

FAMILY-RELATED MEDICAID PROGRAM FACT SHEET



Updated April 2024

The Department of Children and Families (DCF) determines eligibility for public assistance programs. Federal regulations and the Florida Statutes and Florida Administrative Code 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.

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

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

- For more information about food assistance: <https://www.myflfamilies.com/services/public-assistance/supplemental-nutrition-assistance-program-snap>
- For more information about temporary cash assistance: <https://www.myflfamilies.com/services/public-assistance/temporary-cash-assistance>
- For more information about Medicaid for aged and disabled: <https://www.myflfamilies.com/medicaid>

What is Medicaid?

Medicaid is a federal and state program that provides medical assistance to individuals based on technical and financial eligibility factors as defined in the Economic Self Sufficiency (ESS) policy manual: <https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-program-manual>. “Family-Related Medicaid” is Medicaid provided to children, parents and other caretakers, pregnant women, and individuals under age 26 who were enrolled in Medicaid when they aged out of foster care.

In contrast, “SSI-Related Medicaid” is Medicaid provided to needy individuals who are aged, blind, or disabled in the community or with special living arrangements. More information on “SSI-Related Medicaid” programs can be found at: www.myflfamilies.com/ssimedicaid

To be eligible for Family-Related Medicaid, individuals must meet the technical eligibility factors and income test for a coverage group. The Family-Related Medicaid Income Limit chart is located at: https://www.myflfamilies.com/sites/default/files/2025-05/Appendix_A-7-Family-Related_Medicaid_Income_Limit_Chart.pdf

Who Can Be Covered by Family-Related Medicaid?

Individuals potentially eligible for Family-Related Medicaid include the following “coverage groups”:

- Pregnant Women
- Parents and other Caretaker Relatives
- Children under age 19
- Children ages 19 and 20
- Former Foster Care Children ages 18 through 25
- Family Planning-Medicaid for women ages 14 through 55

Family-Related Medicaid Coverage Groups

Pregnant Women

Medicaid is provided for the pregnant woman during her pregnancy and for a twelve-month post-partum period.

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

Limited Medicaid benefits are 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.

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 under age 19 who become ineligible for Medicaid may remain on Medicaid for up to twelve months after their last eligibility review.

Children Ages 19 and 20 – Medicaid may be provided to individuals who are 19 and 20 years old who are unmarried or whose marriage was annulled. This includes children living with non-relatives or living independently.

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

Presumptive Eligibility

Presumptive Eligibility by Hospitals – Qualified hospital providers may make presumptive eligibility determinations based on federal and state law 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 when 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, whichever is earlier.

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 9.

Medically Needy Program

Coverage under the Medically Needy Program is for individuals whose income is too high to qualify for Medicaid.

Individuals enrolled in the Medically Needy Program are responsible for 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.

Submit any allowable unpaid or paid medical expenses to DCF to determine if the share of cost has been met. Once the allowable medical expenses equal the share of cost, the individual is eligible for Medicaid for the rest of that month. Individuals are encouraged to upload medical bills via their MyAccess account, <https://myaccess.myflfamilies.com/>. Individuals may also fax their medical bills or drop them off at their local Family Resource Center (FRC): <https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/FRC>.

The Medically Needy Brochure can be found on AHCA’s website at: https://ahca.myflorida.com/medicaid/pdffiles/Publications/MEDICALLY_NEEDY_2015_ENGLISH.pdf

Emergency Medical Assistance for Noncitizens

Noncitizens who meet all Medicaid eligibility factors 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.

Common Eligibility Factors 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 have aged out of foster care. The information below provides basic eligibility factors and links to the ESS Program Policy Manual.

- **Citizenship Status** – must be a U.S. Citizen or a qualified non-citizen.
Note: There may be a waiting period for non-citizens admitted to the U.S. with a qualified status on or after August 22, 1996.
 - Technical Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1430.pdf>
- **Identity** – must provide proof of identity.
 - Technical Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1430.pdf>
- **Residency** – must be a Florida resident.
 - Technical Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1430.pdf>
- **Social Security Number** – must have a social security number or apply for one.
 - Technical Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1430.pdf>
- **File for Other Benefits** – must apply for other benefits to which they may be eligible. (i.e., pensions, Social Security and Medicare.)
 - Technical Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1430.pdf>
- **Cooperation with Child Support** – must agree to after application is submitted and participate during the eligibility process.
 - Technical Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1430.pdf>
- **Report Third Party Liability** – examples include health insurance or payments by another party.
 - Technical Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1430.pdf>
- **Income** – must not exceed income limits (examples of income include wages, salary, commission, or self-employment).
 - Income Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1830%20Final.pdf>
- **Unearned Income** – examples include Unemployment Compensation and Social Security benefits.
 - Income Factors: <https://www.myflfamilies.com/sites/default/files/2023-05/1830%20Final.pdf>

Most eligibility factors may be verified electronically via the Federal Data Services Hub (FDSH). Self-attestation is accepted for many eligibility factors; however, a reasonable explanation and/or documentation may be requested.

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:
https://www.myflfamilies.com/sites/default/files/2025-05/Appendix_A-7-Family-Related_Medicaid_Income_Limit_Chart.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 but who otherwise meet other eligibility factors will be enrolled in the Medically Needy Program. Individuals enrolled in the Medically Needy Program, who do not qualify for full Medicaid, may be referred to the Federally Facilitated Marketplace (FFM) or Children's Health Insurance Program (CHIP). See page 10 for additional information on the FFM and CHIP.

How Do I Apply?

Individuals may apply for Medicaid:

- Online at the DCF/ACCESS Florida website at: <https://myaccess.myflfamilies.com/>
- On-site at a DCF/ESS Family Resource Center (FRC). You can locate an FRC at: <https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/FRC>
- On-site through a member of the DCF Community Partner Network. Community partners are listed at: <https://access-web.dcf.state.fl.us/CPSLookup/search.aspx>
- By submitting a paper application. Paper applications may be requested by calling 850-300-4DCF (4323), and submitting it in person, by mail or fax. Family Resource Center locations and fax numbers can be found at: <https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/FRC>
- By completing a Telephonic Application. Requests for telephone applications may be requested by calling the Customer Contact Center (CCC), 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: <https://myaccess.myflfamilies.com>. 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 documents
- View the share of cost amount if enrolled in the Medically Needy Program
- Print a temporary Medicaid card
- Report a change

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).

What's Next?

Medicaid coverage is authorized for 12 months at a time. To continue receiving coverage, a renewal must be completed annually. Applicants and recipients must 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

The ESS Partner Network

The ESS Partner Network allows coordination and communication between partner and government agencies, community organizations and other entities. Agencies, organizations, and entities may contact their corresponding Regional ESS Partner Network Consultants to assist with inquiries about the ACCESS Program or to become a community partner. These Regional ESS Partner Network Consultants act as a point of contact for the ACCESS Program and provides training and other informational program links and forms.

To inquire about the ESS Partner Network contacts, please contact us at:

HQW.ESS.Partner@myflfamilies.com.

What 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, including questions regarding coverages, service limitations and billing, please visit the website for Recipient and Provider Assistance at: <https://www.ahca.myflorida.com/medicaid/Operations/assistance/index.shtml>

AHCA contracts with a Medicaid Choice Counseling vendor 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:

https://www.ahca.myflorida.com/medicaid/Operations/managed_care_recipients/index.shtml

Individuals 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.

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: <https://myaccess.myflfamilies.com/>

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: <https://www.hrsa.gov/get-health-care>

Other Medical Options

If you are not eligible for Medicaid, then the following options might provide you and your family with health care coverage:

Florida KidCare (CHIP)



If you have children under 18 and your child no longer qualifies for Medicaid, Florida KidCare is a low-cost option to keep your children covered with high-quality health and dental insurance. We will automatically share your information with Florida KidCare (floridakidcare.org) and they will send you a letter about how to sign up. Many families pay just \$15 or \$20 a month to cover all qualifying children in the household. Keep an eye out for a notice from Florida KidCare.

Federally Subsidized Health Programs



Healthcare.gov provides health insurance, including low-cost subsidized income-based plans. You can also contact their call center at 1-800-318-2596 (TTY: 1-855-889-4325). You can start your application now to obtain coverage as soon as possible. Answer “Yes” when asked if anyone has been found not eligible or had coverage terminated for Medicaid or Children’s Health Insurance in the last 90 days.

Healthcare Navigators



Healthcare Navigators provide free services to individuals who need help to find the best health insurance options within the Federal Marketplace. The Florida Chief Financial Officer provides a list of Florida-registered and federally certified Navigators at myfloridacfo.com. You can contact these organizations directly at any time.



The Florida Chief Financial Officer webpage also provides a resource guide on Health Insurance and HMO Overview at myfloridacfo.com.

Federally Qualified Health Centers (FQHCs) and Look-Alikes (LALs)



FQHCs are not insurance but health care providers who provide medical care for clients with limited or no health insurance. Services are offered on a sliding scale based on income. You can locate FQHCs and LALs by State at data.hrsa.gov.

Commercial Coverage



Provides health care coverage (including employer sponsored or private) for a monthly fee, and coordinate care for clients through a defined network of physicians and hospitals. The Florida Chief Financial Officer’s website provides guidance on purchasing insurance at myfloridacfo.com.