FLORIDA HEALTH JUSTICE PROJECT

Medicaid terminations of Home and Community Based Services (HCBS): *What can recipients, caregivers and providers do?*

1. Background/status:

As part of the Medicaid unwind, there has been a significant recent increase in the number of HCBS terminations. **The vast majority of individuals who are or have been receiving HCBS remain eligible for Medicaid.** This is contrast to other Floridians going through the "unwind" redetermination process, who are, in fact, no longer eligible for Medicaid, e.g.children with complex medical conditions who are now over income, parents who are over income or who no longer have minor child,

2. It is critical that recipients file an appeal ASAP.

As soon as you learn Medicaid coverage is ending or has ended, you should appeal. Appeals can be requested multiple ways, but it is best to send an email to:appeal.hearings@myflfamilies.com.

3. Is there any way to expedite my appeal?

You have a right to request an expedited appeal if you believe the loss of Medicaid could jeopardize your life, health or ability to function. **This applies to HCBS recipients.**
When you request the appeal by email as set out in FAQ2 above, you should request an "**expedited appeal**" and explain the way in which your life, health, or ability to function is jeopardized by the loss of Medicaid. If your request for an expedited appeal is granted, the Office of Appeal Hearings must make its final decision on your appeal no later than seven (7) working days after you made the request.

4. How can I make sure Medicaid benefits do not stop while my appeal is pending?

If you submit your hearing request before the date the notice says Medicaid benefits will end, the benefits will continue at least until the hearing decision. For example, you received a notice dated April 19, 2024 that says Medicaid is ending on April 30, you should file your appeal on or before April 30, 2024.

5. What if I didn't receive any advance written notice from DCF that Medicaid HCBS benefits would end, and I only learned that it ended when my home health provider told me I no longer have Medicaid coverage? Can I still appeal and ask that my Medicaid be reinstated pending the outcome of my appeal?

Yes. You should file an appeal as explained in FAQ 2 above and say that your Medicaid was terminated without any advance notice of the termination.

6. If I continue receiving Medicaid pending my appeal and lose the appeal, will I have to repay?

Under DCF's written policies, repayment is only sought when there has been a court finding that the beneficiary has engaged in fraud or there has been an intentional program violation.

7. What if I don't appeal before the date that Medicaid coverage ends or within 10 days of learning that my Medicaid HCBS ended?

You can still submit an appeal request after the benefits end, up to 90 days after the date at the top of the notice (not the date the benefits ended). It is important to file an appeal if the termination was incorrect and you then incur medical bills, including for home health care. The best way to ensure reimbursement is if you successfully appealed.

8. What should I do if the DCF notice says Medicaid is ending because "You failed to complete or follow through with your Medicaid renewal"?

If you didn't submit information needed to determine eligibility (or you thought you submitted the information but DCF is saying you did not) and you believe you are still eligible, you should submit the requested information as soon as possible. You have 90 days from the date your Medicaid ends to submit the information requested, without having to complete a new application. If you believe you did submit the requested information, you should also appeal the termination within 90 days.

9. Can my Medicaid LTC managed care plan help?

Yes. Under the plan's contract with AHCA, if someone loses eligibility because of alleged inaction or failure to provide follow through with DCF's Medicaid redetermination process, the plan must help the person regain eligibility. Also, under the contract, if someone loses eligibility and is disenrolled, the plan must automatically reinstate the person if eligibility is regained within the temporary loss period. If your plan does not assist you with this matter, you should file a complaint with the Agency for Health Care Administration f

10. Should I contact my ADRC?

Again, your plan should help with re-enrollment. However, some people have been told by their Medicaid LTC managed care plan to contact the local ADRC and "file a new application." If you do contact the ADRC, you should let them know **that you were already in a LTC Medicaid plan and that you believe the termination is incorrect.** You can ask the ADRC for help in contacting DCF to resolve any paperwork issues that may have led to the Medicaid termination.

11. What if I want advice or assistance on my appeal?

You should contact a legal aid program in your area (this link has contact information). Florida Health Justice Project (FHJP) is not able to provide individual representation due to the influx of requests, but we can be reached at help@floridahealthjustice.org for advice.

Last update 4-9-2024, Miriam Harmatz and Lynn Hearn harmatz@floridahealthjustice.org