

Medicaid Termination Referrals

Information to share with client prior to referral:

One of our nonprofit partners, the Florida Health Justice Project (FHJP), is working with a select number of clients who have received a Medicaid termination notice. If you are interested in speaking with FHJP, we will send them some background information and your termination notice.

Someone from FHJP will then email or text you within the next 2 weeks. They will advise you about the Medicaid eligibility for each family member, what your coverage options are, if your termination notice appears (in)correct and your legal rights. They also work with individuals who are interested in sharing their personal stories. FHJP does not charge for their services.

Q 1: Date on the top of your termination notice _____, and date the notice states Medicaid coverage will end: _____.

If the termination appears incorrect, you can advise the client that if they appeal before the date of the scheduled termination, they can maintain Medicaid coverage pending the outcome of the appeal. See 42 C.F.R. 431.230(a).

If the appeal is unsuccessful, the client may be responsible for the cost of coverage provided pending appeal. 42 C.F.R. 431.230(b). However, under the state's ESS Program Policy Manual, in Family-Related Medicaid only those cases in which there has been a judicial finding of fraud will be subject to repayment/recoupment. See Sections 3630.0100 and 3630.0200 of Policy Manual found [here](#):

Q2: Intake Information related to eligibility:

- Household size: _____
- Income: _____
- Age(s) of child(ren): _____
- Who in the household is (or was) on Medicaid: _____
- A copy of your termination notice

Q 3: Contact information:

Name _____
Cell Phone _____
Email _____
Language: _____

Q4: Name and email of referral partner _____

Please send referrals to help@floridahealthjustice.org Last update: 4-19-23