



**APD STAKEHOLDER MEETING
APRIL 1, 2026**



ECONOMIC SELF SUFFICIENCY (ESS)

ESS administers a variety of government assistance programs designed to help families in need move towards financial self-sufficiency. This program office implements state and federally funded programs that provide food and cash assistance, refugee services, and determines Medicaid eligibility, and other government assistance. ESS also includes an Office of Public Benefits Integrity responsible for investigating public assistance fraud or misuse and recovering overpayments of benefits.

Programs

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families, Temporary Cash Assistance (TANF/TCA)
- Medicaid
- Public Benefits Integrity (PBI)





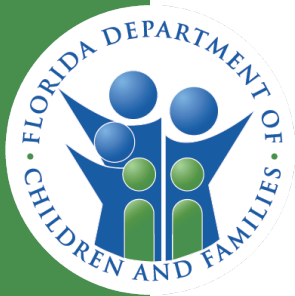
MEDICAID

Medicaid provides medical coverage to low-income individuals and families. While eligibility for Medicaid is determined by the Department of Children and Families (DCF), services and reimbursement for claims are administered by the Agency for Health Care Administration (AHCA).

DCF determines Medicaid eligibility for:

- Families with children
- Children only
- Pregnant women
- Former foster care children ages 18 through 25
- Family Planning for women ages 14 through 55
- Non-citizens with medical emergencies
- Aged and/or disabled individuals not currently receiving Supplemental Security Income (SSI)





MEDICAID ELIGIBILITY

Medicaid eligibility groups fall within two categories:

1. Medicaid provided to children, parents and other caretakers, pregnant women, and individuals under age 26 who were enrolled in Medicaid when they aged out of foster care.
2. Medicaid provided to individuals who are aged (65 or older), blind, or disabled in the community or with special living arrangements. Most assets are counted in the determination of eligibility unless excluded based on federal and/or state requirements.



TERMINOLOGY

ADRC: Aging and Disability Resource Center

AHCA: Florida Agency for Health Care Administration

ALF: Assisted Living Facility

APD: Agency for Persons with Disabilities

AVS: Asset Verification System

CARES: Comprehensive Assessment and Review for Long-Term Care Services

CMAT: Children's Multidisciplinary Assessment Team

DCF: Department of Children and Families

DDD: Division of Disability Determinations

DOEA: Department of Elder Affairs

FBR: Federal Benefit Rate

FD: Familial Dysautonomia

FPL: Federal Poverty Level

HCBS: Home and Community Based Services

ICF/DD: Intermediate Care Facility for the Developmentally Disabled

ICP: Institutional Care Program

LOC: Level of Care

PACE: Program All-Inclusive Care for the Elderly

PNA: Personal Needs Allowance

PR: Patient Responsibility

SMMC-LTC: Statewide Medicaid Managed Care Long-Term Care Program

SSA: Social Security Administration

SSI: Supplemental Security Income

TPL: Third Party Liability



FLORIDA MEDICAID – PARTNER AGENCIES



Agency for Health Care Administration (ACHA)



Department of Children and Families (DCF)



Social Security Administration (SSA)



Department of Elder Affairs (DOEA)

- Aging and Disability Resource Centers (ADRC)
- Comprehensive Assessment and Review for Long-Term Care Services (CARES)



Agency for Persons with Disabilities (APD)

- Home and Community-based Services Waiver (HCBS)
- Long-term Care



Department of Health (DOH)

- Children's Multidisciplinary Assessment Team (CMAT)
- Division of Disability Determinations (DDD)



ADDITIONAL CRITERIA FOR HCBS WAIVERS

FD Waiver

- Age three or older
- LOC determined by DOEA CARES
- Enrolled in the FD waiver

iBudget Waiver

- Age three or older
- LOC determined by APD
- Enrolled in the iBudget Florida waiver

Model Waiver

- Age 21 or younger
- LOC for inpatient hospital care determined by Children's Medical services

SMMC-LTC

- Age 18 or older
- LOC determined by CARES
- Enrolled in the SMMC-LTC waiver



FINANCIAL AND TECHNICAL FACTORS FOR ELIGIBILITY

Eligibility Factors Include:

Income (Earned and Unearned)

Assets (SSI Related Programs)

Residency

Age

SSN

Citizenship/Immigration Status

Household Composition

Pregnancy

Caretaker Relative

Medicare

Application for Other Benefits

Additional Information/Eligibility Documentation Needed (based on requested Medicaid coverage type):

- Documentation of being aged, blind, or disabled
- Level of Care
- Living arrangement (home vs. facility)
- Assignment of rights for Third Party Liability (other health insurance coverage)
- Authorization to disclose financial records



TYPES OF INCOME

Earned Income

- Salary
- Commission
- Self-employment income (or income for performance of work or services)

Unearned Income

- Retirement, disability payments, unemployment, workers' compensation, etc.
- Annuities, pensions, and other regular payments
- Alimony and support payments
- Dividends, interest, and royalties
- Proceeds of life insurance policies
- Prizes and awards
- Gifts and inheritances
- SSA, SSDI, and SSI



TYPES OF ASSETS

Liquid

- Bank Accounts, Checking and Savings Accounts
- Cash

Non-liquid

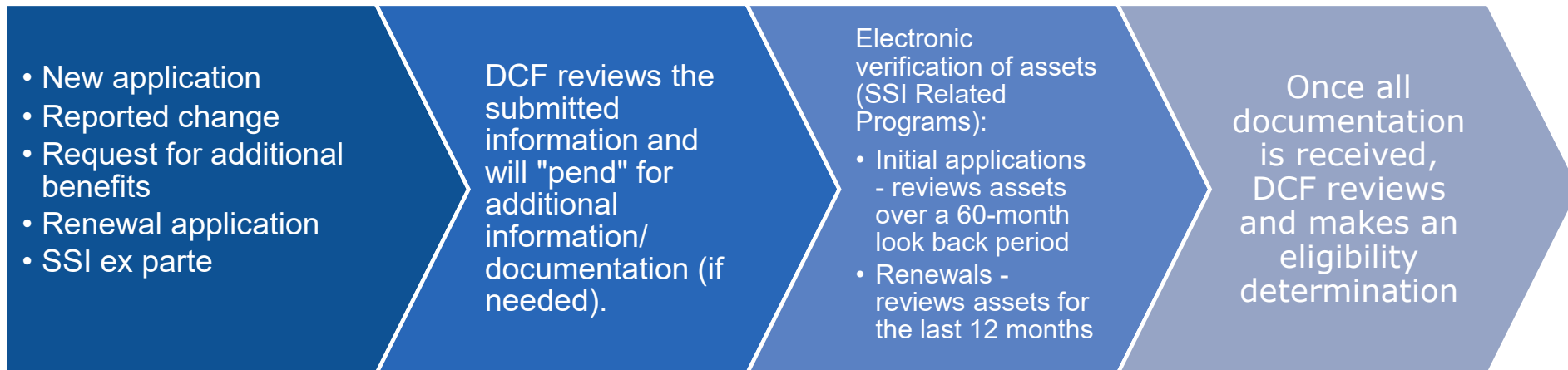
- Home (intent to return home-question on application)
- Vehicles
- Life Insurance, Face Value and Cash Value
- Property
- Burial Exclusion (\$2500)
- Trusts



ONLINE ESS APPLICATION AND PROCESS



DCF APPLICATIONS AND RENEWAL PROCESS



***The eligibility of all Medicaid recipients must be renewed once every 12 months.**

www.myflfamilies.com





In order to apply for benefits, login or create an account.

Log In

Already have an account? Log in to get started.



LOG IN

Create New Account

An account lets you see your application status and easily renew your benefits.



CREATE ACCOUNT

Applying just for Food Assistance (SNAP)? If so, [you can click here](#) to apply without an account.

Contact Us

Need support? Technical issue using this website?
Customer Call Center
850-300-4323
M-F: 7am to 6pm
Florida Relay 711 or TTY 1-800-955-8771

Help & Resources

[Frequently Asked Questions](#)
[Programs](#)
[Register to Vote](#)



FL ACCESS is a portal where Floridians can get and manage benefits online. This includes food assistance (SNAP) formerly food stamps, cash aid (TCA), and affordable health coverage (Medicaid)



Currently on
Step 1 of 9

Your Information
Reviewed

People
Not Available

Household Details
Not Available

Income
Not Available

Expenses
Not Available

Assets
Not Available

Other Situations

Which benefits is your household applying for? (required)

Select at least one.

Food Assistance (SNAP)

The Food Assistance (SNAP) Program helps low-income households to buy nutritious food. A Food Assistance (SNAP) household is normally a group of people who live together and buy food and prepare meals together.

Health Coverage (Medicaid)

An application for medical assistance includes Medicaid (for children, their parents or caretakers, pregnant women), Florida KidCare Program (for children under 19 with too much income for Medicaid) and The Insurance Affordability Program (for adults aged 18 through 64 and children that cannot be covered by either Medicaid or KidCare). The Medicaid and KidCare Programs are administered by the State of Florida and the Insurance Affordability is administered by the Federally Facilitated Marketplace.

Optional State Supplementation (OSS)

The Optional State Supplementation (OSS) Program provides monthly cash payments to indigent elderly or disabled individuals who live in special non-institutional, residential living facilities, including assisted living facilities, adult family care homes and mental health residential treatment facilities.

[Not sure what to choose?](#)

Are you applying for benefits for yourself? (required)

Yes

No



Next



Which type of Medicaid would you like to apply for? (required)

Select at least one that best describes your situation.

Not sure what to choose? 



Children, their parents or caretakers (including when a child is removed and is in the care of the Department)

Child(ren) under age 19, and Child(ren) 19 up to 21 Years Old Parents/Other Caretaker Relatives, must have dependent minor child in the home.



Pregnant

Coverage for the duration of a pregnancy and twelve months post-partum.



Family Planning Services

Coverage for up to 25 months for family planning services.



Under 26 and aged out of foster care

Coverage for individuals who received Medicaid when they aged out of foster care.



Over 65, Blind, or Disabled

Coverage for needed services for individuals meeting the SSI criteria for age 65 or older, blindness or disability.



In a Nursing Home

The Institutional Care Program (ICP) is for individual seeking placement or placed in a nursing home.



At risk of nursing home or hospitalization (waiver)

The Home and Community Based Services (HCBS) Waivers allow individuals to receive essential services necessary to maintain an independent lifestyle while residing in the community.



Individuals in Hospice

Helps maintain care and services for terminally ill individuals.



Medicare Savings Program

Must have Medicare as health insurance for coverage.



Next



APPLICATION AND RENEWAL REMINDERS

Requirements for Verification and Documentation

Requirement	Medicaid Eligibility Cycle Reference Guide		
	Application	SSI Termination Ex Parte*	Renewal**
Technical Requirements			
Form CF-ES 2613, Financial Information Release • Parent(s) must sign on behalf of their child under-age 18. • Individuals aged 18 or older, must sign or mark with an "X". ◦ If marked with an "X", signature must be witnessed by an adult.	✓	✓	NR
Power of Attorney or Guardianship Paperwork	✓	✓	NR
Form CF-ES 2505, Appointment of Designated Representative			NR
Form CF-ES 2515, Certification of Enrollment Status <u>Home</u> and Community Based Services (HCBS).	✓	✓	NR
Level of Care (LOC)- APD HCBS <u>Budget</u> or Intermediate Care Facility Developmental Disability (ICF/DD)	✓	✓	NR
Application(s) for Other Benefits	✓	N/A	NR
Income			
Earned Income: Employer, Gross Amounts and Frequency (verification of the last four weeks)	✓	✓	✓
Unearned Income: Pay Source, Gross Amounts and Frequency (bi-weekly, monthly, quarterly)	✓	✓	✓
Qualified Income Trust (QIT) bank statements	✓	✓	✓
Assets			
Verification of bank account statements for the last three months	✓	✓	Month prior to Renewal
Life insurance policy(ies) face and cash values	✓	✓	✓
Burial accounts and/or contracts	✓	✓	✓
Trusts – documentation and verification of account	✓	✓	NR
ABLE Account – documentation and verification of account balance	✓	✓	NR
Note:			
<ul style="list-style-type: none"> • Forms are located on the Department's website at: Resource Library Florida DCF • This is not inclusive of additional income, or assets type, source and value obtained during the current eligibility period. 			

* Letters are sent by the Social Security Administration (SSA) and the Agency for Health Care Administration (AHCA) prior to Medicaid coverage ending.

** Verification is not required (NR) if previously provided and there is no change at the Renewal.

Resource: [Forms | Florida DCF](#)



SSI EXPARTE PROCESS REMINDERS

- Recipients will receive a change in award benefits letter from Supplemental Security Income (SSI) to Social Security Benefits.
- AHCA will send a letter to recipients notifying that Medicaid coverage will close and when. AHCA's notification letter also advises the recipient that the Department will be in contact.
- The Department receives an SSI Exparte data file to initiate the review of eligibility to the appropriate Medicaid coverage group.
- The Department creates a case and sends an Acknowledgement notice to the individual. If additional information is needed a second notice will go out (Pending Notice). Lastly, a Notice of Case Action will be sent for the eligibility determination decision.





TIPS AND REMINDERS

- Reminder to submit:
 - Power of Attorney or Guardianship Paperwork copies to the Department
 - Disability Determination
 - Level of Care (LOC)
 - APD HCBS iBudget or Intermediate Care Facility Developmental Disability (ICF/DD)
 - Department of Elder Affairs (DOEA)- Comprehensive Assessment and Review for Long-Term Care Services (CARES)
- Key Forms:
 - Appointment of a Designated Representative (CF-ES 2505)
 - Financial Information Release (CF-ES 2613)
 - Certification of Enrollment Status for HCBS (CF-ES 2515) – APD or DOEA Aging and Disability Resource Centers (ADRCs)

Resource: [Forms | Florida DCF](#)



GENERAL TIPS AND REMINDERS

- Use MyACCESS account to check renewal dates and recertification periods.
- Update address on the DCF customer portal (i.e. Power of Attorney, Guardian, Facility, etc.)
- Ensure timely response to the Department's notification letters and correspondence
- Recipients who fail to submit a renewal have a 90-day gap period.
- Eligibility for household members is determined separately, meaning that even if a parent is not eligible, a child can still maintain eligibility.
- Application information for any child denied due to income will be sent by the Department to KidCare for enrollment.
- Individuals who feel that they were incorrectly determined ineligible have up to 90 days to appeal.





Help Center



Frequently Asked Questions (FAQs)

Get answers to common questions about applications, benefits, and more.



Call Us

Customer Call Center

[850-300-4323](tel:850-300-4323)

M-F: 8am to 5pm

Florida Relay 711 or TTY 1-800-955-8771



How to Apply for Benefits



How-to Videos



Thank you!

