FAMILY-RELATED MEDICAID PROGRAM FACT SHEET

Update 6/2022

The Department of Children and Families (DCF) determines eligibility for public assistance programs. Federal regulations, Florida Statutes and Florida Administrative Rule contain specific policies for eligibility. The Family-Related Medicaid Program Fact Sheet is intended to provide a general description and explanation of the coverage groups within the Family-Related Medicaid Program.
Note: Income standards change annually.

Who is the Department of Children and Families (DCF)?

Department of Children and Families determines eligibility for food assistance (formally known as food stamps), Temporary Cash Assistance (TCA) and Medicaid and other benefits for eligible needy individuals and families.

- For more information about food assistance: https://www.myflfamilies.com/service-programs/access/food-assistance-and-suncap.shtml
- For more information about temporary cash assistance: https://www.myflfamilies.com/service-programs/access/temporary-cash-assistance.shtml
- For more information about Medicaid for aged and disabled: https://www.myflfamilies.com/service-programs/access/medicaid.shtml

What is Medicaid?

A federal and state program that provides medical assistance to individuals based on eligibility requirements for technical and financial criteria as defined in the policy. To be eligible for Family-Related Medicaid, individuals must meet the technical eligibility criteria and income test for a coverage group. The Family-Related Medicaid Income Limit chart is located at: https://www.myflfamilies.com/service-programs/access/docs/esspolicymanual/a_07.pdf

Who can be covered by Family-Related Medicaid?

Individuals potentially eligible for Family-Related Medicaid include:

- Pregnant Women
- Parents and other Caretaker Relatives
- Children under age 19
- Children age 19 up to 21
- Former Foster Care Children age 18 up to 26

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Family-Related Medicaid Coverage Groups

Coverage for Pregnant Women
Medicaid is provided for the pregnant woman for the duration of her pregnancy and twelve months post-partum.

Coverage for Parents and Other Caretaker Relatives
Parents and other caretaker relatives must have at least one dependent minor child in the home. Parents and caretaker relatives, including their spouses, must be within the specified degree of relationship. This includes natural, biological, step or adoptive parents, siblings, first cousins, nephews, nieces, aunts, uncles, grandparents, and individuals of preceding generations as denoted by prefixes of great, and great-great.

Once the last child in the household turns 18 years of age, the parent(s) or other caretaker relative loses eligibility for coverage in Family-Related Medicaid.

Family Planning
Medicaid is provided for up to 24 months for women ages 14 through 55 who are no longer eligible to receive full Medicaid coverage. The Family Planning Waiver supports a range of reproductive health services, including preconception counseling, pregnancy tests, screening and treatment of sexually transmitted infections, and contraceptive supplies.

Coverage for Children

Children under age 19 – Medicaid may be provided to children under age 19, who are unmarried, not legally emancipated, or whose marriage was annulled. This includes children living with non-relatives or living independently.

Children 19 up to 21 Years Old – Medicaid may be provided to individuals who are 19 and 20 years old who are unmarried or whose marriage was annulled.

Former Foster Care Children – Individuals who are under age 26 may receive Medicaid if they were in foster care under the responsibility of the state and receiving Florida Medicaid when they aged out of foster care. There is no income limit for this coverage group.

Continuous Medicaid Eligibility – Children under age five who become ineligible for Medicaid, may remain on Medicaid for up to twelve months from the last eligibility review. Children age 5 through 19 may receive a minimum of six months from the last eligibility review.

Other Medical Services

Individuals who do not qualify for Medicaid under any of these coverage groups due to income, may be referred to the Children's Health Insurance Program (CHIP) or referred to the Federally Facilitated Marketplace (FFM) for an evaluation of coverage under their program.

Children's Health Insurance Program (CHIP) – CHIP provides medical coverage for children under age 19 whose household income is above the Medicaid income limit. The household is responsible to pay a monthly premium for coverage. Additional information regarding CHIP is available at: http://www.floridakidcare.org/

Federally Facilitated Marketplace (FFM) – The Federally Facilitated Marketplace (FFM) is an online marketplace to assist individuals applying for a qualified health insurance plan. Individuals may qualify for Advance Premium Tax Credits (APTCs) to help pay health insurance premiums. Individuals will be referred to the FFM if they are determined over income for Family-Related Medicaid. Additional information regarding the FFM is available at: http://healthcare.gov

Children's Medical Services Network (CMS) – CMS provides case management services to eligible children from birth through age 18 who have special behavioral or physical health needs or have a chronic medical condition. Additional information regarding CMS is available at: http://www.cms-kids.com/families/families.html

Presumptive Eligibility

Presumptive Eligibility by Hospitals – Qualified hospital providers may elect to make presumptive determinations based on federal law and state policy for the following individuals:

- Pregnant Women
- Parents and other Caretaker Relatives
- Infants under age 1
- Children under age 19
- Former Foster Care Children age 18 up to 26

The presumptive period begins with the date the eligibility determination is completed by qualified hospital staff and extends up to one additional month or until an application received for full Medicaid coverage is approved or denied by DCF.

Presumptive Eligibility for Pregnant Women (PEPW) – PEPW provides temporary Medicaid to pregnant women for immediate access to prenatal care. County Health Departments, Regional Perinatal Intensive Care Centers (RPICC), Federally Qualified Health Centers, Maternal and Infant Care Projects, Children's Medical Services (CMS) as well as some hospitals and hospital affiliated clinics determine eligibility for PEPW. Citizenship and noncitizen status are **not** factors of eligibility. The presumptive period begins with the date the eligibility determination is completed by the Qualified Designated Provider (QDP) and extends up to one additional month or until an application for full Medicaid coverage is approved or denied by DCF.

Presumptive Eligibility for Newborns – A newborn child is presumed eligible for Medicaid through the birth month of the following year when born to a mother eligible for Medicaid on the date of the child's birth.

Automatic Entitlement to Medicaid Coverage

An individual receiving cash benefits from the Social Security Administration's (SSA), Supplemental Security Income (SSI) Program is automatically eligible for Medicaid.

A separate application is not required when Medicaid coverage is through SSI. When the cash benefits terminate, the individual may be entitled to additional months of Medicaid coverage. If the SSI terminates, Medicaid coverage will continue for two months beyond the SSI payment end date to allow time for DCF to review eligibility under other coverage groups. Continuous coverage applies to children losing their SSI benefits. More information about SSI benefits is located on page 8.

Medically Needy

Coverage under Medically Needy is for individuals whose income is to high to qualify for full Medicaid.

Individuals enrolled in Medically Needy may have a monthly "share of cost", which is similar to an insurance deductible. The share of cost amount varies depending on the size of the Medicaid household and their income. Verification of income must be received to accurately determine the amount of an individual's share of cost.

Paid and/or unpaid medical bills must be provided to determine if the share of cost has been met. Once a bill is used to meet the share of cost, it cannot be used again to meet the share of cost in another month. The portion of a bill that is paid by Medicare, or other private health insurance, cannot be used to meet the share of cost. Paid and unpaid bills are tracked according to the date of service.

Medicaid is authorized from the date the share of cost is met through the end of the same month. Outstanding medical bills must be faxed to the local ACCESS Case Maintenance Unit for tracking. An individual may find contact information to your local ACCESS Case Maintenance Unit at: http://www.dcf.state.fl.us/programs/access/map.shtml.

The Medically Needy Brochure can be found on DCF's Forms and Brochures website at: https://www.myflfamilies.com/programs/access/docs/medneedybrochure.pdf

Emergency Medical Assistance for Noncitizens

Noncitizens who meet all Medicaid eligibility requirements except for citizenship status may be eligible for Medicaid to cover medical emergencies, including the birth of a child.

The noncitizen must file a complete Medicaid application and provide verifications as requested. A social security number and cooperation with Child Support Enforcement (CSE) are not required. Before Medicaid is authorized, applicants must provide proof from a medical professional that the treatment was due to a medical condition of sufficient severity (including severe pain) that could result in placing the individual's health in serious jeopardy and the date(s) of the emergency. In the case of labor and delivery there is no post-partum coverage. Medicaid can be approved only for the date(s) of the emergency. Generally, hospitals forward a Medical Assistance Referral form (CF-ES 2039) to DCF to initiate an Emergency Medical Assistance for Noncitizens (EMA) determination.

Noncitizens in the United States for a temporary reason, such as tourists or those traveling for business or pleasure, are not eligible for EMA, or any other Medicaid benefits. Exception: Lawfully residing children, up to age 19, are potentially Medicaid eligible.

Overview of Technical Eligibility Requirements for Family-Related Medicaid

Family-Related Medicaid is a benefit for children, parents and other caretakers, pregnant women, and individuals up to age 26 previously who aged out of foster care. The information below provides basic eligibility criteria.

- **Citizenship Status** – must be a U.S. Citizen or a qualified non-citizen.
- **Identity** – must provide proof of identity.
- **Residency** – must be a Florida resident.
- **Social Security Number** – must have a social security number or apply for one.
- **File for Other Benefits** – must apply for other benefits to which they may be eligible. (i.e.- pensions, Social Security and Medicare.)
- **Cooperation with Child Support –** agree to after application is submitted and participate during the eligibility process.
- **Report Third Party Liability –** examples include health insurance or payments by another party.
- **Income-** examples include wages, salary, commission, or self-employment. (income received that is taxable is counted)
- **Unearned Income** - examples include Unemployment Compensation and Social Security benefits.

Most factors of eligibility may be verified electronically via the Federal Data Services Hub (FDSH). Self-attestation is accepted for the majority of eligibility factors; however, a reasonable explanation and/or documentation may be requested to clarify questionable information or resolve inconsistencies.

Family-Related Medicaid eligibility is based on the expected tax filing status for each individual. The household's countable income, after any allowable tax deductions, must be less than or equal to the applicable income limit.

The Family-Related Medicaid Income Limits chart is located at:

http://www.dcf.state.fl.us/service-programs/access/docs/esspolicymanual/a_07.pdf

Assets such as bank accounts, mutual funds, vehicles and homestead property will not be counted.

In general, households whose income exceeds the limits for the Family-Related Medicaid will be enrolled in Medically Needy. Individuals enrolled in Medically Needy, who do not qualify for regular Medicaid, may be referred to the Federally Facilitated Marketplace (FFM) or Children's Health Insurance Program (CHIP). See page seven (7) for additional information on the FFM and CHIP.

How Do I Apply?

Individuals may apply for Medicaid:

- On-line at the DCF/ACCESS Florida website at: http://www.myflorida.com/accessflorida/
- On-site at a DCF/ESS Customer Service Center. To locate a service center, "Select a County" from the "ACCESS Service Center Locations" option at: http://www.dcf.state.fl.us/programs/access/map.shtml
- On-site through a member of the DCF Community Partner Network. Community partners are listed at: http://www.dcf.state.fl.us/access/CPSLookup/search.aspx
- By submitting a paper application, which may be requested by calling 850-300-4DCF (4323), and submitting it in person, by mail or fax. Customer Service Center locations and fax numbers can be found at: http://www.dcf.state.fl.us/programs/access/map.shtml
- Telephonic Applications-an initial request to complete a telephonic application should be referred to the Customer Call Center (CCC) or direct the requestor to call 850-300-4DCF (4323).

An individual must create a MyACCESS Account to submit an online application, report a change, submit a renewal or review benefit information at: http://www.myflorida.com/accessflorida/. This website is available 24 hours a day 7 days a week. After registering, customers can:

- Check on the status of an application or renewal
- View a list of items needed to process the application or renewal
- View when the next renewal is scheduled
- Upload and view verification documents
- View the share of cost amount if enrolled in Medically Needy
- Print a temporary Medicaid card
- Report a change
- Upload and view documents

Information may also be accessed by calling the Interactive Voice Response (IVR) Phone System, which is an automated response system available by phone at 850-300-4DCF (4323) or the website at: https://dcf-access.dcf.state.fl.us/access/index.do

What's Next?

Medicaid coverage is authorized for 12 months and to continue receiving coverage, a renewal must be completed annually. Applicants and recipients are required to report changes that may affect their eligibility for benefits within 10 days. Examples of changes affecting eligibility include:

- Pregnancy
- Birth of a child
- Receipt of new or increased earnings
- Termination of employment
- Arrival or departure of members of the household
- Changes in living arrangement
- Address
- Relocation to another state

Community Partner Network

The Community Partner Network allows coordination and communication between partner and government agencies, community organizations and other entities. Agencies, organizations and entities may contact a Community Partner Liaison to assist with inquiries about the ACCESS Program or to become a community partner. A Community Partner Liaison acts as a point of contact for the ACCESS Program and provides trainings and other informational program brochures and forms.

The Community Partner Liaison for each county can be found at:
http://www.dcf.state.fl.us/programs/access/liaisons.shtml

Community Partners resource materials can be found at:
http://eww.dcf.state.fl.us/ess/communitypartners/

Who is the Agency for Health Care Administration (AHCA)?

The Agency for Health Care Administration (AHCA) administers Medicaid services in Florida. To obtain information regarding Medicaid services and providers in your area, or for questions regarding claims or billing, please visit your Area Medicaid Office website at:
http://www.ahca.myflorida.com/MCHQ/Field_Office_Info.shtml

AHCA contracts with a fiscal agent to assist Medicaid recipients in choosing a managed care plan, enrolling in a new plan, or changing plans. Specialists assist customers with understanding the differences in plan benefits. Visit the Medicaid Options or Choice Counseling website at:
http://ahca.myflorida.com/Medicaid/medicaid_reform/beneficiary/index.shtml

Individual eligible to receive medical services through the Managed Medical Assistance (MMA) program, must enroll in a health plan. The Express Enrollment option allows an individual to choose a health plan when a Medicaid application is submitted through DCF. Plan selection can be completed at: http://www.smmcexpressenrollment.com or by calling 1-877-711-3662. If a plan is not selected, AHCA will automatically assign individuals to a health plan when they are determined eligible for Medicaid. After enrollment, individuals have 120 days to choose a different plan in their region.

For more information about express enrollment, please visit the express enrollment website at: http://ahca.myflorida.com/medicaid/statewide_mc/express_enroll.shtml

Additional Resources

SSI recipients may contact 850-300-4DCF (4323) to request a lost or stolen Medicaid card. Individuals with a MyACCESS Account can request a replacement Medicaid card at: http://www.myflorida.com/accessflorida/

SSA is responsible for specific benefits such as Social Security Retirement and Disability payments, SSI, Extra Help with Medicare Prescription Drug Plan costs, etc. For information, to apply, or report changes, call the SSA at 1-800-772-1213 or visit the SSA website at: http://www.ssa.gov/

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 at: http://www.medicare.gov

Primary Care Centers provide services to the uninsured on a sliding fee scale. To obtain low cost primary care in your local community, including pharmacy, dental, mental health and substance abuse services, visit the Health Resources and Services Administration website at: http://www.hrsa.gov/gethealthcare/index.html