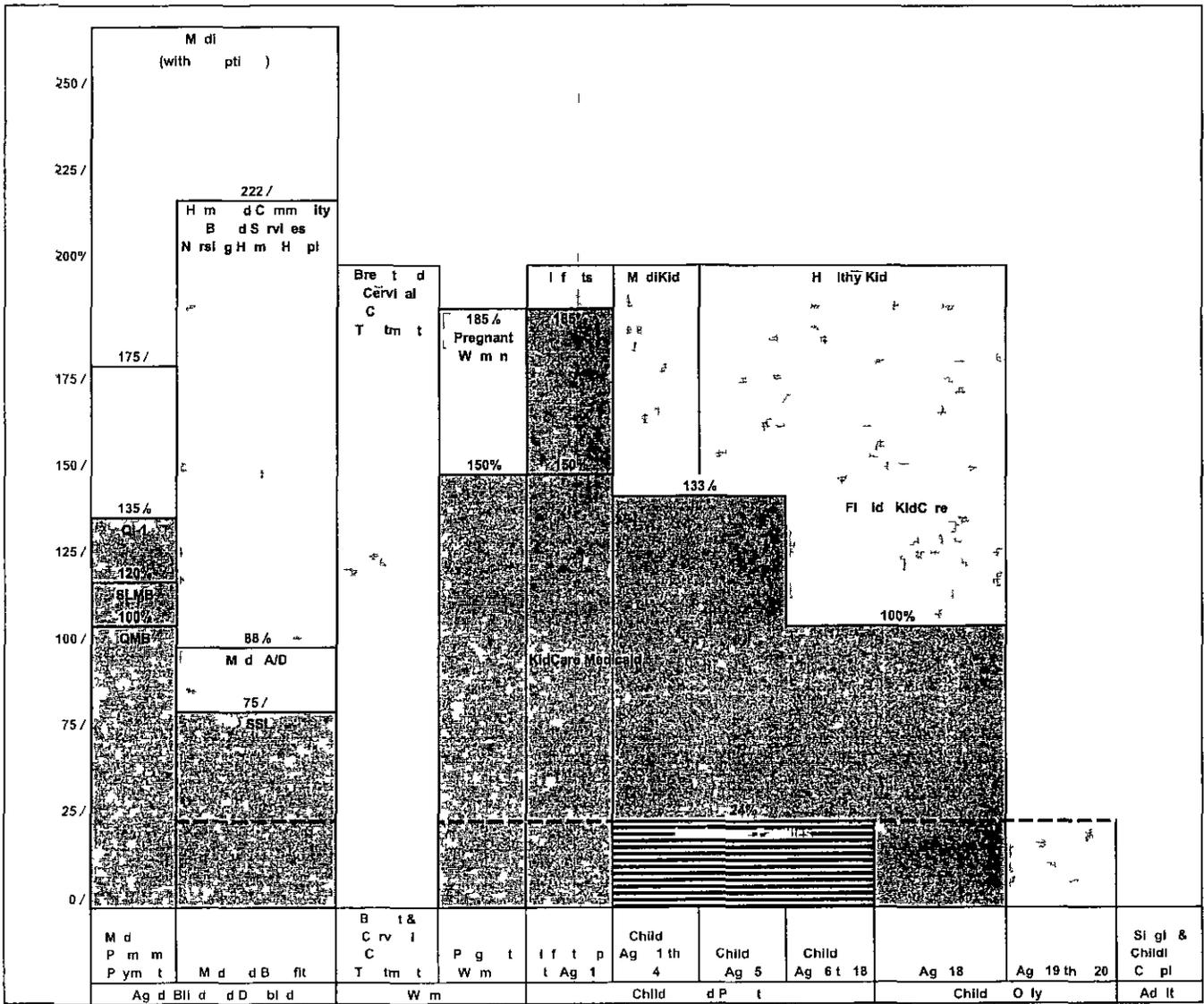


# Medicaid Eligibility Guidelines

Month 6  
 File # 105



## 2004 Federal Poverty Guidelines

-  Mandatory Medicaid coverage (entitlement)
-  Mandatory Medicaid coverage for low income families using 1996 AFDC income standard (entitlement)
-  Optional Medicaid coverage (entitlement)
-  Federal Medicare coverage (entitlement)
-  Optional child insurance coverage (non entitlement)
-  Optional Medically Needy income spend down level (entitlement)

Family Size	Monthly Income
1	\$776
2	\$1 041
3	\$1 306
4	\$1 571
5	\$1 836
6	\$2 101
7	\$2 366
8	\$2 631
Each Additional	\$265

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## Medicaid Eligibility Guidelines

### Medicare Premium Payments

**QMB** Provides payment for Medicare premium payments coinsurance and deductibles for certain individuals who are enrolled or conditionally enrolled in Medicare Part A and who have income not exceeding 100% of the poverty level

**SLMB** Provides Medicaid payment for Part B Medicare premiums for certain individuals who are either enrolled or conditionally enrolled in Medicare Part A and have incomes above 100% but not exceeding 120% of the poverty level

**QI 1** Provides full payment for Medicare Part B premium for individuals entitled to Part A of Medicare who have income above 120% but less than 135% of the poverty level

**Supplemental Security Income (SSI)** Persons who are aged (65+) blind or disabled and have incomes below 73.6% of the poverty level are eligible for mandatory Medicaid benefits

**Meds AD** Optional program providing Medicaid coverage for persons who meet the technical requirements for SSI (aged/blind/disabled) who have incomes up to 88% of the poverty level

**Home & Community Based Services (HCBS)/Nursing Home/Hospice** Medicaid services provided to aged/blind/disabled persons up to 222% of the poverty level. Because HCBS services are provided through a waiver persons served can be limited

**Breast & Cervical Cancer Coverage (B&CC)** Optional program providing Medicaid coverage for treatment of breast and cervical cancer for uninsured women (under age 65) up to 200% of the poverty level who have been screened through the Breast & Cervical Cancer Detection Program operated by the Department of Health

**Pregnant Women /Newborns** Pregnant women and infants up to 1 year are mandatory eligible for Medicaid up to 150% of the poverty level. Due to Title XXI Maintenance of Effort requirements infants up to 1 year are essentially a mandatory group up to 185% FPL. Optional Medicaid coverage is provided for pregnant women from 150-185% FPL. Infants optional coverage is 185-200% of the poverty level

**KidCare Medicaid** Provides mandatory Medicaid coverage for children ages 1 to 6 up to 133% of the poverty level and children age 6 to 19 up to 100% of the poverty level

**Low Income Families** For families whose income is below TANF (Temporary Assistance for Needy Families) standards children up to age 18 and their parents and children up to age 21 are eligible for Medicaid coverage

**Florida KidCare** KidCare includes MediKids (ages 1 thru 4) and Healthy Kids (ages 5 to 19) an optional federal program offering comprehensive health insurance coverage for children above the mandatory Medicaid level for a monthly premium of \$15/family (eff 1/1/04 \$15/family up to 150% FPL \$20/family above 150% FPL)

**Medically Needy** Optional program providing Medicaid coverage for persons of any income level whose medical expenses reduce their income below the TANF level (24%) provided that they are otherwise eligible for Medicaid

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## General Information About Medicaid

Medicaid is a program that provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program. Medicaid services in Florida are administered by the [Agency for Health Care Administration](#).

Medicaid eligibility in Florida is determined either by the Department of Children and Families (DCF) or the Social Security Administration.

DCF determines Medicaid eligibility for

- Low income families with children
- Children only
- Pregnant women
- Non citizens with medical emergencies
- Aged and/or disabled individuals not currently receiving Supplemental Security Income (SSI)

## Medicaid for Low Income Families With Children

The State of Florida has several programs designed to provide Medicaid to parents or specified relatives and children in low income families. Specified relatives include grandparents, aunts, uncles, first cousins and others who are within the fifth degree of relationship to the child.

Children up to age 18 and their parents or specified relatives may be eligible for Medicaid if countable income does not exceed the income limits and countable assets are not above \$2,000.

- Individuals that are receiving Temporary Cash Assistance (TCA) are eligible for Medicaid.
- Individuals that are eligible for TCA but choose not to receive it may still be eligible for Medicaid.
- Families that lose Medicaid eligibility due to earned income may be eligible for up to 12 additional months of Medicaid if they meet certain requirements.
- Families that lose Medicaid eligibility due to child support or alimony may be eligible for 4 additional months of Medicaid.

Additional information about Medicaid for low income families is available in the [Family Related Medicaid Fact Sheet](#).

Information regarding the income and asset limits for Medicaid for low income families and children can be found on the [Family Related Medicaid Income/Asset Limits](#).

## Medicaid for Children

The State of Florida has several programs designed to provide Medicaid for children only. The income limits for most of these programs vary based on the age of the child. Only the income of the child and parent(s) is counted when determining the child's eligibility.

Families that wish to apply for Medicaid just for their children may do so through the KidCare program. The KidCare application can be mailed in and does not require an interview with DCF. Children who do not qualify for Medicaid may be eligible for other KidCare coverage if income is less than 200% of the Federal Poverty Level and will be referred to Florida Healthy Kids for this determination. To apply for KidCare, click

here to visit their web site [KidCare](#)

**Medicaid for Pregnant Women**

The State of Florida has several programs designed to provide Medicaid for pregnant women. When determining eligibility for pregnant women, the unborn child is always counted when looking at the income limit for the family. Women that are found eligible for Medicaid remain eligible throughout the pregnancy and for the two months following the birth of the child, as long as the mother remains a resident of Florida. The baby will automatically receive the first year of Medicaid.

For more information, please see the [Family Related Medicaid Factsheet](#) (Page 10)

**There are three ways to apply**

**1 Presumptively Eligible Pregnant Women (PEPW)** A temporary coverage for prenatal care only. For more information, please see the [Family Related Medicaid Factsheet](#) (Page 9)

**2 Simplified Eligibility for Pregnant Women (SEPW)** A simplified, full coverage for pregnant women only. To apply, please complete the one-page application linked below. Print the application and mail, fax, or return it in person to the nearest ACCESS office. ([English](#)) ([Spanish](#)) ([Creole](#))

**3 ACCESS application** This is an application for regular Medicaid, including children, cash assistance, and/or food stamps. Please visit this link to begin: <http://www.myflorida.com/accessflorida/>

Women over the income limit for Medicaid may qualify for the Medically Needy Program. For more information, see the [Family Related Medicaid Factsheet](#) (Page 12)

For pregnant women who do not meet the citizenship requirements for Medicaid, see the information below about Emergency Medicaid for Aliens.

**Emergency Medical Assistance For Non Citizens**

Non citizens that would be Medicaid eligible on all factors other than their citizenship status may be eligible for Medicaid to cover medical emergencies, including the birth of a child. Before Medicaid may be authorized, applicants must provide proof from a medical professional stating the treatment was due to an emergency condition. The proof also must include the dates of the emergency. Non citizens that are in the United States for a temporary reason, such as tourists, students, or those traveling for business, are not eligible for Emergency Medical Assistance.

**Medicaid for Aged or Disabled**

The State of Florida has several programs designed to provide Medicaid to low income individuals who are either aged (65 or older) or disabled. This is referred to as SSI Related Medicaid.

Florida residents who are eligible for Supplemental Security Income from the Social Security Administration are automatically eligible for basic Medicaid coverage. There is no need to file a separate ACCESS Florida application unless nursing home services are needed.

Individuals may apply for full Medicaid coverage and other services using the online [ACCESS Florida Application](#) and submitting it electronically. If long term care services in a nursing home or community setting are needed, the individual must check the box for HCBS/Waivers or Nursing Home on the Benefit Information screen. HCBS/Waiver programs provide in-home or assisted living services that help prevent institutionalization.

Medicare Savings Programs (Medicare Buy In) were created to help Medicare beneficiaries with limited finances pay their Medicare premiums, and in some instances, deductibles and co-payments. Medicare Buy In provides different levels of savings depending on the amount of an individual or couple's income. Individuals may apply exclusively for Medicare Buy In by completing a [Medicaid/Medicare Buy In Application](#). The completed form must be printed and mailed or faxed to a local [Customer Service Center](#).

Individuals eligible for full Medicaid or a Medicare Savings Program are automatically enrolled in Social

Security's Extra Help with Part D (Low Income Subsidy) benefit for the remainder of the year. An individual may also apply directly with Social Security for the Medicare Extra Help Program.

More information about Medicaid programs for aged or disabled individuals is available in the SSI Related Fact Sheets. Income and asset limits for Medicaid for aged or disabled individuals may be found on the SSI Related Programs Financial Eligibility Standards.

**Medically Needy**

Individuals that are not eligible for Medicaid because their income or assets exceed the Medicaid program limits may qualify for the Medically Needy program. Individuals enrolled in Medically Needy must incur a certain amount of medical bills each month before Medicaid can be approved. This is referred to as a share of cost, and it varies depending on the household's size and income. Once an individual incurs enough medical bills to meet the share of cost for the month, the individual should contact DCF to complete bill tracking and approve Medicaid for the remainder of the month. Information about this program can be found in the Medically Needy Brochure.

**Medicaid Cards**

Medicaid cards are issued for each individual who is eligible for Medicaid. The Medicaid card should be presented to medical providers when medical care is being requested. The providers verify current eligibility and bill Medicaid directly for the cost of care. Further information on Medicaid services is available from the Agency for Health Care Administration.