individual must • Be a U.S. citizen or a qualified noncitizen. Note: 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). Noncitizens, who are Medicaid eligible except for their citizenship status, may be eligible for Medicaid to cover a serious medical emergency. This includes the emergency labor and delivery of a child. Before Medicaid may be authorized, applicants must provide proof from a medical professional stating the treatment was due to an emergency condition. The proof also must include the dates of the emergency.
Additional Requirements	The individual must also: • Be a Florida resident. • Have a Social Security number or file for one. • Apply for any other benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.). • Tell us about any rights to third party liability or health insurance. • Provide proof of U.S. citizenship and identity. Note: 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 .

SSI-Related Medicaid Programs Income and Resources

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

Resources

Some types of resources that count:

- Real property, other than homestead;
- Bank accounts, Certificates of Deposit (CDs), Money Market Funds;
- Stocks, bonds;
- Trusts; and
- 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).

Some types of resources that DON'T count (exclusions):

- Homestead, if the individual or a dependent lives there, or if the individual is absent but intends to return;
- Vehicle (one is excluded);
- Burial funds up to $2500 (or $1500 for SSI recipients);
- Irrevocable pre-paid burial contracts; and
- 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).

Income

All gross monthly income is generally counted, including:

- Social Security;
- Veterans Administration (VA);
- Pensions;
- Interest;
- Income from mortgages; and
- Contributions, etc.

Note: Gross income is the amount received or entitled to be received before deductions. This includes the amount deducted from the individual's Social Security check for the Medicare premiums.

Department of Children and Families Medicaid for Aged and Disabled (MEDS-AD) Program	
Purpose	The MEDS-AD program entitles certain aged or determined to be disabled individuals to receive full Medicaid coverage. Note: MEDS-AD does **not** cover blind individuals unless they are disabled.
Technical Requirements	To meet technical requirements, the individual must: • Be aged 65 or older, or disabled as determined by Social Security criteria. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any other benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.). • Tell us about any rights to third party liability or health insurance. As of January 1, 2006, the individual also: • must *not* have Medicare Part A or B, or • must be receiving Institutional Care Program, Hospice, Home and Community Based Services Waiver, or Assistive Care Services regardless of their Medicare status.
Income limit	$799 for an individual and $1079 for an eligible couple.
Asset limit	$5000 for an individual and $6000 for an eligible couple.
Nursing Facility Care	MEDS-AD recipients who need nursing facility care must meet additional eligibility criteria to qualify for institutional care benefits. See Institutional Care Program information on page 11.
How to Apply	Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information.

A $20 general Income exclusion applies to the program. Individuals may have up to $20 more in unearned income and pass the income test. An earned income exclusion applies to this program. Individuals with earned income will have $65 subtracted from total gross earned income, plus one half of the remaining amount of the earned income subtracted in the income test.

Department of Children and Families Florida Medicaid Institutional Care Program (ICP)	
Purpose	The Institutional Care Program (ICP) helps people in nursing facilities pay for the cost of their care and provides general medical coverage.
Overview	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: • Intermediate care, and • An unlimited time period.
Who may apply	The individual or the individual's designated representative may apply. If there is a legal guardian, the guardian must apply.
Technical Requirements	To meet technical requirements, the individual must: • Be aged 65 or older or disabled as determined by Social Security criteria. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any other benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.) • Tell us about any rights to third party liability or health insurance. • Be determined to be in need of nursing facility services. • Be placed in a nursing home that participates in the Medicaid program.
Income Limit	$2022 for an individual; $4044 for an institutionalized couple in the same facility.
Asset Limit	$2000 for an individual and $3000 for a couple. Note: If the individual or couple has income within the MEDS-AD limit, they are entitled to an asset limit of $5000 or $6000 respectively. See page13 for more information on additional resource allowances.
Qualified Income Trusts	Individuals with income 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. See page 35 for additional information on qualified income trust.

Institutional Care Program (ICP) -- Continued

Transfers of Income and Resources	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, 2011 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. 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). 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.).
Allowable Transfers	Certain transfers are allowable. The applicant/recipient may transfer: • Any resource to a spouse or disabled adult child. • The homestead, without penalty, to one of the following relatives: • His/her spouse; • His/her minor child (under 21 years) or his blind or disabled adult child; • His/her sibling who has equity interest in the home and resided there at least one year prior to the applicant/recipient's institutionalization; • His/her son or daughter who resided in the home for at least two years immediately before institutionalization and who provided care that delayed the applicant/recipient's institutionalization.
Payments to Medicaid Nursing Facilities	How Much Can a Nursing Facility Charge? The Agency for Health Care Administration sets the rates for which a nursing facility can charge Medicaid patients. This amount varies from facility to facility. How Much Does the Patient Pay? In general, all of the patient's monthly income, except $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". Some veterans receiving certain VA pensions may be allowed to keep more of their income. The eligibility worker calculates the patient responsibility amount. Some individuals may be entitled to a deduction for uncovered medical expenses. Refer to page 38 for further information. 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. How Much Does Medicaid Pay? Medicaid pays the difference between how much the patient pays (patient responsibility) and what the nursing facility charges under Medicaid.
Where to Apply	Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information.

Special ICP Policies that Apply to Spouses	
Overview	Resources and income are treated differently for married individuals when one spouse is institutionalized and one spouse continues to live in the community (referred to as the "community spouse").
Resources at Application	All resources jointly owned between a husband and wife must be counted together to determine the eligibility of the institutionalized individual. (See page 9 for what is NOT counted.) 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 $799 or less).
Resources after Approval	Resources received after approval, which exceeds the individual limit ($2000 or $5000) must be transferred to the community spouse within twelve months after the ICP approval to maintain eligibility.
Income at Application	Income that belongs to the institutionalized spouse is considered to determine eligibility for ICP.
Income after Approval	After a special budget is used to determine an individual's 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.
Determining the Community Spouse Income Allowance	The community spouse income allowance is computed as follows: $1,822 (minimum monthly maintenance income allowance) + excess shelter costs* - community spouse's monthly gross income = community spouse income allowance** *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 $340 (effective 10/2010) per month. **Total community spouse income allowance cannot exceed $2,739.
Exceptions to Spouse Allowance	Court-ordered support. If there is a court order for support that is greater than the above allowance, that amount will be used.
Other Dependents	Under certain conditions, a dependent allowance may also be deducted from the institutionalized individual's income.

Department of Children and Families
Hospice Program

Purpose	Hospice helps maintain a terminally ill individual at home for as long as possible by providing care at home to prevent institutionalization whenever possible. However, hospice is also available to individuals residing in a nursing facility. For people living at home who already have Medicaid, hospice services are covered if the individual enrolls in the hospice program; Individuals should contact DCF as soon as possible. An individual who already has Medicaid may elect to receive Hospice services without filing a separate application. For individuals 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.
Technical Requirements	To meet technical requirements, an individual must: • Be age 65 or older or disabled as determined by Social Security criteria. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any other benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.). • Tell us about any rights to third party liability or health insurance. • Have a medical prognosis that life expectancy is 6 months or less (as long as the illness runs its normal course). • Elect hospice services.
Income Limit	$2022 for an individual and $4044 for an eligible couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Payments to Hospice	What is the Patient's Responsibility? • The patient's monthly income, except for a personal need allowance and income set aside for a spouse or dependent, shall be paid to the hospice provider. • Persons remaining in the community keep $908 for their personal needs. • Persons residing in a nursing home may keep only $35 for their personal needs. • Individuals who receive SSI checks or qualify for Medicaid under MEDS-AD have no patient responsibility. Some individuals may be entitled to a deduction for uncovered medical expenses. Refer to page 38 for further information. How Much Does Medicaid Pay? Medicaid pays the difference between the patient responsibility and the amount Hospice charges under Medicaid.
How to Apply	Contact your local hospice provider to initiate the process. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information.

Department of Children and Families Aged/Disabled Adult Waiver Program (ADA Wavier)	
Purpose	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 the choice of receiving home and community-based services in lieu of nursing facility care. Program administered by the Department of Elder Affairs (DOEA).
Technical Requirements	To be eligible for the program an individual must: • Be age 18 through 64 and determined disabled or blind according to Social Security standards or be age 65 or older. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.) • Tell us about any rights to third party liability or health insurance. • 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). • Be enrolled in the waiver.
Income Limit	$2022 for an individual and $4044 for an eligible couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple. Only the assets of the individual count towards the asset limit.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	Individuals 60 or older shall contact the Department of Elder Affairs. Individuals between the ages 18-60 should contact the Adult Protective Services. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office to submit a Medicaid application. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: The CARES Unit of DOEA performs: Screening and assessment for waivers and Institutional Care Program (ICP), Level of Care determinations, referrals for services and follow-up.

Department of Children and Families Assisted Living for the Elderly Waiver Program (ALE Waiver)	
Purpose	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. Note: This program does not pay for the room and board charges of the ALF. This program is administered by the Department of Elder Affairs.
Technical Requirements	To be eligible for the program an individual must: • Be age 60 through 64 and determined disabled according to Social Security standards or be age 65 or older. • Be a U.S. Citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.) • Tell us about any rights to third party liability or health insurance. • 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). • Be enrolled in the waiver.
Income Limit	$2022 for an individual and $4044 for an eligible couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	To initiate a waiver request, contact the Department of Elder Affairs Helpline at 1-800-963-5337. Apply on-line at http://www.myflorida.com/accessflorida/ or contact the local Department of Children and Families ACCESS Florida Office. See page 4 for Additional contact information. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. Note: An individual who already has full Medicaid through SSI may enroll in the ALE Waiver without filing an application with the Department of Children and Families.
Special Policies Apply	Spousal impoverishment policies apply when 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 deductions uncovered medical expenses. Refer to page 38 for further information. Individuals on Medicaid, contact DCF or SSI to initiate.

Department of Children and Families Channeling Waiver Program	
Purpose	This program provides home and community-based services through a contractual agreement with an organized health care delivery system. This program is administered by the Department of Elder Affairs.
Technical Requirements	To be eligible for the program an individual must: • Reside in Miami-Dade or Broward counties. • Be age 65 or older. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.). • Tell us about any rights to third party liability or health insurance. • 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). • Be enrolled in the waiver.
Income Limit	$2022 for an individual and $4044 for an eligible couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitation	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	To initiate a waiver request, contact the Department of Elder Affairs Helpline at 1-800-963-5337 to initiate the waiver request. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI may enroll in the Channeling Waiver without filing an application with the Department of Children and Families.

Department of Children and Families Developmental Services Waiver Program (DS Waiver)	
Purpose	The purpose of this program is to prevent institutionalization by allowing the individual with developmental disabilities to remain at home in the community. Administered by the Agency for Persons with Disabilities.
Technical Requirements	To be eligible for the program an individual must: • Be age 3 or older and disabled as determined by Social Security criteria. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.) • Tell us about any rights to third party liability or health insurance. • Meet the level-of-care criteria for intermediate care facilities for the developmentally disabled as determined by Developmental Services. • Meet SSI related Medicaid or Institutional Care program income and asset requirements. • Be enrolled in the Waiver.
Income Limit	$2022 for an individual and $4044 for an eligible couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	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, a separate waiver with the same eligibility criteria. See page 19.
How to Apply	Contact the Agency for Persons with Disabilities to initiate the waiver request. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI may enroll in the DS Waiver without filing an application with the Department of Children and Families.

Department of Children and Families
Family Supported Living Waiver Program

Purpose	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. Administered by the Agency for Persons with Disabilities.
Technical Requirements	To be eligible for the program an individual must: • Be age 3 or older. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc) • Tell us about any rights to third party liability or health insurance. • Live in their family home, foster home, own home or apartment or want to live in own home/apartment. • Be able to participate in community life. • Meet the level of care for intermediate care facilities for the developmentally disabled (ICF/DD) as determined by Agency for Persons with Disabilities (APD) • Be enrolled in the Family and Supported Living Waiver
Income Limit	$2022 for an individual and $4044 for an eligible couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	Contact the Agency for Persons with Disabilities to initiate the waiver request. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI may enroll in the Family and Supported Living Waiver without filing an application with the Department of Children and Families.

Department of Children and Families Project AIDS Care Waiver Program (PAC Waiver)	
Purpose	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. This program is administered by the Agency for Health Care Administration
Technical Requirements	To be eligible for the program an individual must: • Be age 65 or over, or determined disabled according to Social Security Administration standards. • Have a medical diagnosis of AIDS. • Be a U. S. citizen or qualified noncitizen. • Have a Social Security number or apply for one. • Apply for any benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.). • Tell us about any rights to third party liability or health insurance. • 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). • Be enrolled in Waiver.
Income Limit	$2022 for an individual and $4044 for a couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	Contact the local area Medicaid office with Agency for Health Care Administration or your local AIDS case management organization to initiate the waiver process. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner or, contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI may enroll in the PAC Waiver without filing an application with the Department of Children and Families.

Department of Children and Families
Long Term Care Community Diversion Waiver Program (LTCCD)

Purpose	This program provides individuals the choice of receiving services through managed care provided by a Health Maintenance Organization (HMO). 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 transitioning to a nursing facility. This program is administered by the Department of Elder Affairs.
Technical Requirements	To be eligible for the program, an individual must: • Be 65 years of age or older and reside in a project area. • Be a Florida resident. • Be a U.S. citizen or qualified noncitizen. • Apply for any other benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.). • Tell us about any rights to third party liability or health insurance. • Have a Social Security number or apply for one. • 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). • Be enrolled in the LTCCD waiver.
Income Limit	$2022 for an individual and $4044 for a couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	Contact the Department of Elder Affairs Helpline at 1-800-963-5337 to initiate the waiver request. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. See page 4 for Additional contact information. The CARES Unit of DOEA performs: Screening and assessment for waivers and Institutional Care Program (ICP), Level of Care determinations, referrals for services and follow-up. . Note: An individual who already has full Medicaid through SSI may enroll in the Long Term Care Community Diversion Waiver without filing an application with the Department of Children and Families.

Department of Children and Families Cystic Fibrosis Waiver Program (CF Waiver)	
Purpose	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. This program is administered by the Department of Health.
Technical Requirements	To be eligible for the program, an individual must: • Be at 18 years of age or older. • Be age 65 or older, or determined disabled according to Social Security Administration standards. • Be a Florida resident. • Be a U.S. citizen or qualified noncitizen. • Apply for any other benefits for which they may be eligible (i.e., pensions, retirement, disability benefits etc.). • Tell us about any rights to third party liability or health insurance. • Have a Social Security number or apply for one. • 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). • Be enrolled in the waiver.
Income Limit	$2022 for an individual and $4044 for a couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	Contact the Department of Health to initiate the waiver request. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI may enroll in the Cystic Fibrosis Waiver without filing an application with the Department of Children and Families. Special spousal impoverishment policies apply when only one spouse is applying for or receiving Cystic Fibrosis Waiver benefits, institutionalized and their spouse continues to live in the community. See page 13.

Department of Children and Families
Familial Dysautonomia Waiver Program

Purpose	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. This program is administered by the Agency for Health Care Administration.
Technical Requirements	To be eligible for the program an individual must: • Be age 3 or older and all children, determined disabled according to Social Security Administration standards. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any benefits for which they may be eligible (i.e. pensions, retirement, disability benefits, etc) • Tell us about any rights to third party liability or health insurance. • 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). • Be enrolled in the Waiver.
Income Limit	$2022 for an individual and $4044 for a couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	Contact the Agency for Health Care Administration to initiate the waiver process. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI may enroll in the Familial Dysautonomia Waiver without filing an application with the Department of Children and Families.

Department of Children and Families Program of All Inclusive Care for the Elderly (PACE)	
Purpose	This program is administered by the Department of Elder Affairs and provides services to individuals in need of nursing home care who can remain at home with special services, as well as to individuals residing in an assisted living facility, and individuals residing in a nursing home.
Technical Requirements	To be eligible for the program, an individual must: • Reside within the PACE service area: Miami-Dade, Lee, Charlotte and Pinellas Counties. • Be at least 55 years of age or older. • Be determined disabled if under age 65. • Be a Florida resident. • Be a U.S. citizen or qualified noncitizen. • Elect the PACE provider as the sole source of Medicare and/or Medicaid service delivery. • Apply for any other benefits for which they may be eligible • Tell us about any rights to third party liability or health insurance. • Have a Social Security number or apply for one. • 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).
Income Limit	$2022 for an individual and $4044 for a couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	The Department of Elder Affairs' CARES Unit is usually the initial entry point in the PACE program for potential participants. The PACE Provider may also assist an individual in the application process. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI recipient may enroll in the Program of All Inclusive Care for the Elderly Waiver without filing an application with the Department of Children and Families. Spousal impoverishment policies apply when 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 deductions for uncovered medical expenses. Refer to page 38 for further information.

Department of Children and Families Model Waiver Program	
Purpose	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. This program is administered by the Agency for Health Care Administration.
Technical Requirements	To be eligible for the program, an individual must: • Be under 21 years of age, and determined disabled by Social Security criteria, • Be a U.S. citizen or qualified noncitizen, • Have a social security number or apply for one, • Be a Florida resident, • Apply for other benefits for which they may be eligible (i.e. pensions, retirement, disability) • Tell us about any rights to third party liability or health insurance • Be diagnosed as having a degenerative spinocerebeller disease, • Meet the appropriate level of care for inpatient hospital care as determined by Children's Medical Services; and • Be enrolled in the waiver through Children's Medical Services.
Income Limit	$2022 for an individual and $4044 for a couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Only five children can be enrolled into this program at any one time. The Agency for Health Care Administration evaluates each case and funding availability.
How to Apply	Contact the Agency for Health Care Administration to initiate the waiver process. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI may enroll in the Model Waiver without filing an application with the Department of Children and Families.

Department of Children and Families Traumatic Brain and Spinal Cord Injury Waiver Program	
Purpose	This waiver provides 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. This program is administered by the Department of Health.
Technical Requirements	To be eligible for the program, an individual must: • Be between the ages of 18 and 64, • Be a U.S. citizen or qualified noncitizen, • Be a Florida resident • Have a social security number or apply for one, • Apply for other benefits for which they may be eligible (i.e. pensions, retirement, disability), • Tell us about any rights to third party liability or health insurance • Be disabled due to traumatic brain injury or spinal cord injury, • 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 • Be enrolled in the waiver.
Income Limit	$2022 for an individual and $4044 for a couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	Contact the Department of Health to initiate the waiver request. Apply for Medicaid on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner or, contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI recipient may enroll in the Traumatic Brain and Spinal Cord Injury Waiver without filing an application with the Department of Children and Families.

Department of Children and Families Comprehensive Adult Day Health Care Waiver Program	
Purpose	This 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. This program is administered by the Department of Elder Affairs.
Technical Requirements	To be eligible for the program, an individual must: • Be aged 60 or older, • Be a U S citizen or qualified noncitizen, • Be a Florida resident, • Apply for other benefits for which they may be eligible (i.e. pensions, retirement, disability), • Tell us about any rights to third party liability or health insurance • Live within the project area (Lee or Palm Beach county), • 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 • Be enrolled in the waiver.
Income Limit	$2022 for an individual and $4044 for a couple.
Asset Limit	$2000 for an individual and $3000 for an eligible couple.
Limitations	Funding for this program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
How to Apply	Contact the Department of Elder Affairs Elder Helpline at 1-800-963-5337. Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information. Note: An individual who already has full Medicaid through SSI recipient may enroll in the Comprehensive Adult Day Health Care Waiver without filing an application with the Department of Children and Families

Department of Children and Families Qualified Medicare Beneficiaries (QMB)	
QMB Benefits	Individuals who qualify for QMB are eligible to have Medicaid pay for: • Medicare premiums (Parts A and B), • Medicare deductibles, and • Medicare coinsurance within the prescribed limits. Note: QMB recipients automatically qualify for the Extra Help Medicare Prescription Drug Plan Cost. See page 34.
Technical Requirements	To qualify, an individual must: • Be entitled to Medicare Part A. • Be a Florida resident. • Be a U.S. citizen or qualified noncitizen. • Apply for any other benefits for which they may be entitled. • Tell us about any rights to third party liability or health insurance. • Have a Social Security number or file for one.
Income Limit	$908 for an individual and $1226 for an eligible couple.
Asset Limit	$6680 for an individual and $10,020 for an eligible couple.
Date of Entitlement	Date of entitlement for QMB begins on the first day of the month in which the individual files an application and is determined to meet all factors of eligibility.
No Retroactive Coverage	QMB coverage cannot be retroactive. No benefits can be paid for months prior to the month of application.
Limitations	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 a deductible/co pay. 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 is approved.
Nursing Facility Coverage	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. IMPORTANT: If you stay in the nursing home after 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.
How to Apply	Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information.

Department of Children and Families Special Low-Income Medicare Beneficiary (SLMB)	
SLMB Benefits	Individuals who are eligible for SLMB are eligible to have Medicaid pay their Medicare Part B premiums. Note: SLMB recipients automatically qualify for the Extra Help Medicare Prescription Drug Plan Cost. See page 34.
Technical Requirements	To qualify, an individual must: • Be enrolled in Medicare Part A. • Be a U.S. citizen or a qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any other benefits for which they may be entitled. • Tell us about any rights to third party liability or health insurance.
Income Limit	$1089 for an individual and $1471 for an eligible couple.
Asset Limit	$6680 for an individual and $10,020 for an eligible couple.
Date of Entitlement	Date of entitlement for SLMB begins on the first day of the month in which the individual files an application and is determined to meet all factors of eligibility.
Retroactive Coverage	SLMB coverage may be made retroactive for 3 months. This means that you may 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.
Limitations	Payment of the Medicare Part B premium is the only 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 is approved.
How to Apply	Apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information.

Department of Children and Families Qualifying Individuals 1 (QI1)	
QI1	Individuals who are eligible for QI1 are eligible to have Medicaid pay the Medicare premiums for Part B. Note: QI1 recipients automatically qualify for the Extra Help Medicare Prescription Drug Plan Cost. See page 34.
Requirements	To qualify, an individual must: • Be enrolled in Medicare Part A. • Be a U.S. citizen or a qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any other benefits for which they may be entitled. • Tell us about any rights to third party liability or health insurance
Income Limit	$1226 for an individual and $1655 for an eligible couple.
Asset Limit	$6680 for an individual and $10,202 for a couple.
Date of Funding	Funding for this program is limited to the states annual federal allowance for this coverage. Entitlement is limited by the availability of the capped federal funding allocated to the state. 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.
Retroactive Coverage	QI1 coverage may be made retroactive for 3 months. This means that you may 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.
Limitations	Payment of the Medicare Part B premium is the ONLY 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 is approved. 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.
How to Apply	Apply on-line at http://www.myflorida.com/accessflorida an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Florida Office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information.

Department of Children and Families Medically Needy Program	
Purpose	This program is intended to provide Medicaid for persons with high medical bills and income too high to qualify for traditional Medicaid programs. Individuals qualify for Medicaid Medically Needy Program coverage on a month-to-month basis by meeting a monthly share of cost. More information may be found online at http://www.dcf.state.fl.us/programs/access/medicaid.shtml.
Requirements	To qualify, an individual must: • Be aged 65 or older, blind, or disabled. • Be a U.S. citizen or a qualified noncitizen. • Be a Florida resident. • Have a Social Security number or apply for one. • Apply for any other benefits for which they may be entitled. • Tell us about any rights to third party liability or health insurance.
Income Limit	There is no income limit; however, gross income is used to determine the Share of Cost.
Asset Limit	$5000 for an individual and $6000 for an eligible couple. Asset limit increase with additional individuals.
How to Determine the Share of Cost	To calculate the share of cost: Determine your gross monthly income -Subtract $20 general income disregard - Subtract $180 Medically Needy income level ($241 for a couple) The remainder is the monthly share of cost.
Meeting the Share of Cost	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 on the day SOC is met for the remainder of that month only. Coverage does not extend beyond the month in which the SOC is met.
Limitations	Medically Needy will not pay: • For the bills that are used in total to help the individual meet his share of cost (SOC) • For institutional care services even if the share of cost is met. • For prescription drugs if the individual has Medicare, the same as any Medicaid program.
How to Apply	Please apply on-line at http://www.myflorida.com/accessflorida/, an ACCESS Florida Community Partner, or contact the local Department of Children and Families ACCESS Services office. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information.

Department of Children and Families Optional State Supplementation (OSS)	
Purpose	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.
Technical Requirements	To be eligible for OSS, a person must: • Be 65 years or older, or be blind or disabled if age 18 to 64 years. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or file for one. • Apply for any other benefits for which they may be entitled, including SSI payments. • Tell us about any rights to third party liability or health insurance • 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).
Income limit	Varies by type of facility in which the individual resides: $752.40 for an individual and $1504.80 for a couple, or $859.00 for an individual and $1718.00 for a couple (Limited to individuals residing in certain MHRTFs and to recognized protected groups).
Asset Limit	$2000 for an individual and $3000 for a couple.
OSS Payments	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.
How to Determine Amount of the OSS Payment:	Step 1 Individual's gross monthly income -Personal needs allowance of $54 -Amount set aside for spouse =Amount of individual's countable income. Step 2 Standard Cost of Care - Amount of Individual's countable income (above) =Amount of monthly OSS payment to client.
Cost of Care (Amount recipient is expected to pay the facility for room and board)	Varies by type of facility. This is the amount the recipient is expected to pay the facility: $698.40 for an individual and $1396.80 for a couple, or $859.00 for an individual and $1718 for a couple (Limited to qualified MHRTFs and protected groups).
Assistive Care Services (ACS)	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.
Where to Apply	Contact the local Department of Children and Families ACCESS Florida Office for more information about this program. To apply for Medicaid online visit: http://www.dcf.state.fl.us/ess/. See page 4 for Additional contact information.

Department of Children and Families Home Care for the Disabled Adult (HCDA)	
Purpose	The Home Care for the Disabled Adult (HCDA) program provides case management services and a small monthly subsidy to approved families or caregivers providing in-home care to disabled adults as an alternative to institutional or nursing home care. It is NOT a Medicaid program.
Technical Requirements	To be eligible for HCDA, a person must: • Be disabled and aged 18 through 59 years of age. • Be a U.S. citizen or qualified noncitizen. • Be a Florida resident. • Have a Social Security number or file for one. • Apply for any other benefits for which they may be entitled. • Have an identified and approved provider / caregiver. • Be certified by a physician and Adult Services staff to require services as an alternative to nursing home placement.
Income limit	$2022 for an individual and $4044 for a couple
Asset Limit	$2000 for an individual and $3000 for a couple.
Payments	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.
Where to Apply	Contact the local Department of Children and Families Adult Protective Services Office or the local Department of Children and Families, ACCESS Florida Office for more details on this program. See page 4 for Additional contact information.

Social Security Administration
Extra Help with Medicare Prescription Drug Plan Costs

Benefits for Medicare Beneficiaries	Medicaid does not cover the costs of prescription drugs for Medicare beneficiaries. The Extra Help is also known as the Low Income Subsidy (LIS). 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 provides: • Payment of all or most of the annual $310 deductible. • Coverage during the "doughnut hole" or gap period. • Payment of monthly plan premiums up to the base amount. Medicare beneficiaries MUST enroll in a Medicare prescription drug plan to obtain prescription drug coverage even if they qualify for the Extra Help. 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.
Requirements	The individual must have Medicare A or B. To automatically qualify for help with Medicare prescription drug plan costs without filing a special application with the Social Security Administration, the individual must: • Be eligible for any full Medicaid program, or • Be eligible for QMB, SLMB, QI1, or • Meet their Medically Needy Share of Cost (coverage begins when the SOC is met and continues through the rest of calendar year).
Income Limit* ++	Individuals must have income no greater than $1362 for an individual and $1839 for a couple.
Asset Limit+++	The maximum asset limit is $11,140 for an individual and $22,260 for a couple. An additional $1500 is allowed for each individual for burial purposes. The asset limit for full subsidy is $6680 for an individual and $10,020 for an eligible couple.
Retroactive Coverage	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.
Limitations	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.
How to Apply	For individuals wanting to apply just for the Extra Help, contact SSA at 1-800-772-1213 or apply on-line at www.ssa.gov. Individuals who apply for the Extra Help may have their application considered for the QMB, SLMB, QI1 (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. For information on how to enroll in a Medicare Prescription Drug Plan, contact Medicare at 1-800-633-4227.

++ Income limits change annually..

+++ 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 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/programs/access/docs/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.

How to pay funds remaining in the QIT to the State?

The QIT trustee or other individual acting on your behalf should contact the long term care facility to see if any refund for the month of death is due back to the trust. The balance of the QIT at the date of death, plus any refund from the long term care facility is to be paid to the State.

Mail a check payable to the “Agency for Health Care Administration” to:
ACS Recovery Services
PO Box 12188
Tallahassee, FL 32317-2188

A brief cover letter or note should state that the payment is for a QIT and include the recipients name, Social Security number, and/or Medicaid ID number. Enclose a copy of the QIT bank statement covering the date of death to confirm the check is for the balance. Also, include documentation of any refunds received from the long term care facility. Contact ACS at (877) 357-3268 for questions regarding payment of QIT funds to 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://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)

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.

Additional Resources for Assistance:

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://www.floridadiscountdrugcard.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/.