



What is Medically Needy?

The Medically Needy program helps people who meet the basic Medicaid requirements—such as category, residency, and citizenship—but whose income is too high to qualify for regular Medicaid. Medically Needy does not provide full health coverage on its own. Instead, it offers a pathway to Medicaid for months when your medical expenses are high.

If you are reading this guide, you may already be enrolled in the Medically Needy program. If not, you can apply the same way you would apply for Medicaid—through the [Department of Children and Families](#). When you are enrolled in Medically Needy, Medicaid can be activated for any month in which your medical bills reach a certain amount. This amount is called your “share of cost.”

Medicaid Coverage Groups, Categories, and Financial Eligibility

To qualify for the Medically Needy program, you must first fit into one of Florida’s Medicaid categories. Because Florida has not expanded Medicaid, most low-income adults ages 21 to 64 are not eligible unless they are pregnant, have minor children, or meet the definition of disability. If you are an adult who does not fall into one of these categories, you will not be eligible for Medicaid or for Medically Needy.

Florida divides Medicaid eligibility into two main coverage groups, and each group has different financial rules. The first group is **Family-Related Medicaid**, which includes children, pregnant women, parents or caretakers of minor children, and young adults ages 19 and 20. This group does **not** have an asset test. Each category has its own income limit, and anyone whose household income is within that limit qualifies for full Medicaid coverage. If you fit into one of these categories but your income is above the limit for your household size, you may still qualify for Medically Needy. There is no income limit for enrollment in Medically Needy. The below chart shows the estimated Family-related Medicaid income limits.

Table: 2026 Estimated Medicaid Income Limits for Family-Related Medicaid

HOUSEHOLD SIZE	100% FPL Annual	100% FPL Monthly	ADULTS**	PREGNANT WOMEN 196%	INFANTS <1 211%	CHILDREN 1-5 145%	CHILDREN 6-18 138%
1	\$15,960	\$1,330	\$356		\$2,807	\$1,929	\$1,836
2	\$21,640	\$1,803	\$478	\$3,535	\$3,806	\$2,615	\$2,489
3	\$27,320	\$2,277	\$600	\$4,463	\$4,804	\$3,302	\$3,142
4	\$33,000	\$2,750	\$723	\$5,390	\$5,803	\$3,988	\$3,795
5	\$38,680	\$3,223	\$846	\$6,318	\$6,802	\$4,674	\$4,449
6	\$44,360	\$3,697	\$968	\$7,246	\$7,800	\$5,361	\$5,102
7	\$50,040	\$4,170	\$1,091	\$8,174	\$8,799	\$6,047	\$5,755
8	\$55,720	\$4,643	\$1,214	\$9,101	\$9,798	\$6,733	\$6,408



The second group is **SSI-Related Medicaid**, which includes people who are 65 or older and people of any age who have a disability. If you are enrolled in Medicare but don't qualify for full Medicaid (e.g. through SSI or a Medicaid waiver), you can still qualify for Medically Needy as long as your assets are within the Medically Needy limit. This also applies if you are enrolled in a Medicare Savings Program.

If you have been found disabled but don't qualify financially for SSI or have Medicare, you may be eligible for Medicaid for the Aged and Disabled (MEDS-AD). If your income exceeds the MEDS-AD limit, you may still qualify for Medically Needy, as long as your assets fall within the Medically Needy threshold.

Below are the SSI-related Medicaid income and asset limits.

SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: April 2026

Coverage Group SSI/FBR \$994-Individual	Income Limit	Asset Limit
ICP/HCBS/Hospice - Individual (300% FBR)*	\$2,982	\$2,000
ICP/HCBS/Hospice - Couple*	\$5,964	\$3,000
HCBS/Working People with Disabilities - Individual (WPwD)(550% FBR)*	\$5,467	\$2,000 \$13,000 Disregard
HCBS/Working People with Disabilities - Couple (WPwD)*	\$10,934	\$3,000 \$24,000 Disregard
MEDS-AD/ICP-MEDS/Individual (88% FPL)**	\$1171	\$5,000
MEDS-AD/ICP-MEDS/Couple**	\$1588	\$6,000
Medically Needy, MNIL-(I)-No income limit	\$180	\$5,000
Medically Needy, MNIL-(C)-No income limit (Subtract from gross income)	\$241	\$6,000
Working Disabled Individual (200% FPL)**	\$2,660	\$5,000
Working Disabled Couple**	\$3,607	\$6,000

[DCF Appendix A-9 SSI-Related Programs - Financial Eligibility Standards](#) (Note: There is a standard \$20 disregard which can be added to these limits, and for individuals with earned income, half of the earned income plus \$65 can be added to the limit).

How Share of Cost is Calculated

DCF calculates your share of cost by taking the household's gross income and subtracting the **Medically Needy Income Limit (MNIL)**. The MNIL is a fixed amount set by the state. If the household's income is higher than the MNIL, the difference becomes the share of cost.

For individuals in the **Family-Related** group, the share of cost is determined by subtracting the MNIL for the household size from the household's gross monthly countable income. See [DCF Appendix A-7 Family-Related Medicaid Income Limit Chart](#).



Below is an example of a Notice of Case Action that includes the share of cost and the household's monthly countable income:

Medically Needy Program

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Your application for Medically Needy dated February 20, 2026 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Apr, 2026 Ongoing
[REDACTED]	Enrolled
Share of Cost	\$7188.00
Household Size	6
Household Countable Income	\$7971.00

Reason: ENROLLED IN MEDICALLY NEEDED WITH AN ESTIMATED SHARE OF COST

This is a household of six that has a monthly countable income of \$7,971.00. After subtracting the MNIL of \$783 for a household of that size, the share of cost is \$7,188.00. ($\$7971 - \$783 = \7188).



For individuals in the **SSI-Related** group, the share of cost is determined by subtracting the MNIL for the individual or the couple from the gross monthly countable income.

[See DCF Appendix A-9 SSI-Related Programs - Financial Eligibility Standards.](#)

Below is an example of a Notice of Case Action that includes the share of cost for an unmarried individual in the MEDS-AD category:

Medically Needy Program

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Your application for Medically Needy dated May 22, 2025 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jul, 2025
	Ongoing
[REDACTED]	Enrolled
Share of Cost	\$1334.00

This person’s countable income is \$1,514: After subtracting the MNIL of \$180 for an individual, the share of cost is \$1,334. ($\$1,514 - \$180 = \$1,334$).The individual’s share of cost is \$1,334 for the month.

Note: If either your household size or income changes, your share of cost amount may also change.

Meeting Your Share of Cost to Access Medicaid

Meeting your share of cost is the key to activating Medicaid coverage under the Medically Needy program. Each month begins without Medicaid, and coverage only starts once the Department of Children and Families (DCF) determines that your allowable medical expenses—paid or unpaid—have added up to your share of cost (see below for a list of examples of allowable medical expenses). You must keep track of these expenses and submit itemized statements of medical expenses to DCF.

Allowable medical expenses can come from any household member whose income and needs were counted when determining eligibility, even if that person is not eligible for Medicaid themselves. Their bills can help you meet your share of cost, but Medicaid will not pay another household member’s bills once coverage begins if they’re not Medicaid eligible.



Example #1: Your monthly share of cost is \$800. You go to the hospital on May 10 and send DCF the bill for \$1000. You have met your share of cost. If the provider accepts Medicaid and the expense is for a Medicaid-covered service, that bill will be paid, and you will be eligible for Medicaid from May 10 (the date of service/ date on bill submitted) through the end of May. On June 1st, you will no longer have Medicaid coverage and will again have a monthly share of cost of \$800.

Bills that are less than or equal to the share of cost can help you meet the share of cost, but they will not be paid by Medicaid.

Example #2: Your share of cost is \$1000. On May 10, you incur a hospital bill for \$750. On May 12, you incur a physician bill for \$300. You send both bills to DCF. Together, they total \$1,050, so your share of cost is met on May 12. If the provider accepts Medicaid, the May 12 bill will be paid. However, the May 10 bill for \$750 will not be paid because it was incurred before you met your share of cost.

Allowable Medical Expenses to Meet Share of Cost:

- Any past unpaid medical bills that are still owed that have not been used to meet the share of cost before
- Medical bills the individual paid within the last three months
- Health insurance premiums
- Prescription expenses
- Medical bills that will not be paid by health insurance or any other source
- Co-pays for medical bills
- Medical services prescribed by a doctor
- Transportation by ambulance, bus, or taxi to get medical care

Note: If you are submitting expenses for a prior month, and it is approved, DCF will send you a Notice of Case Action advising you which month share of cost was met. Medicaid will be open for the month specified (can only be 3 months retroactive).

Examples of Proof of Medical Expenses:

- Itemized statement of medical bill
- Receipts for medical bills
- Cancelled checks for paid medical bills
- Prescription expense printouts from your pharmacy

Using Prescription Expenses to Meet Share of Cost

Prescription expenses are one way to meet your share of cost each month. If the total cost of your monthly prescription(s) are higher than your share of cost, you can use proof of those expenses to activate Medicaid for the month.



To start, determine whether your prescription expenses exceed your share of cost. For example, if your share of cost is \$1,000 and your monthly prescriptions total \$1,500, you can meet your share of cost each month using prescription expenses alone.

To do this, visit your pharmacy and request an itemized full price prescription expense printout. This document lists all prescriptions filled during the month and their costs.

TIP: You have to get the expense printout before you ask for the prescription to be filled. It must be the full price with no discounts or discount programs as this reduces the price reflected on the printout. Opt for 30-day prescriptions from your provider as 90-day prescriptions will not allow you to utilize that prescription expense the following month.

Below is an example of what a pharmacy-generated prescription expense printout may look like:

Check Fill Status User: [REDACTED] wks07:Alt-F1 - WS-CHAIN : Thu, 31 Jul 2025 3:59:32 PM

Date [REDACTED] Age [REDACTED] Gender [REDACTED] Txt Msg YES Address [REDACTED] Phone Number [REDACTED]

ENTERPRISE PATIENT Note: Select "ES" for Enterprise Profile Status

Ln.No.	Fill Date	Rx No.	Refill#	Drug	Quantity	Prescriber	Patient Pay	Status (Previous 30 Days)
1	07/30/2025	[REDACTED]	02	FIASP 100 UNIT/ML FLEXT...	30	[REDACTED]	938.11	Data Entry Review - Shared
2	07/30/2025	[REDACTED]	02	METOPROLOL SUCC ER 10...	60	[REDACTED]	19.56	Waiting Bin 2
3	07/30/2025	[REDACTED]	02	DEXCOM G7 SENSOR	3	[REDACTED]	204.18	Waiting Bin LRG
4	07/30/2025	[REDACTED]	00 [DUR]	SPIRONOLACTONE 25 MG ...	90	[REDACTED]	28.80	Waiting Bin 71
5	07/30/2025	[REDACTED]	00 [DUR]	FUROSEMIDE 20 MG TABLET	30	[REDACTED]	13.99	Waiting Bin 71
6	07/30/2025	[REDACTED]	00 [DUR]	ENTRESTO 49 MG-51 MG T...	60	[REDACTED]	681.31	Waiting Bin 71
7	07/30/2025	[REDACTED]	00	TRESIBA FLEXTOUCH 100 U...	15	[REDACTED]	441.47	Waiting Bin REF
8	07/30/2025	[REDACTED]	00	ATORVASTATIN 80 MG TAB...	30	[REDACTED]	18.33	Waiting Bin 2
9	07/30/2025	[REDACTED]	00	JARDIANCE 25 MG TABLET	30	[REDACTED]	462.91	Waiting Bin 71
10	07/30/2025	[REDACTED]	00 [AN]	MOUNJARO 7.5 MG/0.5 ML ...	6	[REDACTED]		Prescriber Request - Wtg Resp
11	07/30/2025	[REDACTED]	01 [AN]	ELIQUIS 5 MG TABLET	60	[REDACTED]	495.89	Waiting Bin 71
12	07/30/2025	[REDACTED]	00	ENTRESTO 49 MG-51 MG T...	60	[REDACTED]		Inactive
13	07/30/2025	[REDACTED]	00	METOPROLOL SUCC ER 10...	180	[REDACTED]		On Hold - Proactive/Linked
14	07/30/2025	[REDACTED]	00	ELIQUIS 5 MG TABLET	60	[REDACTED]		On Hold - Proactive/Linked
15	07/15/2025	[REDACTED]	01	OZEMPIC 8 MG/3 ML (2 MG...	3	[REDACTED]	776.67	Return To Stock

Page 1 of 2 Total Patient Pay: 3304.55
Next Page (Enter)

Select a function and press <Enter>
View Detail (#), Enterprise Profile Status (ES), Messaging Options(MO), Eligible Refills (ER), Process Rx (P#), Refresh (R), Exit (X)

Patient F1 Prescriber F2 Drug F3 Third Party F4 Profile F5 Store Portal F6 Clinical F7 Refill F8 Dashboard F9 Log In/Out F10 Store Info F11 Rx Status F12



You must obtain a new printout each month. DCF will determine that your share of cost was met based on the date of the printout. Your Medicaid coverage will begin on the date shown on the printout and will continue through the end of that month.

TIP: If your prescription expenses regularly exceed your share of cost, visit your pharmacy early in the month to get your printout and submit it right away. This allows your Medicaid coverage to begin earlier in the month, giving you more time to use your benefits.

Note: Generating this printout is not a standard task for all pharmacy staff. To ensure timely access to Medicaid, it is often helpful to identify a specific employee who understands the process and work with them directly each month.

Submitting your Medical Expenses:

Proof of medical expenses can be submitted through the MyACCESS portal (MyACCESS.myflfamilies.com), by fax, or in person. Be sure to include your name and case number on medical expenses. Mail is also an option, but we do not recommend it because of the time sensitive nature of the process.


TIP: If uploading expenses to the MyACCESS portal, note that you cannot see what you upload afterwards. Since you cannot see what is uploaded, make a note of which documents you submit via MyACCESS.

Note: You can meet your share of cost and have Medicaid coverage opened retroactively within the last three months when you submit your bills from prior months.

If visiting a Family Resource Center to provide expenses in person, document the name of the person who assisted you and the date. Also make note of the document you turned in that day.

To fax proof of medical expenses for the Medically Needy program, you must generate an [ACCESS Florida Medical Expense Coversheet](#). Enter your **Medicaid ID** and select whether you are submitting a Medical or Prescription expense. Then click "Generate Coversheet." Next, fax the expenses with this coversheet to: 855-417-7203.

TIP: If you do not know your Medicaid ID, you can get it from your account. Your printable Medicaid card found in the Medicaid Details of your account has your Medicaid ID. (see example below). Do not enter a Medicaid Gold Card number or case number.

	State of Florida DEPARTMENT OF CHILDREN AND FAMILIES
Member Name	[REDACTED]
Medicaid ID	[REDACTED]
Date of Birth	[REDACTED]
For Period	04/01/2025 - 02/28/2026
Group Name	NA R
TPL	N
NOTE: THIS CARD IS VALID ONLY FOR THE PERIOD SPECIFIED ABOVE, AND PROVIDES PROOF OF MEDICAID ELIGIBILITY ONLY.	



Note: DCF’s policies do not state how long it will take to process a submitted medical expense. In our experience, Medically Needy bill tracking can be processed anywhere from three to ten days.

What Happens After Submitting Expenses

If the submitted expense was not eligible, or the share of cost was *not* met, **you will not be notified**. If the expense does meet the share of cost, you will receive a Notice of Case Action. Below is an example.

Dear [REDACTED]

The following is information about your eligibility.

Medically Needy Program

The individual(s) listed below have met their Medically Needy share of cost and are eligible for Medicaid for the following periods:

Name	11/06/2025 To 11/30/2025
[REDACTED]	Eligible

Reason: MONTHLY SHARE OF COST HAS BEEN MET

TIP: On some occasions, DCF will not send you a notice that you have met your share of cost. In addition to the notice, you can also check on MyACCESS to see if you’ve met the share of cost and Medicaid is open: Log in to your account and go to View Case Details → Health Coverage (Medicaid) → View Program Details→ Medically Needy. Here, you can see your Medically Needy Share of Cost. See example below:

Before meeting share of cost:

Medically Needy	
Coverage Begin Date	Coverage End Date
12/01/2025	12/02/2025
Share of Cost	
\$1,334.00	
Status	
Enrolled	

After meeting share of cost:

Medically Needy	
Coverage Begin Date	Coverage End Date
12/03/2025	12/31/2025
Share of Cost	
\$0.00	
Status	
Open	

For the example above, you can see that before the individual met their share of cost, the program details showed a status of “Enrolled” with the monthly share of cost amount. After it was met, the status was changed to “Open” and the share of cost changed to \$0.00.



When Problems Arise in the Medically Needy Program

If you receive a notice saying you are not eligible for Medically Needy but believe you should qualify, you have the right to appeal. You may also appeal if you think the income used to calculate your share of cost was incorrect or if the share of cost amount itself is wrong. For guidance on how to file an appeal and what to expect during the process, see our [Florida Medicaid Eligibility Appeals Toolkit](#).

If you have submitted your medical bills to DCF and have not received a notice within ten days confirming that your share of cost has been met, it is a good idea to complete the [DCF Inquiry Form](#) to try to resolve the delay.

If the issue remains unresolved after taking these steps, you can complete our [online intake](#) to speak with an advocate who may be able to assist you or contact your [local legal aid program](#).