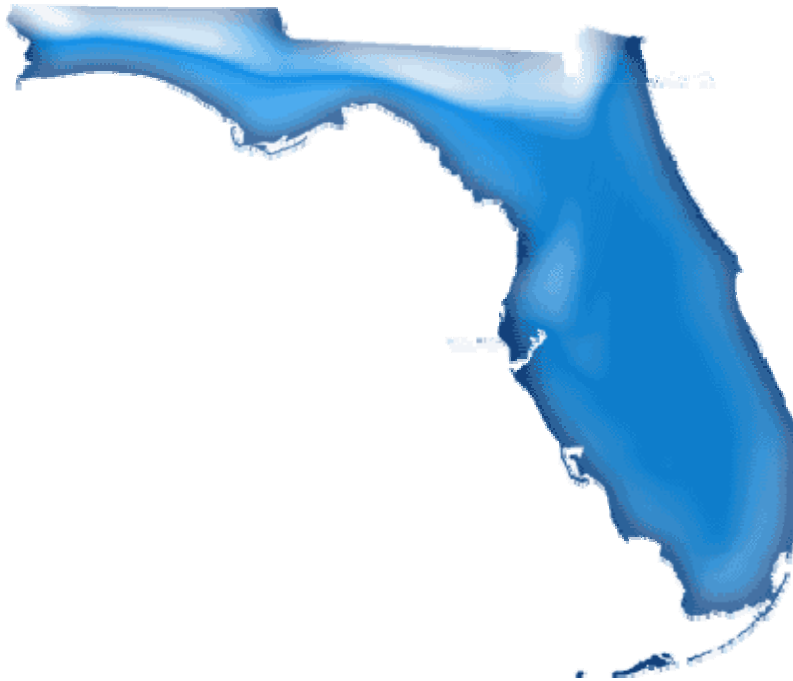


FAMILY-RELATED MEDICAID PROGRAMS FACT SHEET



ACCESS staff in the Department of Children and Families prepared the Family-Related Medicaid Programs Fact Sheet. It is intended to provide general information. Specific eligibility policy is contained in Florida Statutes or Administrative Rules.

Note: This is not intended to replace the policy manual.

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Overview

This family-related Medicaid fact sheet explains the various Medicaid programs for families with dependent children and pregnant women.

Medicaid provides medical coverage to some low-income individuals and families. The family-related Medicaid coverage groups in Florida are based on three pieces (or titles) of the federal Social Security Act:

- [Title IV](#) (Grants to States for Aid and Services to Needy Families with Children and for Child Welfare Services),
- [Title XIX](#) (Grants to States for Medical Assistance Programs)
- Title XXI (State Children's Health Insurance Program-SCHIP, called the Florida KidCare program).

The [Agency for Health Care Administration](#) (ACHA) administers Medicaid services in Florida.

The Department of Children & Families (DCF), ACCESS program determines Medicaid eligibility for all Medicaid programs except Supplemental Security Income (SSI), which is determined by the Social Security Administration.

ACCESS staff determine Medicaid eligibility for the following family-related groups:

- Low-income families with children
- Children only
- Pregnant women
- Emergency Medicaid for Aliens (EMA).

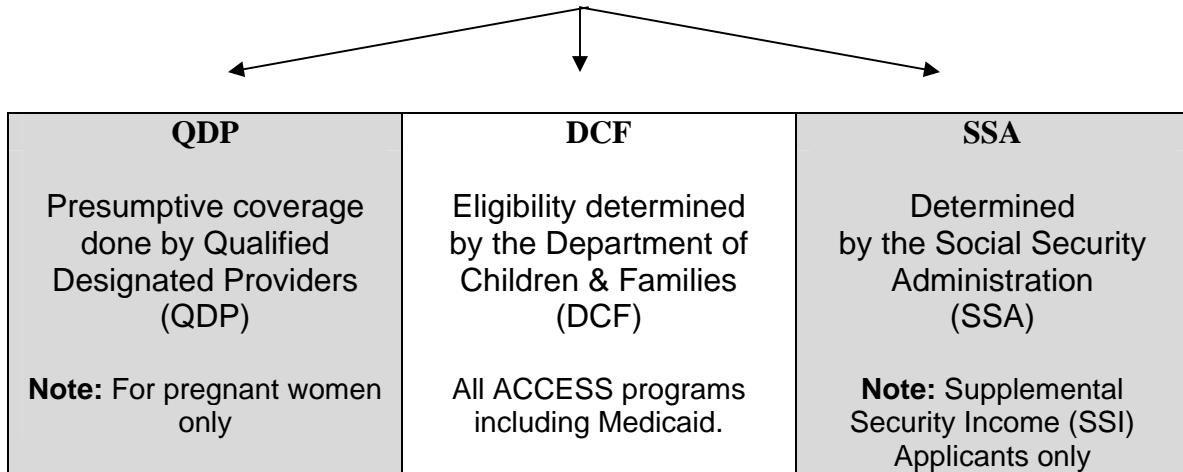
All Medicaid applications must be approved or denied within 45 days from the date the application is received by the department. Changes must be reported to the Department within 10 days to ensure benefits are correct.

If an eligible family member has an unpaid medical bill in one or more of the three months prior to the date of application, Medicaid may be authorized for that time period. We call this retroactive Medicaid.

The ACCESS website is located at: <http://www.dcf.state.fl.us/ess/> . On this website, you may apply for Medicaid and/or any public assistance programs, locate a DCF office in your area, find one of our many community partner locations, find referral sources to other social services, or report changes to us.

Family-Related Medicaid Eligibility

Three paths an individual can take to apply for and receive an eligibility determination.



The most common coverage groups for family-related Medicaid will be addressed in the next sections of this booklet.

Coverage for Low-Income Families

This Medicaid coverage group is based on Section 1931 of the Social Security Act and is closely related to Temporary Cash Assistance (TCA) policy.

Families (with one or two parents) may be eligible for Medicaid. Nonparent relatives, who care for minor children, may choose to receive Medicaid along with the child if they meet the program's eligibility requirements.

This coverage group may include the following:

- Individuals who are receiving Temporary Cash Assistance (TCA),
- Individuals who are eligible for TCA, but choose not to receive it,
- Parents and their children up to the age of 18,
- Relative caretakers of children under 18 and
- Pregnant women with or without other children.

Note: Children under 21 and pregnant women with higher income or assets may be eligible for Medicaid under other categories.

Medicaid for Low-Income Families Income Limit Chart

Household Size	Income
1	\$180
3	\$303
4	\$364
5	\$426
6	\$487
7	\$549
8	\$610
Add \$62 for each additional household member above 8	

Medicaid For Low Income Families	
Technical Requirements	<ul style="list-style-type: none"> Be a Florida resident Be or have a dependent child under 18 in the home Have or have applied for a Social Security number Disclose any third party liability (i.e., insurance) Be a U.S. citizen or qualified non-citizen File for any other benefits to which they may be entitled Parents or caretakers who wish to receive Medicaid must cooperate with Child Support Enforcement.
Assets	<ul style="list-style-type: none"> \$2,000 limit for the assistance group (family)
Income Limit	Income level must equal to or less than the cash assistance payment standard for the size of the family. See the chart above.
How to Apply	<p>Submit an application to the Department of Children & Families (DCF) by Internet, fax, mail, or in person.</p> <p>Click here to find the application http://www.dcf.state.fl.us/ess/, a local DCF office or partner location.</p>

Medicaid for Children

Florida has several Medicaid programs for children only. The income limits for most of these programs vary based on the age of the child. The income of the child and parent(s) living in the home is counted when determining the child's eligibility. Income of a step-parent is not counted to the step-child.

If the child is living with a caretaker other than a parent, only the child's income is counted. Assets are not counted for these programs. The child must be living with a responsible adult; however, the adult does not have to be related or have any legal custody to apply for the child.

This coverage group includes:

- Children under age 1 with household gross income (income before taxes or other deductions) less than 200% of the Federal Poverty Level (FPL).
- Children ages 1 through 5 with household gross income less than 133% of the FPL.
- Children ages 6 through 18 with household gross income less than 100% of the FPL.

See the income chart on the last page of this booklet.

Medicaid For Children	
Technical Requirements	<p>The child must be:</p> <ul style="list-style-type: none"> • A Florida resident • Living with an adult caretaker • Under age 19 • Have or have applied for a Social Security number • Disclose any third party liability (i.e., insurance) • Be a U.S. citizen or qualified non-citizen. <p>Note: The parent or caretaker's citizenship does not apply.</p>
Assets	<ul style="list-style-type: none"> • Not counted
Income Limit	<ul style="list-style-type: none"> • Children under age 1 with household gross income (income before taxes or other deductions) less than 200% of the Federal Poverty Level (FPL). • Children ages 1 through 5 with household gross income less than 133% of the FPL. • Children ages 6 through 18 with household gross income less than 100% of the FPL. <p>Note: The income of non-parent caretakers is not counted.</p>
How to Apply	<p>Click here to find the application http://www.dcf.state.fl.us/ess/ .</p>

Florida KidCare

Families that wish to apply for medical coverage for their children only may do so through the KidCare program.

There are four parts of the KidCare program:

1. **Medicaid:** For children from birth through age 18. The technical and financial eligibility criteria are the same as those listed on the page above. **If a child qualifies for Medicaid, they cannot get any other KidCare coverage.**
2. **MediKids:** For children from age 1 up to age 5 whose household income is between 133% and 200% of the Federal Poverty Level (FPL). The household is responsible to pay the monthly premium.
3. **Florida Healthy Kids:** This program provides medical coverage for children ages 5 through 18 in households whose income is over the Medicaid limit and under 200% of the FPL. This household is responsible to pay the monthly premium.
4. **Children's Medical Services Network:** For eligible children from birth through age 18 who have special behavioral or physical health needs or have a chronic medical condition. This network will provide case management services.

The household income and other information is verified prior to approval.

For more information about the KidCare program, or to get an application, please call **1-888-540-5437**, or visit the website by clicking here: <http://www.floridakidcare.org/>.

Medicaid for Pregnant Women

There are three ways for pregnant women to apply for Medicaid.

1. **Presumptive Medicaid Eligibility for Pregnant Women (PEPW):**

Qualified Designated Providers (QDPs) determine presumptive eligibility for pregnant women who are not already Medicaid eligible. In Florida, QDPs are County Health Departments (CHD), Regional Perinatal Intensive Care Centers (RPICC) and other state approved providers.

The paper application form (CF-ES 2700) is available at the provider locations. PEPW is a **temporary** coverage for outpatient prenatal services. It does not include labor and delivery costs. This is the quickest way to get Medicaid.

The pregnant woman, her unborn child, the father of the baby (if he lives in the home), and her other children (if any) are considered the family. If the pregnant woman is under age 21 and living with her parent(s), a portion of the parent(s) income is counted.

The pregnant woman's statement of income and household composition is used to determine eligibility for this Medicaid. Family gross income must be less than 185% of the Federal Poverty Level for the size of the family. See the chart on the last page of this booklet for income levels.

PEPW coverage begins with the date of approval for a maximum of 60 days, usually less. Within five working days of approval, the application for ongoing Medicaid is forwarded to the local DCF office. PEPW is closed when regular Medicaid coverage is approved or denied.

2. **Simplified Eligibility for Pregnant Women (SEPW):**

Pregnant women with or without children may be eligible for Medicaid if she:

- Has a family gross income under 185% of the Federal Poverty Level (FPL),
- Provides proof of pregnancy with a due date from a doctor, nurse, or midwife, and
- Provides verification of citizenship, identity (if a U.S. citizen), and other verifications such as income, if requested.

Assets are not counted for this coverage.

The pregnant woman, her unborn child, the father of the baby (if he lives in the home), and her other children (if any) are considered the family. If the pregnant woman is under age 21 and living with her parent(s), a portion of the parent(s) income is counted.

Click here to print a simplified application:

<http://www.dcf.state.fl.us/publications/eforms/es2700.pdf> . Or you visit one of our service center locations to apply.

You do not need to visit an ACCESS service center to be interviewed. Your statement of income is used to approve the Medicaid in most cases. Income is verified electronically whenever possible or we will contact you to provide verification. If we later find you are not eligible, your Medicaid coverage will be stopped.

Once you are eligible and approved, the Medicaid coverage will continue until two months after the pregnancy ends, no matter what changes occur. The only exception is if you move out of Florida.

You will be enrolled in the family planning program for the first year after your Medicaid coverage for your pregnancy ends without having to file an application.

Newborn babies are eligible for up to a year of Medicaid if the mother is Medicaid eligible on the baby's date of birth, without filing an application. You can report the birth of your baby at 1-866-762-2237.

3. ACCESS Application:

Pregnant women who wish to apply for other benefits, such as temporary cash assistance or food stamps and/or Medicaid for other family members cannot use the simplified application. Complete the ACCESS web application located at: <http://www.dcf.state.fl.us/ess/> .

Pregnant women with or without children may be eligible for Medicaid if she:

- Has a family gross income under 185% of the Federal Poverty Level (FPL),
- Provides proof of pregnancy with a due date from a doctor, nurse, or midwife, and
- Provides verification of citizenship, identity (if a U.S. citizen), and other verifications such as income, when requested.

The pregnant woman, her unborn child, the father of the baby (if he lives in the home), and her other children (if any) are considered the family. If the pregnant woman is under age 21 and living with her parent(s), a portion of the parent(s) income is counted.

Medically Needy

The Medically Needy program helps families or pregnant women who qualify for Medicaid except for having income and/or assets that are too high.

Individuals enrolled in Medically Needy have a “share of cost” (which is like an insurance deductible) and the amount varies depending on the family’s size and income. Unpaid medical bills must be given to us before we can see if your share of cost has been met. Once the share of cost is met, proof of eligibility can be provided to you or the medical provider.

There is no income limit to qualify for the Medically Needy program. There is an asset limit, which varies based upon the family's size. See the chart below.

Medically Needy Income Level and Asset Limit Chart

Household Size	Income Level	Asset Limit
1	\$180	\$5,000
2	\$241	\$6,000
3	\$303	\$6,000
4	\$364	\$6,500
5	\$426	\$7,000
6	\$487	\$7,500
7	\$549	\$8,000
8	\$610	\$8,500

Medically Needy Chart	
Technical Requirements	<ul style="list-style-type: none"> • Be a Florida resident • Be a dependent child under age 21 • Have a dependent child under age 18 in the home or be pregnant • Have or have applied for a Social Security number • Disclose any third party liability (i.e., insurance) • Be a U.S. citizen or qualified non-citizen • File for any other benefits to which they may be entitled • Cooperate with child support enforcement (adults only)
Assets	<ul style="list-style-type: none"> • \$5000 or more depending on household size.
Income Limit	<ul style="list-style-type: none"> • There is no income limit, but the share of cost is based on the monthly gross income.
How to Determine the Share of Cost	<ul style="list-style-type: none"> • Take the gross monthly income, subtract \$90 for each person with earned income. Compare the amount to the Medically Needy Income Level (MNIL) from the chart. The remainder is the share of cost.
Limitations	<ul style="list-style-type: none"> • Medicaid may not cover medical bills that are used to meet the share of cost and the health care provider must accept Medicaid
How to apply	<ul style="list-style-type: none"> • By submitting an application to the DCF by internet, fax, mail, or in person. Click here to find the application or the Service Center Locations nearest you: http://www.dcf.state.fl.us/ess/ .

Medicaid and Child Support:

Parent(s) or caretaker(s) who wish to receive Medicaid for themselves must cooperate with Child Support Enforcement (CSE), unless good cause exists. CSE staff determine good cause.

There is no requirement to cooperate with CSE for child only Medicaid, but the parent or caretaker may request CSE services for a child who is Medicaid eligible.

Pregnant women who apply for Medicaid for the pregnancy only will not be required to cooperate with CSE during their pregnancy and postpartum period. To continue to get Medicaid after the pregnancy ends, she must cooperate if the baby's father does not live in the home with the child.

Emergency Medical Assistance for Aliens (EMA):

Noncitizens who meet all the 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 apply and provide verifications when asked. A social security number is not required.

Before Medicaid is authorized, applicants must provide proof from a medical professional stating the treatment was due to an emergency condition and the dates of the emergency. Medicaid can be approved only for the dates of the emergency.

Noncitizens in the United States for a temporary reason, such as tourists or those traveling for business, are not eligible for Emergency Medical Assistance (EMA), or any other Medicaid benefits.

Information about Social Security Numbers (SSN) and Non-Citizenship Status:

Individuals applying for Medicaid must give us their Social Security number (SSN). If you do not have one, we can help you apply for one. People who are not applying for benefits for themselves or those only applying for emergency Medicaid are not required to provide an SSN or proof of immigration status.

Noncitizens who are applying for benefits will have their immigration status verified with the U.S. Citizenship and Immigration Service (USCIS), formerly known as the INS. We will not tell USCIS about the immigration status of those living in your household who are not applying for benefits.

The Social Security Numbers you give us will be matched with data from the Social Security Administration (SSA) to make sure the number belongs to the individual. We also use the SSN to verify the income and assets of household members.

Receiving Medicaid or KidCare benefits will not affect you or your family members' immigration status or your or your family members' ability to get a "green card". Information about a parent's immigration status is not needed to apply for children's Medicaid.

Medicaid Comparison Chart

Here is a comparison of eligibility requirements for Family Medicaid, Medicaid for pregnant women and children, and Medically Needy programs.

Basic Criteria	Family Medicaid	Medicaid For Pregnant Women/Children	Medically Needy
Florida Residency	Yes	Yes	Yes
US Citizen/ Qualified Alien	Yes	Yes	Yes
Social Security Number	Yes	Yes	Yes
Must have a child/unborn in the home	Yes	Yes	Yes
Child must live with adult	Yes	Yes	Yes
Verification if pregnant	No	Yes	Yes
Assign rights to third party pmts.	Yes	Yes	Yes
Child Support (CSE) Cooperation	Yes (adults)	No	No, if pregnant Yes (adults)
Work registration	No	No	No
Income Levels	TCA payment standard	% of Federal Poverty Level	Medically Needy Income Level
Asset Limits	\$2,000	N/A	\$5,000+

Family – Related Medicaid Income & Asset Limit Chart

Family Size	Children and Pregnant Women Income Limits				Family Medicaid & Medically Needy		Asset Limits		
	100% Ages	133% Ages	185% Pregnant Women	200% Ages	Poverty Level	Income Level	Children & PW	Family Medicaid	Medically Needy
	6-18	1-5		Under 1					
1	867	1,153	1,604	1,734	867	180	NONE	2,000	5,000
2	1,167	1,552	2,159	2,334	1,167	241	NONE	2,000	6,000
3	1,467	1,951	2,714	2,934	1,467	303	NONE	2,000	6,000
4	1,767	2,350	3,269	3,534	1,767	364	NONE	2,000	6,500
5	2,067	2,749	3,824	4,134	2,067	426	NONE	2,000	7,000
6	2,367	3,148	4,379	4,734	2,367	487	NONE	2,000	7,500
7	2,667	3,547	4,934	5,334	2,667	549	NONE	2,000	8,000
8	2,967	3,946	5,489	5,934	2,967	610	NONE	2,000	8,500
9	3,267	4,345	6,044	6,534	3,267	671	NONE	2,000	9,000
10	3,567	4,744	6,599	7,134	3,567	733	NONE	2,000	9,500
11	3,867	5,143	7,154	7,734	3,867	795	NONE	2,000	10,000
12	4,167	5,542	7,709	8,334	4,167	857	NONE	2,000	10,500
13	4,467	5,941	8,264	8,934	4,467	919	NONE	2,000	11,000
14	4,767	6,340	8,819	9,534	4,767	981	NONE	2,000	11,500
15	5,067	6,739	9,374	10,134	5,067	1,043	NONE	2,000	12,000
16	5,367	7,138	9,929	10,734	5,367	1,105	NONE	2,000	12,500
17	5,667	7,537	10,484	11,334	5,667	1,167	NONE	2,000	13,000
18	5,967	7,936	11,039	11,934	5,967	1,229	NONE	2,000	13,500
19	6,267	8,335	11,594	12,534	6,267	1,291	NONE	2,000	14,000
20	6,567	8,734	12,149	13,134	6,567	1,353	NONE	2,000	14,500
21	6,867	9,133	12,704	13,734	6,867	1,415	NONE	2,000	15,000
22	7,167	9,532	13,259	14,334	7,167	1,477	NONE	2,000	15,500
23	7,467	9,931	13,814	14,934	7,467	1,539	NONE	2,000	16,000
24	7,767	10,330	14,369	15,534	7,767	1,601	NONE	2,000	16,500
Add. Person	+300	+399	+555	+600	+300	+62	NONE	SAME	+500
Effective Date	March 2008	March 2008	March 2008	March 2008	March 2008	April 1992			April 1992