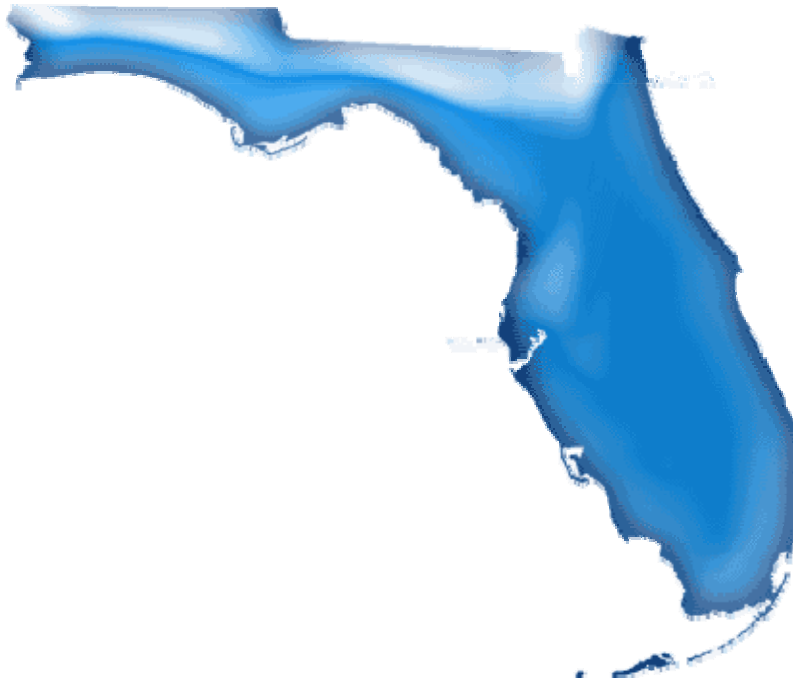


FAMILY-RELATED MEDICAID PROGRAMS FACT SHEET



April 2012



The Family-Related Medicaid Programs Fact Sheet is intended to provide general information. Specific eligibility policy is contained in statute or administrative rule.

Overview of General Eligibility Requirements for Family-Related Medicaid

The Department of Children and Families determines eligibility for Medicaid. Medicaid applications must be approved or denied within 45 days from the date the application is received and all factors of eligibility are verified. Medicaid may be authorized for up to three months prior to the date of application provided an applicant has an unpaid medical bill for one or more of the three months preceding the application. This is known as retroactive Medicaid. The web application is available on the following link:

<http://www.myflorida.com/accessflorida/>

Customers may request that a paper application be mailed to them through the Automated Response Unit at 1-866-762-2237.

Applicants for Medicaid must be US citizens or Qualified Aliens, must be Florida residents, must provide Social Security Numbers and proof of identity. Applicants for Medicaid must also file for all benefits to which they may be entitled including pensions, Social Security and Medicare, and must cooperate with Child Support Enforcement. Earned income from wages and self-employment as well as unearned income from alimony, child support, Unemployment Compensation and some Social Security benefits and Veterans Pensions are included in the benefit determination. Assets including bank accounts, business inventory, stocks, mutual funds, bonds, vehicles and real property may be included in the benefit calculation depending upon the coverage group. In all cases, homestead property is exempt.

Many factors of eligibility may be verified electronically via data exchanges, however documentation may be requested in order to clarify questionable factors or to complete the eligibility determination. Review periods for Medicaid are generally for one year. Applicants and recipients have a duty to report changes which may affect their eligibility for benefits within 10 days. Some examples of the factors affecting eligibility include the birth of a child, the receipt of new earnings or the termination of employment, the arrival or departure of members of the assistance group, changes of address, or a move out of state. Changes and reviews may be submitted via My ACCESS Account. You may register for My ACCESS Account on the following link once you receive your case number:

<https://myaccessaccount.dcf.state.fl.us/Register/Register1.aspx>

Descriptions of family-related coverage groups that are available and the eligibility requirements specific to each will be discussed on the following pages.

Coverage for Pregnant Women

Presumptive Eligibility for Pregnant Women (PEPW) - PEPW provides temporary Medicaid to provide pregnant women immediate access to prenatal care. County Health Departments, Regional Perinatal Intensive Care Centers (RPICC), Federally Qualified Health Centers, Maternal and Infant Care Projects and Children's Medical Services units all determine eligibility for PEPW and concurrently submit an application for Simplified Eligibility for Pregnant Women to DCF. All pregnant women with family income less than or equal to 185% of the Federal Poverty Level may be eligible for coverage. There is no asset limit and citizenship/alien status is **not** a factor of eligibility. The presumptive period begins with the date the eligibility determination is completed by the Qualified Designated Provider (QDP) and extends for an additional two months while DCF makes a determination of eligibility for ongoing Medicaid. PEPW covers outpatient prenatal care only.

Simplified Eligibility for Pregnant Women (SEPW) - SEPW provides full Medicaid coverage for pregnant women. Eligibility is determined for the pregnant woman only and does not consider the potential eligibility of other household members or eligibility for other programs. All pregnant women with family income at or below 185% of the Federal Poverty Level may be eligible. There is no asset limit for coverage. The pregnancy must be verified. Coverage extends through delivery and two post-partum months. Pregnant women with income above 185% may be enrolled in Medically Needy with a share of cost.

Presumptive Eligibility for Newborns - A child born to a mother who is Medicaid eligible on the date of the infant's birth remains Medicaid eligible for up to thirteen months from his or her date of birth.

Note: If you are a current Medicaid recipient and you become pregnant, your existing plan will cover pregnancy services. You may submit a change report through My ACCESS Account to notify us about your pregnancy:

<http://www.myflorida.com/accessflorida/>

Coverage for Families

Medicaid under this category is based on Section 1931 of the Social Security Act and is closely related to Temporary Cash Assistance (TCA) policy.

Low income families (with one or two parents) may be eligible for Medicaid. Parents must have at least one child that meets all technical factors of eligibility or be pregnant in order to receive Medicaid themselves. Relatives within the specified degree of relationship, including siblings, first cousins, nephews, nieces, aunts, uncles, grandparents, and individuals of preceding generations as denoted by prefixes of great, great-great, who care for minor children, may choose to receive Medicaid along with the child(ren) if they meet the program's eligibility requirements.

There is a \$2000 asset limit and family income must be less than the income limit for Temporary Cash Assistance after allowable deductions. This is known as 1931 Medicaid or payment standard Medicaid.

Coverage under this group may include the following:

- Individuals who are receiving Temporary Cash Assistance (TCA).
- Extended Medicaid is available to TCA recipients who lose eligibility for cash payment due to increased child support collections or increased earnings for four or twelve months, respectively.
- TCA recipients who refuse to participate in work activities.
- Individuals who are eligible for but choose not to receive TCA.
- Unemployed or Underemployed Parents and their children up to the age of 18. For intact families, at least one child must be a mutual child.
- Relative caretakers and children under 18.
- Pregnant women with or without other children.

In general, families whose income or assets exceed the limits for 1931 Medicaid will be enrolled in Medically Needy unless a more advantageous coverage group exists. There are a number of coverage groups for children with higher income and no asset limits.

Coverage for Children

Children 18 to 21 Years Old - Once the last child in the family turns 18 years of age, the parent(s) or caretaker relative loses his or her eligibility for coverage in Family Medicaid. Family income for the 18 to 21 year old must be below the payment standard and coverage is for the child only.

Children Under 19 Living with Non-relatives - A non-relative may be a representative of an orphanage, a private adoption agency, or group home that is not state funded or may be a relative that is not within the specified degree of relationship to the child. Coverage is for the child only and only the child's income and assets are considered. This is a payment standard coverage group.

The following are other coverage groups for children. These coverage groups are also known as **KidCare Medicaid**:

- Children under age 1 with household income less than 200% of FPL.
- Children ages 1 through 5 with household income less than 133% FPL.
- Children ages 6 to 19 with household income less than 100% FPL.

There is no asset limit for KidCare Medicaid. Eligibility for children under these coverage groups may be established with a parent or caretaker relative through the ACCESS web application or for the child(ren) only through the KidCare Program. KidCare applicants are not required to cooperate with Child Support Enforcement as a condition of eligibility for child-only Medicaid.

Continuous Medicaid Eligibility - Children under age 5 who become ineligible for Medicaid for any reason, may remain on Medicaid for up to twelve months from the last application. Children age 5 to 19 receive a minimum of 6 months of continuous coverage.

Children who do not qualify for Medicaid under any of these coverage groups may receive premium assistance through KidCare or Florida Healthy Kids. The Children's Medical Services Network serves children with special health needs. To apply for premium assistance or for more information regarding KidCare, Florida Healthy Kids or the Children's Medical Services Network, visit the following websites:

MediKids: 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. This program is administered by KidCare. <http://floridakidcare.org/>

Florida Healthy Kids: 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. The household is responsible to pay the monthly premium. <https://www.healthykids.org/>

Children's Medical Services Network: 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. <http://www.cms-kids.com/families/families.html>

Medically Needy

The Medically Needy program helps families or pregnant women who would qualify for Medicaid except for having income and/or assets that are too high. Gross income is used to determine the share of cost. Your share of cost may be estimated or actual. If share of cost is estimated, income must be verified before Medicaid is authorized.

Individuals enrolled in Medically Needy may have a “share of cost” (which is like an insurance deductible) and the amount varies depending on the family’s size and income. Paid and/or unpaid medical bills must be given to us before we can see if your share of cost has been met. Medicaid cards are not issued to individuals who have a share of cost. Proof of eligibility will be made available on My ACCESS Account once outstanding medical bills are tracked:

<http://www.myflorida.com/accessflorida/>

Allowable medical expenses must be unpaid and still owed, paid during the month for which bills are being tracked or one of the three preceding months and not subject to payment by a third party. Once an unpaid bill is used to meet share of cost, it cannot be used to meet share of cost in another month. Any portion of a bill that is paid by Medicare or other private health insurance cannot be used to meet share of cost.

Bills are tracked according to date of service. Medicaid is authorized from the day of the month in which share of cost is met through the end of the month. Any outstanding medical bills must be faxed to the local case maintenance unit for tracking.

Example: The Smith family consists of Jon & Mary and their two children, Peter & Melissa. Peter & Melissa have full Medicaid coverage. John & Mary are enrolled in Medically Needy with a share of cost of \$1200. They have no other insurance. On April 2, Mary picks up her prescriptions at the pharmacy. The total cost of the prescriptions are \$50 which she pays out of pocket. On April 15, Mary fell down the porch steps and broke her arm. Jon takes her to the urgent care center. The total cost of services for the visit is \$1150. Jon faxes the medical bills to the local case maintenance unit. The bills are tracked as follows:

4/2: \$50 prescriptions (paid)

4/15: \$1150 Urgent Care services (unpaid)

Mary and John’s Medicaid is authorized beginning April 15, the date their share of cost is met, and coverage ends April 30.

Emergency Medical Assistance for Aliens

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 application and provide verifications when asked. A social security number or cooperation with Child Support Enforcement 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. There is no post-partum coverage.

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

Information about your Medicaid Benefits

The Agency for Health Care Administration administers Medicaid services in Florida. To obtain information regarding Medicaid services and providers in your area, or for questions regarding claims or billing, please contact your Area Medicaid Office by clicking on the link below:

<http://ahca.myflorida.com/Medicaid/index.shtml#10>

The Agency for Health Care Administration 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 in understanding the differences in plan benefits. For more information regarding Medicaid Options or Choice Counseling click on the following link:

http://ahca.myflorida.com/mchq/managed_health_care/MHMO/med_con.shtml

The Department of Children & Families replaces Medicaid cards for all Medicaid recipients including individuals who receive SSI benefits. To report a lost or stolen Medicaid card, SSI recipients may contact **1-866-762-2237**. Customers who receive Medicaid through DCF may request replacement Medicaid cards through their My ACCESS Account:

<https://myaccessaccount.dcf.state.fl.us/Login.aspx>

For information about or to apply for programs available through the Social Security Administration (retirement, disability insurance, Supplemental Security Income, Extra Help with Medicare Prescription Drug Plan costs), call the Social Security Administration at **1-800-772-1213** or visit the SSA Website on-line 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 on-line 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, enter your zip code on the following link:

<http://www.hrsa.gov/index.html>

Family-Related Medicaid Income & Asset Limit Chart

Family Size	MEDS for Children & Pregnant Women (PW) - Income Limits				Family Medicaid (1931) & Medically Needy		Asset Limits		
	100% Ages 6-19	133% Ages 1-5	185% PEPW PW	200% Ages <1	CNS	Income Level	MEDS	Family Medicaid (1931)	Medically Needy
1	931	1,239	1,723	1,862	931	180	NONE	2,000	5,000
2	1,261	1,677	2,333	2,522	1,261	241	NONE	2,000	6,000
3	1,591	2,116	2,944	3,182	1,591	303	NONE	2,000	6,000
4	1,921	2,555	3,554	3,842	1,921	364	NONE	2,000	6,500
5	2,251	2,994	4,165	4,502	2,251	426	NONE	2,000	7,000
6	2,581	3,433	4,775	5,162	2,581	487	NONE	2,000	7,500
7	2,911	3,872	5,386	5,822	2,911	549	NONE	2,000	8,000
8	3,241	4,311	5,996	6,482	3,241	610	NONE	2,000	8,500
9	3,571	4,750	6,607	7,142	3,571	671	NONE	2,000	9,000
10	3,901	5,189	7,217	7,802	3,901	733	NONE	2,000	9,500
11	4,231	5,628	7,828	8,462	4,231	795	NONE	2,000	10,000
12	4,561	6,066	8,438	9,122	4,561	857	NONE	2,000	10,500
13	4,891	6,505	9,049	9,782	4,891	919	NONE	2,000	11,000
14	5,221	6,944	9,659	10,442	5,221	981	NONE	2,000	11,500
15	5,551	7,383	10,270	11,102	5,551	1,043	NONE	2,000	12,000
16	5,881	7,822	10,880	11,762	5,881	1,105	NONE	2,000	12,500
17	6,211	8,261	11,491	12,422	6,211	1,167	NONE	2,000	13,000
18	6,541	8,700	12,101	13,082	6,541	1,229	NONE	2,000	13,500
19	6,871	9,139	12,712	13,742	6,871	1,291	NONE	2,000	14,000
20	7,201	9,578	13,322	14,402	7,201	1,353	NONE	2,000	14,500
21	7,531	10,017	13,933	15,062	7,531	1,415	NONE	2,000	15,000
22	7,861	10,455	14,543	15,722	7,861	1,477	NONE	2,000	15,500
23	8,191	10,894	15,154	16,382	8,191	1,539	NONE	2,000	16,000
24	8,521	11,333	15,764	17,042	8,521	1,601	NONE	2,000	16,500
Additional Person	+330	+439	+611	+660	+330	+62	NONE	SAME	+500
Effective Date	April 2012	April 2012	April 2012	April 2012	April 2012	April 1992			April 1992