



IMPACT OF THE “MEDICAID UNWIND” ON CHILDREN WITH COMPLEX MEDICAL CONDITIONS WHO ARE NOW OVER INCOME FOR MEDICAID

Questions & Answers for Florida Families

1. Background: During the COVID-19 pandemic, states were required to provide continuous Medicaid coverage of individuals enrolled in the program, even those who were no longer technically eligible. After this requirement ended March 31, 2023, Florida and other states began a yearlong process of redetermining eligibility for everyone on Medicaid (“Medicaid unwind”). Under [Florida’s Medicaid Redetermination Plan](#) (“DCF’s Plan”), children with complex medical conditions were scheduled to go at the end of the unwind period, March-April 2024.

2. Status: While some children with complex medical considerations have already been subject to redetermination, it is expected that most families are currently going through the process.

3. What will happen to medically complex children who are still on Medicaid?

Under DCF’s Plan, families will be sent a “[Notice of Eligibility Review](#).”

It is important to provide the requested information in order to ensure a timely transfer to Florida Kidcare if the child is over income for Medicaid. The 2024 limits for family-related Medicaid, which DCF will begin to apply in April 2024, can be found [here](#).¹

4. What will happen to children whose families are over income for Medicaid?

DCF will send a Notice of Case Action, stating that the child will be terminated from Medicaid. The notice will also state that the child (and others in the household) are enrolled in the Medically Needy program, and designate a dollar amount for the “share of cost” assigned to each family member enrolled in Medically Needy.

¹ To simplify calculations involving the relevant disregards for different groups, this [chart](#) incorporates the relevant disregards and provides an estimate of the income limits.

5. Will enrollment in the Medically Needy program provide ongoing coverage for medically complex children? NO. Enrollment in Medically Needy does not mean a person has coverage. Unlike “regular” Medicaid, the child (or others in the family) must first incur a certain amount of medical expenses , or “share of cost,” before Medicaid coverage is triggered. More information about this program is available [here](#) and [here](#). While this can be an important benefit for children with complex medical needs and high monthly medical bills, like [Cassidy](#), it is important to understand that when someone in Medically Needy meets a share of cost, Medicaid coverage is limited to the month(s) in which the share of cost is met.

6. Since Medically Needy does not provide ongoing coverage, is there another subsidized coverage option for medically complex children? YES. Children who no longer qualify for Medicaid coverage based on family income may be eligible for another publicly funded health insurance program in Florida called “KidCare.”

7. What will happen when a family is determined to be over income for Medicaid based on family-related budgeting rules? DCF is supposed to also automatically submit the family’s information to KidCare to evaluate eligibility for that program, and the family should then receive an “approval pending payment” letter from KidCare approximately 2 weeks after DCF determines that the child is no longer eligible for Medicaid. You should check your MyACCESS account to see if your application has been forwarded to KidCare. You can also call 1-888-540-KIDS (5437) to check the status of the DCF referral.

8. Can a parent request expedited enrollment in KidCare? Currently, there is no written provision for requesting expedited enrollment on the application or on the Kidcare website. However, in a presentation to the Legislature on October 11, 2023 officials from DCF, AHCA and FHK stated that enhanced outreach and consumer protections are in place for children with complex medical conditions. In addition to DCF’s coordination with AHCA to place these cases at the end of the redetermination process, DCF has partnered with FHK for outreach and case tracking to “ensure proactive and personalized assistance” for children with complex chronic conditions and created a “specialized processing team.” See DCF [Presentation to Florida Senate Appropriations Committee on Health & Human Services](#), Oct. 11, 2023 (slide 17). Thus, parents should request expedited enrollment and reference their child’s condition and need for ongoing coverage.

9. If I know my child is over income for Medicaid, can my child enroll in KidCare while still on Medicaid? A child cannot be on both Medicaid and KidCare at the same time. According to the KidCare helpline staff, the application for KidCare will be denied

unless/until the DCF computer indicates that Medicaid is ending on the last day of the month.

10. What can I do to help prevent a gap in coverage? You should comply with DCF's requests for information and send payment to KidCare promptly. And, again, you should ask KidCare for expedited processing.

11. What should I do after the child is found eligible for Kidcare? Once eligibility is determined and the premium amount is established, you can pay your premium [online](#) or call KidCare to make a payment over the phone. It is critical to pay the premium ASAP. According to KidCare's [FAQ # 9](#): Coverage will begin on the first of the month only after your child's eligibility has been determined and the first month's premium has been paid. This [Guide](#) at page 7 provides additional details on paying the premium.

12. My child is currently enrolled in the Children's Medical Services (CMS) Medicaid plan. Can the child stay on CMS after shifting to KidCare, and when & how can that request be made? CMS can be selected if the child is in subsidized Kidcare (**not full pay**) and remains clinically eligible for the CMS Health Plan. This program, like MediKids, covers whatever Medicaid covers. According to this [FAQ](#) (see 3rd question) parents can make that request as soon as the first premium is paid. Families should comply with all requests for clinical information from the Department of Health Division of Children's Medical Services. Once clinical eligibility is confirmed, children should be automatically enrolled in the CMS Health Plan. According to Florida KidCare, children are placed in MediKids or Florida Health Kids while clinical eligibility screening takes place in order to ensure continuous coverage.²

13. What will the premium be? Currently, the premium is either \$15 or \$20/mo for families that qualify for a subsidy. The income limit is 215% of the federal poverty level.³ The premium is per household no matter how many children. There is also an option for full pay Kidcare for families with incomes over 215% of the federal poverty level. The premium for full pay is \$259/mo per child.

² The [Enrollee Guide](#) states that the child will be automatically assigned to a plan and that a parent can then request to change plans. See page 14.

³ To simplify calculations involving the relevant disregards for different groups, this [chart](#) incorporates the relevant disregards and provides an estimate of the income limits.

In 2023, the Legislature approved expanded eligibility for subsidies to 300% of the poverty level and implementation of new premiums based on income tiers. This expansion has not yet been implemented.

14. What is the status of the expansion? Before the expansion can be implemented, the state must obtain approval from the federal government for something called an “1115 Waiver.” More information on the expansion and the status of the state’s current Waiver request can be found [here](#) and [here](#).

For questions, please contact [Miriam Hartz](#) or [Lynn Hearn](#).

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