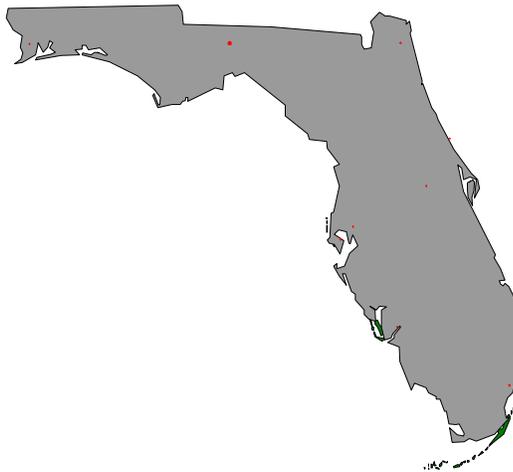


# SSI-RELATED PROGRAMS

## FACT SHEET

January 2004



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 eligibility 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 historically change during January and April of each year.



# TABLE OF CONTENTS

	PAGE
<b>DEPARTMENT OF CHILDREN &amp; FAMILIES DISTRICT PROGRAM SPECIALISTS....</b>	<b>3</b>
<b>OVERVIEW: ASSISTANCE PROGRAMS FOR AGED AND DISABLED.....</b>	<b>5</b>
<b>SUPPLEMENTAL SECURITY INCOME (SSI).....</b>	<b>6</b>
Technical Requirements.....	7
Income and Resources.....	8
<b>FLORIDA MEDICAID SERVICES.....</b>	<b>9</b>
<b>SSI-RELATED PROGRAMS</b>	
<b>Medicaid Programs with Full Benefits</b>	
Medicaid for the Aged and Disabled (MEDS-AD).....	11
Institutional Care Program (ICP).....	12
Special Policies that Apply to Spouses.....	14
Hospice.....	15
Aged/Disabled Adult Waiver Program.....	16
Assisted Living for the Elderly Waiver Program.....	17
Channeling Waiver Program.....	18
Developmental Services Waiver Program.....	19
Project AIDS Care Waiver Program.....	20
<b>Medicaid Programs with Limited Benefits</b>	
Qualified Medicare Beneficiaries (QMB).....	21
Special Low-Income Medicare Beneficiaries (SLMB).....	22
Qualifying Individuals I (QI-1).....	23
Medically Needy.....	24
Silver Saver Prescription Drug Program.....	25
<b>Non-Medicaid Programs</b>	
Optional State Supplementation (OSS).....	26
<b>SSI-Related Programs – Financial Eligibility Standards</b>	<b>27</b>
<b>ELDER HELPLINE (for information about other services for the elderly).....</b>	<b>28</b>

**DEPARTMENT OF CHILDREN AND FAMILIES PROGRAM SPECIALISTS**  
**SSI-RELATED PROGRAMS**

<b>DISTRICT</b>	<b>SPECIALISTS</b>	<b>COUNTIES</b>	<b>ADDRESS</b>	<b>PHONE NUMBERS</b>
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<b>2</b>	Cynthia Simmons Otto Howell	Calhoun, Liberty, Wakulla, Leon, Jefferson, Gadsden, Taylor, Madison, Washington, Bay, Jackson, Holmes, Gulf, Franklin	Cedars Executive Suite, Suite 100-A 2639 North Monroe Street Tallahassee, FL 32399-2949	(850) 487-1756
<b>3</b>	Gayle Culpepper Beth Worley Frank Ciotti Carol Meszlenyi	Hamilton, Putman, Suwannee, Dixie, Lafayette, Columbia, Levy, Gilchrist, Union, Bradford, Alachua	P. O. Box 390 Inter-Offc #8 Gainesville, FL 32602	(352) 955-5314 (352) 955-5468 (352) 955-5293 (352) 955-7170
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<b>Suncoast Region</b>	Sue Eisenhard-Regional Office Catherine Price-Regional Office Bill Hiepe (Largo) Sherry Pierce (Bradenton) Katherine Ferrante (St. Pete)	Pinellas, Hillsborough, Manatee, Pasco, Desoto, Sarasota	9393 N. Florida Avenue Suite 700 Tampa, FL 33612-7907	(813) 558-5677 (813) 558-5675 (727) 588-6916 (941) 741-3009 (727) 893-5274

DISTRICT	SPECIALISTS	COUNTIES	ADDRESS	PHONE NUMBERS
7	Kane Lamberty Cecelia Cullinan	Seminole, Orange, Osceola, Brevard	400 West Robinson Street, Suite S1009 Orlando, FL 32801	(407) 245-0450
8	Roger Menotti Ray Muraida	Collier, Glades, Charlotte, Lee, Hendry	2295 Victoria Avenue, 2nd floor P.O. Box 60085 Ft. Myers, FL 33906	(239) 338-1397 (239) 338-1396
9	Gladys Smith Arlene Shuford	Palm Beach	111 South Sapodilla Avenue West Palm Beach, FL 33401	(561) 837-5842 (561) 837-5821
10	Lisa Scozzaro Janice Johnson	Broward	201 West Broward Blvd Ft Lauderdale, FL 33301	(954) 467-4373 (954) 267-2122
11	Emmanuel Meniru (Vacant) Brian Woolfolk	Dade, Monroe	6600 Southwest 57th Avenue, Suite 100 Coral Gables, FL 33143	(305) 663-2094 (305) 663-2095 (305) 284-0914
12	Jackie Zackery	Flagler, Volusia	210 North Palmetto Avenue, Suite 144 Daytona Beach, FL 32114	(386) 238-4931
13	Grover Lewis	Citrus, Marion, Sumter, Lake, Hernando	1601 West Gulf Atlantic Highway Wildwood, FL 34785-8158	(352) 330-2162 X 6232
14	Ellen Schultz Linda Shipley	Polk, Hardee, Highlands	4720 Old Highway 37 Lakeland, FL 33813	(863) 619-4266 (863) 619-4110
15	Nancy Robbins	Indian River, Okeechobee, Martin, St. Lucie	337 North 4th Street, Suite A Fort Pierce, FL 34950	(772) 595-1370

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

The SSI-Related Fact Sheet describes many services offered by or through the state of Florida. Information on public assistance programs available for aged and disabled individuals in Florida include:

- **Cash assistance:** Supplemental Security Income (SSI) provides cash payments. It is run by the Social 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)
- **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.
  - Medicaid **services** are managed by the Agency for Health Care Administration (AHCA).

The programs listed below are based on Title 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.
  - Medicaid for Aged and Disabled (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.
- **Medicaid** Programs that have **limited benefits** include:
  - Medically Needy.
  - Silver Lifesaver RX Program
  - Medicare cost-sharing programs:
    - Qualified Medicare Beneficiary (QMB).
    - Special Low Income Medicare Beneficiary (SLMB).
    - Qualified Individuals 1 (QI-1).
- **Non-Medicaid:** cash program (special living arrangements only).
  - Optional State Supplementation (OSS).

**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 <b>or</b> disabled.</li> <li>• Be a U.S. citizen, (certain legal immigrants may be eligible; contact SSA for more information).</li> <li>• Other technical requirements as shown on page 7.</li> <li>• Have countable resources that total no more than \$2000.</li> <li>• Have income less than \$564 a month for individuals in their own households.</li> </ul> <p>(NOTE: If both husband and wife are applying for SSI, both must be aged, blind, <b>or</b> disabled. The income limit for couples is \$846; 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 payment standard. (Currently the maximum payment is \$564 for an individual, \$846 for a couple.)
<b>Medicaid</b>	<p>Individuals eligible for an SSI check of at least \$1 from Social Security automatically receive Medicaid from the state of Florida.</p> <p>SSI recipients who need 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.

## 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, a person must:**

- Be aged (65 or older), blind, or disabled (if under 65 years).

**Note:** The disability must prevent any gainful activity (e.g., employment), last longer than 12 months, or be expected to result in death. If you receive a disability check from Social Security, you automatically meet this requirement.

If SSA has denied you disability payments within the past year because they determined you are not disabled, the state must adopt the SSA decision in most cases.

- Be a U.S. citizen or a qualified noncitizen.

**Note:** The law affecting noncitizens changed in 1996. 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. In addition, individuals who were residing in the U.S. as a permanent resident under color of law no longer meet the noncitizen requirements. Contact your local Department of Children and Families service center or program office for more information.

- Be a Florida resident.
- Have a Social Security number or file for one.
- File for any other benefits for which they might be entitled.
- Disclose other third party liability (i.e., health insurance).

## **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.

### **RESOURCES:**

#### **Types of resources that count:**

- Real property, other than homestead;
- Bank accounts, including CDs, money market certificates;
- Stocks, bonds;
- Trusts; or
- 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).

#### **Types of resources that DON'T count (exclusions):**

- Homestead, if an 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 contract; or
- Life insurance, if the total face value of all policies owned by the individual does not exceed \$2500 (or \$1500 for SSI recipients).

### **INCOME:**

#### **All gross monthly income is generally counted, including:**

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

**Note:** Gross income includes the amount for the Medicare premium, which is deducted from the individual's Social Security check before the check is mailed to them.

## Florida Medicaid Services

### Services

Florida Medicaid covers the following services for adults:

- 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
- Durable medical equipment and medical supplies
- Advanced Registered Nurse Practitioner
- Registered Nurse First Assistants
- Chiropractic services
- Augmentative and communication systems
- Assistive Care Services
- Medicare premiums; deductibles; and coinsurance  
(Can only be paid in certain specific situations)

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

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### AHCA

Medicaid services are administered by the Agency for Health Care Administration (AHCA).

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### How Medicaid Works

The provider of the service bills Medicaid directly. The Medicaid payment goes directly to the provider and the provider must accept it as payment in full. Not all providers will accept Medicaid as payment. Medicaid managed care providers may charge a copay in certain situations.

It is important that you find out in advance if your provider accepts Medicaid. Medicaid cannot reimburse the individual for payments he makes.

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**People Who Have Medicare** Many aged or disabled people have Medicare benefits. Those individuals can still qualify for Medicaid. However, Medicaid can only pay after Medicare has paid.

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**People Who Have Medically Needy** Individuals who are enrolled for Medically Needy, see page 24.

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

<b>Purpose</b>	<p>The MEDS-AD program entitles certain aged or disabled individuals to receive ongoing Medicaid coverage if their income and resources are within the specified limits.</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 entitled.</li> <li>• Disclose other third party liability (i.e., health insurance).</li> </ul>
<b>Income limit</b>	\$673 for an individual and \$908 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>	Contact the local Department of Children and Families' Economic Self-Sufficiency office.

## 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.
<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>	It is usually up to family members or close friends to initiate an application on behalf of the person needing care. 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 to which they may be entitled.</li> <li>• Disclose 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>	\$1692 for an individual \$3384 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 Medicaid income standard may still be eligible if they setup an income trust and deposit sufficient funds into a “qualified income trust” account in order to reduce their income outside the trust to within the required 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 at the recipient’s death, up to the amount of Medicaid payments paid on behalf of the individual.</li> </ul>

## Institutional Care Program (ICP) -- Continued

<b>Transfers of Income and Resources</b>	<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).</p> <p>A person may be ineligible for a period of time if income or resources are transferred for less than fair market value. 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 can still qualify for basic Medicaid coverage (e.g., medicines, hospital coverage, etc.).</p>
<b>Allowable Transfers</b>	<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>
<b>Payments to Medicaid Nursing Facilities</b>	<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 for Medicaid patients. This amount varies from facility to facility.</p> <p><b>How Much Does the Patient Pay?</b></p> <p>In general, all the patient's monthly income, except for \$35 for personal needs, must be paid to the nursing facility for the patient's care. This is the "patient responsibility".</p> <p>Some veterans and certain individuals earning special wages may be allowed to keep more of their income. The payments worker calculates the patient responsibility amount.</p> <p>All or part of the patient's income may be set aside for the spouse or dependents. 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>
<b>Where to Apply</b>	<p>Please contact the local Department of Children and Families' Economic Self-Sufficiency office.</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. This spouse is referred to as the "community spouse".
<b>Resources at Application</b>	All resources of the husband and wife must be counted together to determine the eligibility of the institutionalized individual. (See page 8 for what is NOT counted.)  The community spouse is allocated \$92,760 of their total resources and the institutional spouse is allowed \$2000 or \$5000 depending upon their income.
<b>Resources after Approval</b>	After approval, the institutionalized spouse can only have up to \$2000 of resources (or \$5000 if MEDS-AD), in his name.  Resources over this limit must be transferred to the community spouse within a reasonable time period.
<b>Income at Application</b>	The total gross monthly income that belongs to the institutionalized person 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 patient responsibility amount and the amount that may be allocated to the spouse. This is called the community spouse's income allowance.
<b>Determining the Community Spouse Income Allowance</b>	The income allowance is computed as follows: $\$1,515 \text{ spouse allowance} + \text{excess shelter costs}^* = \text{Total Income Allowance}^{**}$ $\text{minus community spouse's gross income} = \text{community spouse allowance}$  *Excess Shelter Cost is the amount by which the community spouse's shelter costs exceeds \$455 per month. Shelter costs may include rent or mortgage payment, homeowner's insurance, and a standard utility allowance of \$198 per month.  **Total income allowance cannot exceed \$2,319
<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>	If sufficient funds remain from the institutionalized person's income after allocating to the spouse, certain dependents may be allowed an allowance as well. Contact your local Department of Children and Families' Economic Self-Sufficiency office.

## 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 who are residing in a nursing facility.</p> <p>For people 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> <li>• File for any other benefits to which they may be entitled.</li> <li>• Disclose 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>	\$1692 for an individual and \$3384 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>• Most of 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 \$765 for their personal needs.</li> <li>• Persons residing in a nursing home 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>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.

\* Or an individual or couple may qualify under SSI or MEDS-AD criteria. Refer to pages 6 and 7 for SSI program criteria and page 11 for MEDS-AD program criteria. If the individual is living in a nursing home, special Institutional Care Program policies apply (see page 14).

## Aged/Disabled Adult Waiver Program

<b>Description</b>	This program provides home and community-based services for individuals in need of nursing home care who can remain at home with 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 entitled.</li> <li>• Disclose 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 waiver.</li> </ul>
<b>Income Limit</b>	\$1692 for an individual and \$3384 for an eligible couple. *
<b>Asset Limit</b>	<p>\$2000 for an individual and \$3000 for an eligible couple. *</p> <p>Spousal impoverishment policies do not apply.</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>	Contact your local Department of Children and Families' Economic Self-Sufficiency office.

\* Or an individual or couple may qualify under SSI or MEDS-AD criteria. Refer to pages 6 and 7 for SSI program criteria and page 11 for MEDS-AD program criteria.

## Assisted Living for the Elderly Waiver Program

<b>Description</b>	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 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 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 entitled.</li> <li>• Disclose 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 waiver.</li> <li>• Reside in an ALF licensed to provide the additional services.</li> </ul>
<b>Income Limit</b>	\$1692 for an individual and \$3384 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>	Contact your local Department of Children and Families' Economic Self-Sufficiency office.

\* Or an individual or couple may qualify under SSI or MEDS-AD criteria. Refer to pages 6 and 7 for SSI program criteria and page 11 for MEDS-AD program criteria. 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 14.

## 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 Dade, Monroe 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 entitled.</li> <li>• Disclose 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 waiver.</li> </ul>
<b>Income Limit</b>	\$1692 for an individual and \$3384 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. This program is not available in areas other than Dade, Monroe and Broward counties.
<b>How to Apply</b>	Contact your local Department of Children and Families' Economic Self Sufficiency office.

\* Or an individual or couple may qualify under SSI or MEDS-AD criteria. Refer to pages 6 and 7 for SSI program criteria and page 11 for MEDS-AD program criteria.

## Developmental Services Waiver Program

<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 entitled.</li> <li>• Disclose 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>	<p>\$1692 for an individual and \$3384 for an eligible couple. *</p> <p>(We do not consider the parent's income or a spouse's income available to the client.)</p>
<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>	Contact your local Department of Children and Families' Economic Self-Sufficiency office.

\* Or an individual or couple may qualify under SSI or MEDS-AD criteria. Refer to pages 6 and 7 for SSI program criteria and page 11 for MEDS-AD program criteria.

## Project AIDS Care Waiver Program

<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 entitled.</li> <li>• Disclose 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>	\$1692 for an individual and \$3384 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>	Contact your local Department of Children and Families' Economic Self-Sufficiency office.

\* Or an individual or couple may qualify under SSI or MEDS-AD criteria. Refer to pages 6 and 7 for SSI program criteria and page 11 for MEDS-AD program criteria.

## 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 (Part A and B),</li> <li>• Deductibles, and</li> <li>• Coinsurance within the prescribed limits.</li> </ul>
<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>	\$765 for an individual and \$1032 for an eligible couple.
<b>Asset Limit</b>	\$5000 for an individual and \$6000 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 application can be made for benefits for months <b>prior</b> to the month of application.
<b>Limitations</b>	Medicare cost-sharing (benefits as listed above) is the only benefit. The benefits are paid only to providers who will accept Medicaid and are paid directly to the provider. The individual cannot be reimbursed by Medicaid.
<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.</p> <p style="text-align: center;"><b>IMPORTANT:</b> If you need to stay in the nursing home <b>after</b> the Medicare coverage has ended, you must apply for and qualify for the Institutional Care Program.</p>
<b>How to Apply</b>	Contact the local Department of Children and Families' Economic Self-Sufficiency office.

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

<b>SLMB Benefits</b>	Individuals who are eligible for SLMB are eligible to have Medicaid pay Medicare directly for: <ul style="list-style-type: none"> <li>• Medicare premiums for Part B.</li> </ul>
<b>Technical Requirements</b>	To qualify, an individual must: <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>	\$917 for an individual and \$1238 for an eligible couple.
<b>Asset Limit</b>	\$5000 for an individual and \$6000 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 can be made retroactive for 3 months. This means that benefit coverage can be given for any or all of the 3 months prior to the month of application, as long as the client meets all of the factors of eligibility in each or of those months.
<b>Limitations</b>	Payment of the Medicare Part B premium is the <b>only</b> benefit. This "buy-in" benefit takes effect approximately 3 months after the individual receives a notice of SLMB approval.
<b>How to Apply</b>	Contact the local Department of Children and Families' Economic Self-sufficiency office.

## Qualifying Individuals 1 (QI1)

<b>QI1</b>	Individuals who are eligible for QI1 are eligible to have Medicaid pay Medicare directly for the Medicare premiums for Part B.
<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>	\$1033 for an individual and \$1393 for an eligible couple.
<b>Asset Limit</b>	\$5000 for an individual and \$6000 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 individuals are entitled to receive benefits for up to three months prior to the month of application. There is no retroactive coverage available prior to September 1, 1999.
<b>Limitations</b>	Payment of the Medicare Part B premium is the ONLY benefit. This benefit takes effect approximately 3 months after the individual receives a notice of QI1 eligibility. 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 is a program with limited funding. It is available on a first-come, first-serve basis.
<b>How to Apply</b>	Contact the local Department of Children and Families' Economic Self-Sufficiency office.

## 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.
<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 disregard</p> <p style="margin-left: 40px;">- <u>subtract \$180. (\$241 for a couple)</u></p> <p style="margin-left: 40px;">the remainder is your 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 of \$180 or \$241 for a couple. 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. The individual must meet the SOC <b>each</b> month.
<b>Limitations</b>	Medically Needy will not pay: <ul style="list-style-type: none"> <li>• For the bills that are used in total to help the individual meet their share of cost (SOC)</li> <li>• For institutional care services even if the share of cost is met.</li> </ul>
<b>How to Apply</b>	Contact the local Department of Children and Families' Economic Self-Sufficiency office.

## Silver Saver Prescription Drug Program

<b>Rx Benefits</b>	Individuals who meet all the criteria to be eligible <u>and</u> are enrolled in Silver Saver are eligible for \$160 per month in prescription drug benefits.
<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 age 65 or older.</li> <li>• Be a Florida resident.</li> <li>• Be a U.S. citizen or qualified noncitizen.</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>• Not have prescription drug coverage through a Medicare HMO.</li> <li>• Disclose any third party liability (i.e., health insurance).</li> <li>• Be enrolled in the Silver Saver Program by the Agency for Health Care Administration (AHCA) once the Department of Children and Families (DCF) determines all eligibility criteria have been met.</li> </ul> <p>NOTE: Individuals who are approved for the QMB or SLMB Medicare cost-sharing programs will automatically be enrolled in the Silver Saver Program if space is available.</p>
<b>Income Limit</b>	Countable gross monthly income must be greater than \$673 per month, but no greater than \$917 for an individual (greater than \$908 but no greater than \$1,238 for an eligible couple).
<b>Asset Limit</b>	There is no asset limit for Silver Saver.
<b>Retroactive Coverage</b>	There is no coverage for months prior to the month in which the application is approved by DCF.
<b>Limitations</b>	Funding for this program is limited. Individuals may be determined to meet all the criteria for eligibility by DCF; however, AHCA determines if space is available in the program.
<b>How to Apply</b>	Contact the local Department of Children and Families' Economic Self-Sufficiency Services office or Area Medicaid Office for an application, or contact the AHCA Call Center at (888) 419-3456.

## 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 costs in an assisted living facility, mental health residential treatment facility, and adult family care home. It is NOT a Medicaid program.
<b>Technical Requirements</b>	<p>To be eligible for OSS, a person must:</p> <ul style="list-style-type: none"> <li>• Be 65 years or older, or 18 years of age or older and blind or disabled.</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>• Disclose other third party liability (i.e., health insurance).</li> <li>• Be certified by Adult Services, Developmental Services or Mental Health case manager 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>	<p><b>Varies by type of facility:</b></p> <p>\$642.40 for an individual and \$1284.80 for a couple; <u>or</u>          \$749.00 for an individual and \$1498.00 for a couple for some MHRTFs and protected groups</p>
<b>Asset Limit</b>	\$2000 for an individual and \$3000 for a couple.
<b>Payments to OSS Client</b>	The payment is made directly to the client. The amount is based on the client's income and the current OSS cost of care in the facility.
<b>Cost of Care</b>	<p><b>Varies by type of facility</b></p> <p>\$588.40 (<u>or</u> \$749.00 for some MHRTFs and protected groups) (individual).          \$1176.80 (<u>or</u> \$1498.00 for some MHRTFs and protected groups) (couple).</p>
<b>How to Determine Amount of Payment:</b>	<p><b>Step 1</b> Individual's gross income</p> <p style="padding-left: 40px;">-Personal needs allowance of \$54          -<u>Amount set aside for spouse</u>          =Amount the individual must pay facility from his personal income.</p> <p><b>Step 2</b> Cost of Care of facility</p> <p style="padding-left: 40px;"><u>          - Amount paid by individual from Step 1</u>          = Amount of monthly OSS payment to client.</p>
<b>Assistive Care Services (ACS)</b>	Facilities that are enrolled Medicaid ACS providers may bill Medicaid for assistive care services for Medicaid eligible residents in their facility.
<b>Where to Apply</b>	Contact the local Department of Children and Families, Economic Self- Sufficiency office, for more details on this program.

## SSI-Related Programs -- Financial Eligibility Standards: January 2004

Program	INCOME		ASSETS		Personal / Maintenance Need Standard		Diversion
	Individual	Couple	Individual	Couple	Individual	Couple	
*Supplemental Security Income (SSI)	\$ 564	\$ 846	\$2000	\$3000			Child Allocation \$282
*MEDS-AD	\$ 673	\$ 908	\$5000	\$6000			If client institutionalized: Community Spouse Maximum Allowance: \$2,319 MMMIA: \$1,515 (7/03) Excess Shelter: \$455 (7/03)  Maximum Resource Allowance: <p style="text-align: right;"><b>\$92,760</b></p>
*QMB 100% of FPL	\$ 765	\$ 1,032	\$5000	\$6000			
*SLMB	\$ 917	\$1,238	\$5000	\$6000			
*QI1 (PBMO) (Limited Funding)	\$ 1,033	\$1,393	\$5000	\$6000			
Silver Saver	\$673.01 to \$917.00	908.01 to \$1,238	N/A	N/A			
*Working Disabled	\$1,530	\$2,064	\$5000	\$6000			Family Members Allowance: 7/03 (\$1,515 - income) divided by 3 Other Dependents: Use CNS Chart
Medically Needy	\$ 180	\$ 241	\$5000	\$6000			
Institutional Care (ICP)	\$1,692	\$ 3,384	\$2000	\$3000	\$35	\$70	
Hospice	\$1,692	\$ 3,384	\$2000	\$3000	FPL-\$765 (ICP PNA \$35)	FPL-\$1032 (ICP PNA \$70)	For community Hospice spouse Spouse only: use FBR . with dependents (or dep. only): use CNS
HCBS	\$1,692	\$ 3,384	\$2000	\$3000	ALW only PNA= \$642.40		
OSS (OSS income limit varies by type of facility)	\$642.40 or \$749.00	\$1,284.80 or \$1,498.00	\$2000	\$3000	\$54	\$108	Medicare Premiums: \$66.60
HCDA	\$1,692	\$3,384	\$2000	\$3000			

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

## FLORIDA ELDER HELPLINE INFORMATION AND REFERRAL DIRECTORY

**1-800-96-ELDER or 1-800-963-5337** Access to information regarding elder services and activities is available through the elder helpline information and referral service within each Florida county. All elder helplines can 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.

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