



Department of Children and Families (DCF) Notices

This document includes sample notices being sent during the unwinding of the pandemic related continuous Medicaid coverage requirement. That requirement ended March 31, 2023. Under DCF's [Redetermination Plan](#), approximately 4.9 million recipients will have their Medicaid eligibility reviewed over the next 12 months. The first renewal notices were sent in March 2023 and the first termination notices will be sent in April 2023.

[Notice of Eligibility Review](#) (also referred to as "Renewal Letter") AE 30

This is a template of the Notice of Case Action DCF sends to current Medicaid recipients before their redetermination period ends. The first renewal notices were sent in March 2023. Although the 2nd paragraph states that "you or your authorized representative must *reapply*," a new application is not required. Rather, the recipient must provide the information about their household so that DCF can complete a review of their eligibility. Recipients are encouraged to complete their renewal online.

[Notice of Eligibility Review: Interim Contact Letter](#) AE 25

Recipients who receive Medicaid will be sent this notice if additional information is required for determining if the individual is still eligible for Medicaid. The notice provides the recipient with the option of completing and returning an enclosed form or completing their review on ACCESS.

[Notice of Eligibility: Interim Contact Letter \(ICP; HCBS; PACE\)](#) AE 35

Recipients in the Institutional Care (nursing home) Program (ICP); Home and Community Based Services (HCBS Waiver), or Program of All-Inclusive Care for the Elderly (PACE) will be sent this notice. The notice provides the recipient with the option of completing and returning the enclosed form or completing their review on ACCESS. The notice states that the requested information is required for determining if the individual is still eligible for Medicaid.

Pending Notice AE 14

This notice informs recipients of the information still needed in order to complete their redetermination of eligibility. Although the notice also references “applications,” for the purposes of the unwind, the word “application” should be considered a renewal review—rather than a new application.

Medicaid Termination Notice¹

This sample Notice of Case Action is sent to individuals found ineligible for Medicaid, e.g. the person’s income is above the eligibility limit for the applicable coverage group . It would also be sent to individuals who fail to timely complete the renewal process.

Medicaid draft Termination Notice²

After the renewal review, those found ineligible for Medicaid or who failed to complete their renewal, will be sent a Notice of Case Action notifying the individual that Medicaid will end at the end of the month. The notice will designate which household members will be losing Medicaid benefits. In this sample notice, the reason for termination is failure to provide all the information DCF needed to redetermine eligibility. The notice further states that if they complete [their] review or return all the required information needed by the 90th day after the date Medicaid ends, DCF may be able to determine eligibility and a new application will not be necessary

MEDS-AD Termination Notice

This sample notice of termination will be sent to individuals who have been enrolled in Medicaid based on age or disability (see [Meds AD coverage category Q & A](#)) and who are being terminated from Medicaid coverage because the person is now on Medicare. It also informs the individual of their eligibility for the Qualified Medicare Beneficiary (QMB) Program and enrollment in the Medically Needy program.

¹ This sample notice was used prior to March 2020 (when the moratorium on terminations began) and in April 2023, the first month of the unwind. It is undergoing revision; a new notice is expected to be used in May 2023, see draft below.

² It is anticipated that the draft notice will be used beginning in May 2023.

[Notice of Medicaid Continuation](#)

This notice was sent to Florida Medicaid recipients during the moratorium on terminations that began in March 2020. The moratorium on disenrollments was in response to pandemic-related legislation requiring states to maintain Medicaid coverage for all enrollees throughout the Public Health Emergency (PHE). See 2023 [DCF Plan](#) for Redetermination at 3. The notice explains that the individual is still on Medicaid even though they are no longer eligible and that coverage will be continued throughout the PHE. However, as the [DCF Plan](#) notes, the continuous coverage requirement was recently delinked from the end of the PHE, and the continuous coverage requirement officially ended on March 31, 2023. DCF has indicated that these notices will no longer be sent after April 1, 2023. If you receive one of these notices after that date, you should contact DCF to clarify the status of your coverage, or the Florida Health Justice Project, help@floridahealthjustice.org.

The following are notices DCF provides to individuals who lost SSI eligibility³:

[Notice that DCF is reviewing eligibility](#)

This Notice of Case Action informs individuals who lost their SSI benefits about DCF's review of whether they are eligible for continued Medicaid under another coverage group. Individuals are informed that a new application is not needed at this time. If additional information is needed to determine eligibility, an additional letter will be sent.

[Pending Notice](#)

This Notice of Case Action informs individuals who lost their SSI benefits that DCF's review of their continued Medicaid eligibility under another group requires additional information. It includes a form that should be returned along with verification of assets, income, health or medical insurance.

[Notice of Termination](#)

This Notice of Case Action informs individuals who lost their SSI benefits that DCF's review of their continued Medicaid eligibility has been denied due to failure to complete review.

Last update 3/31/23

³ In Florida, an individual who receives Supplemental Security Income from the Social Security Administration is automatically entitled to Medicaid coverage.