FLORIDA HEALTH JUSTICE PROJECT

Eligibility - After Pre-Enrollment List Release

Notice of Pre-Enrollment List Release

When the state agency receives funding to enroll new people in the program, it sends local Aging and Disability Resource Center (ADRC) offices a list of people to contact about possible enrollment.

The local ADRCs then contact those individuals on the list. After confirming the person still needs long-term care services, the ADRC sends a written notice called a "pre-enrollment list release." This notice (also in the materials) includes information on the enrollment process and the instructions and timeframes for completing eligibility.

Clinical and Financial Eligibility

Eligibility for the program is then determined after being "released from the pre-enrollment list." There are 2 main parts to eligibility: clinical and financial. The clinical eligibility is determined by the local CARES program (which stands for Comprehensive Assessment and Review for Long-Term Care Services) and financial eligibility is determined by the Department of Children and Families (DCF).

Clinical Eligibility

After being released from the pre-enrollment list, applicants must have their physician or another licensed healthcare provider complete the "3008" form and send it to the ADRC within 30 days of the date on the release letter. As soon as the ADRC receives the 3008 form, they will contact the CARES office and request a Level of Care (LOC) determination.

The CARES team will then meet with the applicant in person and complete a comprehensive evaluation.

For those applicants who meet the nursing home level of care requirement, the CARES team assigns the applicant into one of three (3) levels:

Level of care 1: applicants residing in, or who must be placed in, a nursing facility.

Level of care 2: applicants at imminent risk of nursing home placement, as shown by the need for the constant availability of routine medical and nursing treatment and care, and who require extensive health-related care and services because of mental or physical incapacitation.

Level of care 3: applicants at imminent risk of nursing home placement, as shown by the need for the constant availability of routine medical and nursing treatment and care, who have a limited need for health-related care and services and are mildly medically or physically incapacitated.

Financial Eligibility

Once the Level of Care is determined, the application is sent to DCF to determine financial eligibility. In 2026, the income limit for an individual is $2,982 per month, and the asset limit is $2,000. For a couple where both spouses are applying, the income limit is $5,964 per month and $3,000 in assets.

Applicants whose income or assets exceed the specified limits may want to consider seeking assistance from an attorney who specializes in Medicaid planning strategies. One potential strategy is establishing a qualified income trust. It is advisable to do this before submitting the DCF Medicaid application. If a local legal aid organization is unable to provide help, applicants can use the Florida Bar's Lawyer Directory to find attorneys who are certified in or practice "elder law."

The applicant has 45 days from the date of the pre-enrollment list notification to submit the Medicaid application. Though the ADRC may provide a paper application, we recommend applying through DCF's online MyACCESS portal.