Medicaid helps low-income people and families get health care. It covers parents, children, pregnant women, elderly adults, and people with disabilities. The federal and state governments share the cost.

In Florida, Medicaid is run by the Agency for Health Care Administration (AHCA), but the Department of Children and Families (DCF) usually decides who qualifies.

Covered Services: Medicaid covers many health services like dental care, doctor visits, hospital stays, and more. Your coverage depends on your plan.

Who Can Get Medicaid?

To qualify, you must:

- be a U.S. citizen or qualified noncitizen,
- live in Florida,
- have a Social Security Number, and
- meet income limits set by DCF.

Individuals who meet the eligibility criteria can qualify for Medicaid if they are in one of the following groups:

- parents or relatives caring for at least one child under 18,
- children under 19 and unmarried young adults 19-20,
- pregnant women during pregnancy and up to 12 months after birth,
- former foster care youth under 26,
- people with disabilities or the elderly receiving SSI,

There are some individuals who may receive Medicaid even if they don’t meet all the eligibility criteria above.

- former foster youth under 26 regardless of their income, and
- non-citizens with medical emergencies, like childbirth.

The Medically Needy program helps those whose income is too high for Medicaid but who meet all the other eligibility criteria. You pay medical costs up to a limit, then

Medicaid pays the rest.

Applying for Medicaid

- Online at www.myflorida.com/accessflorida/,
- by phone at 850-300-4323,
- at a DCF service center,
- through a DCF community partner, or
- by mail or fax (call to request a paper form).

If denied, you have 90 days to ask for a Fair Hearing to challenge the decision.

If approved, you must renew every 12 months. You must also report changes like new income, a baby, or moving within 10 days to DCF.

Additional Resources

- Visit the AHCA website to see all covered services.