



Florida Medicaid 101

November 17, 2025
Orlando, FL

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Florida Medicaid 101

Topics

Eligibility Overview



Reviewing DCF Eligibility
Determinations



Appeals



Florida Medicaid 101

Topics

Eligibility Overview





Eligibility Overview

Legal Authorities

The Medicaid Act - 42 U.S.C. ss. 1396-1396w-8

Medicaid Regulations – 42 C.F.R. ss. 400-600.715

CMS Guidance (DSMDs, SHOs, and CMS Manual)

Florida Medicaid State Plan

Florida Approved Waiver Applications

Florida Statutes – ss. 409.901-409.9855

Florida Administrative Code – Chapters 59G, 65A

DCF ESS Program Policy Manual (for eligibility)

DCF Policy Transmittals (for eligibility)

AHCA's SMMC contracts (for eligibility and services)



Eligibility Overview

Reference Tools

Center on Budget and Policy Priorities, [Beyond the Basics](#)

Florida Health Justice Project, Advocate's Guide to the Florida Medicaid Program

Florida Health Justice Project, [Florida Medicaid Appeals Toolkit](#)

National Health Law Program, [The Advocate's Guide to MAGI](#)

National Health Law Program, [The Advocate's Guide to the Medicaid Program](#) (for purchase)



Eligibility Overview

Technical Requirements

Today

- Florida Resident
- U.S. Citizenship or Qualified Alien Status:

Lawful Permanent Residents (LPR/green card holders) (after 5-year ban)
Cuban and Haitian Entrants
Individuals living in the U.S. through a Compact of Free Association (CoFA)
Refugees
Asylees
Parolee (more than 1 year)
Deportation Withheld
Certain victims of domestic violence, and specified family members
Certain victims of sex or labor trafficking, and specified family members
Certain Iraqi and Afghan nationals
Veterans/active duty military & spouse & children
ICHIA: “Lawfully residing” children under 19 (no 5-year bar)

Eligibility Overview

Technical Requirements

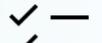
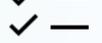
Qualified Aliens as of Oct. 2026

- LPRs (after 5-year bar)
- Cuban and Haitian entrants
- Individuals living in the United States through a Compact of Free Association (CoFA)
- ICHIA: “Lawfully residing” children under 19 (no 5-year bar)



Eligibility Overview Categories

Family-Related	“SSI-Related”
<ul style="list-style-type: none">• Children up to 19th birthday• Parents/caretakers• Pregnant women (+1 yr. post-partum)• 19 & 20 year-olds	<ul style="list-style-type: none">• Receipt of SSI (any age)• MEDS AD<ul style="list-style-type: none">-Aged (65 & over)-Blind or disabled (any age)• Hospice

 — Eligibility Overview
 — Home & Community-Based Waivers

Approved Waivers	Eligible Ages
Long-Term Care Waiver	Age 18+
Developmental Disabilities – Individual Budgeting Waiver	Age 3+
Developmental Disabilities – Managed Care Program Waiver	Age 3+
Familial Dysautonomia Waiver	Age 3+
Model Waiver - Spinocerebellar Disease	< Age 21



Eligibility Overview

Family-Related Medicaid

- Determined based upon
 - Modified Adjusted Gross Income (MAGI)
 - Less “disregards”
 - Household Size

- No asset limit





Eligibility Overview

Family-Related Medicaid

What counts as income?

Monthly gross income - Includes:

- ✓ Employment
- ✓ Social Security Disability Income (SSDI)
- ✓ Retirement Income (SSA or private)

Excludes:

- x Pre-tax deductions
- x SSI
- x Child support
- x Alimony (most)



Eligibility Overview

Family-Related Medicaid

DCF ESS Appendix A-7

Family Related Medicaid Income Limits												
Family Size	100% FPL	Adults		Pregnant Women Including Family Planning and PEPW		Infants < 1		Children			MNIL ** See Note Below	MAGI Disregard (5% of 100% FPL) *** See Note Below
		Parents, Caretakers, Children 19 & 20	Standard Disregard	185% FPL	Standard Disregard	200% FPL	Standard Disregard	1 through 5		6 through 18 *See Note Below		
								133% FPL	Standard Disregard	133% FPL		
1	1,305	180	109	2,413	79	2,609	79	1,735	92	1,735	289	66
2	1,763	241	146	3,261	106	3,525	106	2,345	124	2,345	387	89
3	2,221	303	183	4,109	134	4,442	134	2,954	156	2,954	486	112
4	2,680	364	221	4,957	161	5,359	161	3,564	188	3,564	585	134
5	3,138	426	258	5,805	189	6,275	189	4,173	220	4,173	684	157
6	3,596	487	296	6,653	216	7,192	216	4,783	252	4,783	783	180
7	4,055	549	333	7,501	244	8,109	244	5,393	284	5,393	882	203
8	4,513	610	371	8,349	271	9,025	271	6,002	316	6,002	981	226

Notes

*Children aged 6 through 18 do not receive the standard disregard. They do get the 5% MAGI disregard, if needed.

**MNIL--The Medically Needy Income Limit (MNIL) includes the appropriate standard disregard. No additional disregards should be applied to establish a share of cost (formula is Adults (Parents/Caretakers) plus Standard Disregard).

***MAGI--The 5% MAGI disregard is used in a budget only if it makes a "failing" individual "pass" a full coverage Medicaid group.

MAGI--The 5% MAGI disregard is never used in a Medically Needy budget.

Updated: 02/06/2025



Eligibility Overview

Family-Related Medicaid

2025 ESTIMATED Florida Family Related Medicaid Income Limits *

Household Size	100% FPL	100% FPL	Adults**	Pregnant Women	Infants <1	Children 1-5	Children 6-18
	Annual	Monthly					
1	\$15,650	\$1,304	\$354	196%	211%	145%	138%
2	\$21,150	\$1,763	\$475	\$2,556	\$2,752	\$1,891	\$1,800
3	\$26,650	\$2,221	\$597	\$3,455	\$3,719	\$2,556	\$2,432
4	\$32,150	\$2,679	\$719	\$4,353	\$4,686	\$3,220	\$3,065
5	\$37,650	\$3,138	\$841	\$5,251	\$5,653	\$3,885	\$3,697
6	\$43,150	\$3,596	\$963	\$6,150	\$6,620	\$4,549	\$4,330
7	\$48,650	\$4,054	\$1,085	\$7,048	\$7,587	\$5,214	\$4,962
8	\$54,150	\$4,513	\$1,207	\$7,946	\$8,554	\$5,879	\$5,595
				\$8,845	\$9,521	\$6,543	\$6,227

* This chart was prepared based on federal 2025 poverty levels and the relevant standard and MAGI disregards included in DCF's Family Related Medicaid Income Limits chart in the ESS Program Policy Manual at Appendix A-7.

** Includes parents, caregivers, and 19-20 year-olds



Eligibility Overview

SSI-Related Medicaid

Category	Eligibility Requirements
Aged	65 & over not required to be disabled
Blind	Any age
Disabled	Any age Requires determination of disability by Social Security Administration or Florida Division of Disability Determinations (Fla. Dept.of Health)
Hospice	Life expectancy 6 months or less – children still eligible for EPSDT
Institutional Care Program (ICP)/ Long-Term Care Waiver	Requires nursing home level of care



Eligibility Overview

SSI-Related Medicaid

Financial Eligibility Standards DCF ESS Appendix A-9

-Monthly income limit
-different rules than
MAGI

-Asset limits

SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: July 2025

Coverage Group SSI/FBR \$ 967-Individual	Income Limit	Asset Limit
*ICP/HCBS/Hospice- Individual (300% FBR)	\$2,901	\$2,000
*ICP/HCBS/Hospice – Couple	\$5,802	\$3,000
*HCBS/Working People w/Disabilities – Individual (WPwD) (550% FBR)	\$5,319	\$2,000 \$13,000 Disregard
*HCBS/Working People w/Disabilities – Couple (WPwD)	\$10,638	\$3,000 \$24,000 Disregard
**MEDS-AD/ICP-MEDS/Individual (88% FPL)	\$1,149	\$5,000
**MEDS-AD/ICP-MEDS/Couple	\$1,552	\$6,000
Medically Needy, MNIL-(I)	\$180	\$5,000
Medically Needy, MNIL-(C) (Subtract from gross income)	\$241	\$6,000
**Working Disabled Individual (200% FPL)	\$2,609	\$5,000
**Working Disabled Couple	\$3,525	\$6,000
Medicare Part B	\$185	
Medicare Part A	Free for most or \$518	
Personal Needs Allowance (PNA)		
NH-ICP/HCBS/Hospice/PACE	\$160	
Hospice (Community) 100% FPL**	\$1,305	
ALF-PACE/SMMC-HCBS**	R&B+ 20% FPL (Individual \$261) / (Couple \$522)	
Community/Budget	\$2,901	
Maintenance Needs Standards / Other		
Standard Disregard	\$20	
Earned Income (EI) Disregard	\$65 + ½ EI	
Student Earned Income Disregard Limit	\$2,350 monthly, Maximum \$9,460 per calendar year	
Spouse Deeming = ½ FBR	\$484	
Child Allocation	\$484/child (Difference between the couple and single FBR)	
Substantial Gainful Activity (SGA)	\$1,620 per month <i>non blind</i> / \$2,700 <i>blind</i>	
Spousal Impoverishment		
Minimum Monthly Maintenance Needs Allowance (MMMNA)***	\$2,644	
CSMIA*	\$3,948	
Excess Shelter Standard***	\$794	
CSRA*	\$157,920	
Home Equity Interest Limit*	\$730,000	
Transfer of Asset Divisor (effective 04/01/2025)	\$10,458	
Community Hospice Allocations		
Spouse only	FBR (\$967)	
Spouse + Dependents or Dependents Only	CNS Standard	

*These Standards change effective January 1 of each year in accordance with federal law.

** These Standards change effective April 1 of each year in accordance with federal law.

*** These Standards change effective July 1 of each year in accordance with federal law.

Appendix A-9



Eligibility Overview

Other Coverages to Know About

Not Full Medicaid

SSI-Related

- Medicare Savings Programs
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualifying Individual 1 (QI-1)
 - Working Disabled
- Breast & Cervical Cancer Treatment

Family-Related

Family Planning

Both

Medically Needy

Emergency Medicaid for Non-Citizens



Eligibility Overview

Important Eligibility Principles

- 12-months continuous eligibility for children up to age 19
- 12-months continuous eligibility for pregnant/post-partum women
- Mandatory “ex parte” review of individuals losing Medicaid coverage in current category, e.g.:
 - Children turning 19
 - Individuals losing SSI (loss of financial eligibility)
- Retroactive coverage
 - Children and pregnant women – up to 90 days* before application submitted
 - Adults – to first day of month application submitted

*In 2027 will be reduced to 60 days

Florida Medicaid 101

Reviewing DCF Eligibility Determinations





Reviewing DCF Eligibility Determinations *Scenario*

New Intake Reports:

- Denial of new application for Medicaid
- Termination of existing Medicaid coverage
- Switch to new Medicaid category (e.g. Medically Needy, Family Planning)



Reviewing DCF Eligibility Determinations

Research steps

1. Determine eligibility category (e.g., child/parent/aged/disabled)
2. Evaluate financial eligibility
 - Calculate countable income (obtain documentation & do the math!)
 - If SSI-related, determine assets
3. Obtain client MyACCESS login information
 - Review Notices
 - “View Case Details/View Program Details”
 - View client application



Reviewing DCF Eligibility Determinations

Sample Notice (“NOCA”)

Medicaid

Your application for Medicaid dated July 23, 2025 is **approved**. You are eligible for the months listed below:

Name	Sep, 2025 Ongoing
K [REDACTED]	Eligible
[REDACTED]	Ineligible
[REDACTED]	Ineligible

You have recently lost your Medicaid coverage, and are now enrolled in a special Medicaid program that provides family planning services. Your enrollment is good for one year from the loss of your Medicaid. After that time, you will be notified to renew your eligibility for the second year of this special program. Family Planning services will assist you with planning the growth of your family by supporting healthy choices and help you in planning for the future growth of your family.

The Family Planning Services are:

- Yearly family planning physical exams including pap smear
- Birth control supplies such as pills
- Pregnancy Tests
- Sexually transmitted disease (STD) counseling, testing and treatment
- Outpatient sterilization services
- Family planning related lab work

If you have any questions regarding your eligibility for the Family Planning program, please call the DCF service center at 1-850-300-4323.

If you have any questions regarding family planning services, please call the Family Health Line at 1-800-451-2229.



Reviewing DCF Eligibility Determinations

Clues

- Review all NOCAs, and all sections carefully - note dates
- Medically Needy/Family Planning are NOT full Medicaid
- Always compare/contrast w/details in MyACCESS account



Reviewing DCF Eligibility Determinations

MyACCESS Program Details

Program Members

K [REDACTED]	Medicaid ID (PIN) 9 [REDACTED]
Renewal Due Date: 08/15/2026	
Program Medicaid	Status Open
Coverage Begin Date 10/01/2025	Coverage End Date 11/30/2025
View history	Print Medicaid Card

Key date



Usually only shows to end of current month



Shows valuable information



Reviewing DCF Eligibility Determinations

Medicaid Card



State of Florida
DEPARTMENT OF CHILDREN AND FAMILIES

Member Name	K [REDACTED]
Medicaid ID	9 [REDACTED]
Date of Birth	[REDACTED]
For Period	10/01/2025 - 11/30/2025
Group Name	MO Y
TPL	N

NOTE: THIS CARD IS VALID ONLY FOR THE PERIOD SPECIFIED ABOVE,
AND PROVIDES PROOF OF MEDICAID ELIGIBILITY ONLY.

Usually only shows to
end of current month

- Group Name = Coverage category
- Refer to ESS Appendix A-13

Florida Medicaid 101

Appeals





Appeals

When in doubt, file an appeal!

- Medicaid is complicated
- Don't assume decision is correct
- Invokes supervisory review of file
- May preserve coverage during appeal process
- Preserves right to reimbursement for out-of-pocket expenses
- Can voluntarily dismiss with no penalty



Appeals

Common Errors

- Failure to apply 12-month continuous coverage - children, pregnant/postpartum
- Improper reliance upon 3rd party sources
- Improper inclusion of certain income (e.g., SSI)
- Improper calculation of household (esp. MSPs)
- Failure to consider alternative bases for eligibility (“Ex parte review”)
 - Loss of SSI
 - Disability
- Application errors
- Unreasonable verification demands (e.g., child support enforcement)



Appeals

When to Appeal

- BEFORE termination date – coverage must be maintained
- If no notice – coverage must be restored pending appeal
- Within 90 days of notice date
- After 90 days upon showing of good cause – Rule 65A-1.702(6)



Appeals

How to Appeal



Services ▾ Resource Library News and Events ▾ About ▾ Contact Us

Office of the Secretary

Contracted Client Services

Office of Civil Rights

Office of the General Counsel

Office of the Inspector General

Accreditation

Appeal Hearings

Authorities and Resources

How to Request a Public Assistance Hearing

Online Request for a Public Assistance Hearing

Self-Help Forms

Frequently Asked Questions

Community Alliances

Contact Information

Internal and Single Audit

Investigations

OIG About Us

How to Request a Public Assistance Hearing

Request a public assistance hearing on any action taken by the Florida Department of Children and Families (DCF) on your claim for Supplemental Nutrition Assistance Program (SNAP), Temporary Cash Assistance (TCA), and/or Medicaid benefits.

You may send the request in writing by sending regular mail or emailing us at the contact information below or you may call in the request at the phone number below or use the online form.

If the federal government shutdown continues into November 2025, SNAP benefits for November 2025 will not be issued until the federal funding is restored. This is a change impacting all SNAP households and is not eligible for appeal.

Mail to

Appeal Hearings Section
2415 North Monroe Street, Suite 400-I
Tallahassee, Florida 32303-4190

Email

appeal.hearings@myflfamilies.com

Call

(850) 488-1429

Online

Send the request using the online form

[Request a Public Assistance Hearing >](#)

Best Method





Appeals

“Aid Pending” Notice

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



August 12, 2025

Case: [REDACTED]

Phone: (850) 488-1429



Medicaid

We will continue your Medicaid benefits because you asked for a hearing. These benefits will start August 01, 2025 and will continue until the hearings officer makes a decision.

If you are enrolled in Medically Needy with a Share of Cost (SOC), the SOC will not change.



Appeals

What's Next?

- If client filed appeal:
 - Call from DCF supervisor
 - DCF appeal contact on “Acknowledgement of Hearing Request”
- If attorney filed appeal → suggest proactive outreach to/DCF attorney
- Corrective action → insist upon coverage back to month of application/renewal



Appeals

If not resolved ...

- Discovery available - issue immediately
- “Evidence” - Due by both sides 7 days before hearing
- Suggest filing legal brief in advance
- Often need continuance



Appeals

Hearing Procedures & Tips

- Governed by Chapter 65A-2, Florida Administrative Code
- Conducted by telephone unless video hearing requested
- “De novo” - “Either party may present new or additional evidence not previously considered by DCF in making its decision.”
- Burden of proof - on DCF for terminations/applicant for applications
- Consider requesting to keep record open for additional evidence/proposed order

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Questions?