

STATE RESOURCES FOR SENIORS IN FLORIDA

Seniors can benefit from a variety of programs and services offered by their state governments, but they may not know where to access these resources. This guide covers the benefits, eligibility requirements, and application processes for financial assistance resources for healthcare and prescriptions, medical equipment, senior living and senior care, home-related expenses, and food and nutrition available to seniors in your state. Find the type of assistance you need and read about the options for seniors in your state.

Financial Assistance for Senior Living
& Senior Care

Health Insurance & Prescription Drug
Coverage for Seniors

Cash Assistance Programs for Seniors

Assistance at Home

Free Used Medical Equipment

Food Assistance Programs for Seniors



STATE RESOURCES FOR SENIORS IN FLORIDA

At MemoryCare, we understand that learning about and accessing the assistance you need isn't easy. We created this guide to help seniors and their families learn about the available financial assistance options for senior living and senior care in your state so you can focus on what matters: finding the right senior care for your loved one. In the following resource guide, learn about the financial assistance options for senior care and senior living in your state, what benefits the different programs offer, who is eligible, and how to apply.



FINANCIAL ASSISTANCE FOR SENIOR LIVING & SENIOR CARE

As of 2022, adults aged 65+ have an almost 70% chance of needing some type of long-term care, with around 20% expected to need over five years of help. Regardless if it's in a nursing home, assisted living facility or the senior's home, it will be costly. Long-term care costs are beyond the means of many, compelling them to look for financial assistance, but fortunately, there is help for those who satisfy the eligibility criteria.

MEDICAID

Medicaid pays for comprehensive care in nursing homes, at home and in assisted living facilities. It's a multi-agency effort, with each responsible for crucial aspects of the service. They are the following:

- **Agency for Health Care Administration:** Administers the Statewide Medicaid Managed Care Long-Term Care program
- **Department of Children and Families:** Determines the claimant's financial eligibility
- **Department of Elder Affairs:** Determines the claimant's medical eligibility and the level of care they need

The day-to-day administration of Medicaid plans is in the hands of Managed Care Organizations, which are responsible for all aspects of care.

How to Apply

The quickest way to apply is through the ACCESS system. However, it may save you time if you first check what's available in your area as services vary from county to county.

Eligibility

In addition to satisfying the medical eligibility criteria for Medicaid support, you must also provide other evidence to support your claim. These may be some or all of the following:

- U.S. citizenship or legal residence
- Aged 65 or older
- Florida resident
- Income and assets within the guidelines
- Blind or have a disability

Medicaid Type	Individual Income*	Assets	Married Couple Income*	Assets
Nursing Home	\$2,523**	\$2,000	\$2,523 per spouse**	\$3,000
Home and Community-Based Services	\$2,523	\$2,000	\$2,523 per spouse	\$3,000
Aged and Disabled	\$997	\$5,000	\$1,343 per spouse	\$6,000

*Per month

**Applicant retains a monthly personal needs allowance of \$130

MEDICARE

Medicare is the federal health insurance program for older adults (65+) and some younger people with disabilities. Part A, which covers inpatient care, may also cover medically necessary care delivered in a skilled nursing facility.

How to Apply

To apply for Medicare online, visit the Social Security Administration website, agree to the terms of service and fill out the application. To apply by telephone, call (800) 772-1213. If you prefer to apply in person, use the SSA office locator to find a nearby Social Security office.

Eligibility

You may qualify for Medicare coverage if any of the following apply:

- You're at least 65 years old.
- You have end-stage renal disease.
- You're under age 65 and have a disability.

If you or your spouse worked and paid Medicare taxes for at least 10 years, you qualify for premium-free Part A coverage. You may also qualify for premium-free coverage if you've been receiving disability benefits for at least 24 months, you're on kidney dialysis or you need a kidney transplant.

STATEWIDE MEDICAID MANAGED LONG-TERM CARE (SMMC LTC)

SMMC LTC supports seniors at risk by helping meet the costs of care at home, in the community or in an assisted living facility. The program pays for non-medical services, such as adult day care, home-delivered meals and personal care. Some applicants may also be eligible for Managed Medical Assistance, which provides home-based and institutional medical support.

How to Apply

Call your nearest Area Agency on Aging or the Elder Helpline at (850) 414-2000 to request a medical screening. The results determine if you're eligible for immediate assistance or will join a waiting list. In both cases, you must then apply for Medicaid through the ACCESS system.

Eligibility

Criteria you must satisfy to be considered for SMMC LTC. include:

- Aged 65+, or younger if you have a qualifying disability
- In need of nursing home levels of care
- A Florida resident and U.S. citizen (or legal immigrant)
- Income/assets within guidelines

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

PACE is restricted to seniors eligible for Medicaid and Medicare who live in areas served by PACE organizations. It combines all necessary elements of Medicaid and Medicare to deliver a comprehensive support network managed by the PACE organization. Consequently, it can pay for support functions traditionally associated with Medicaid, including hospital and home medical care and Medicare-funded supports, including prescription drugs and personal care.

How to Apply

Contact the PACE provider responsible for your county to arrange an assessment. A case management team will determine your eligibility and guide you through the application process if you satisfy the qualification criteria.

Eligibility

PACE can accept younger adults, but it only operates in specific zip codes, so it isn't available to all Floridians. Additional eligibility criteria include:

- Aged 55 or older
- At risk of being placed in a nursing home
- Able to live safely in the community
- Reside in a PACE-serviced area

HEALTH INSURANCE & PRESCRIPTION DRUG COVERAGE FOR SENIORS

MEDICAID

Florida's Medicaid program delivers reliable and affordable medical and non-medical care services to seniors who may otherwise struggle to pay for the support they need. Depending on the medical assessments conducted by the Department of Elder Affairs, seniors may be eligible for a wide range of supports, such as nursing home care, dental care, prescription drugs, transportation and homemaker services.

How to Apply

First, determine the services available in your area, then apply via the ACCESS Florida website if nursing home care is a viable option. Alternatively, if you think home-care services are more suitable to your needs, contact your Area Agency on Aging or call the Elder Helpline at (850) 414-2000 to arrange a medical screening. If you live in an area served by a PACE provider, contact the organization directly and it will assess your suitability.

Eligibility

Florida's Medicaid program strictly controls who benefits from its support, as its priority is to make health care available to the state's most vulnerable elders. Common eligibility criteria include being:

- Aged 65 or older (or 55+ if eligible for PACE)
- A U.S. citizen or legal alien
- A Florida resident
- Assessed as in need of nursing home levels of care
- Blind or have a qualifying disability

The applicant's income and assets greatly determine who can claim Medicaid support. The following table provides common examples, showing the income and asset limits for three Medicaid supports.

Medicaid Type	Individual Income*	Assets	Married Couple Income*	Assets
Nursing Home	\$2,523**	\$2,000	\$2,523 per spouse**	\$3,000

Home and Community-Based Services	\$2,523	\$2,000	\$2,523 per spouse	\$3,000
Aged and Disabled	\$997	\$5,000	\$1,343 per spouse	\$6,000

*Per month

**Applicant retains a monthly personal needs allowance of \$130

MEDICARE

Original Medicare consists of Part A, which covers services provided on an inpatient basis, and Part B, which covers outpatient services. For example, Part A covers nursing care provided during a hospital stay, while Part B covers things like doctor visits and durable medical equipment.

How to Apply

To apply for Medicare online, visit the Social Security Administration website and fill out the form. You can also apply by telephone or in person. Call (800) 772-1213 to speak with a representative or use the online locator to find a Social Security office near you.

Eligibility

To receive Medicare benefits, you must be at least 65 years old or have a qualifying disability or end-stage renal disease. Everyone pays a premium for Part B, but you may qualify for premium-free Part A coverage if you or your spouse worked and paid Medicare taxes for at least 10 years.

MEDICARE ADVANTAGE

Original Medicare is managed by the federal government, but Medicare Advantage Plans are sold by private insurance companies. Each plan must offer at least the same amount of coverage as Original Medicare, but many insurers offer extra benefits to make their plans more attractive to consumers.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to compare Medicare Advantage Plans in your state. When you're ready to enroll, call (800) 633-4227 or contact the plan provider directly.

Eligibility

If you're eligible for Original Medicare, you are likely eligible for Medicare Advantage; however, confirm eligibility requirements with the plan provider.

MEDICARE PART D

Original Medicare doesn't cover most prescription drugs, so you may want to enroll in Medicare Part D, a supplemental plan that pays for a wide range of medications. Each plan has a formulary that explains how much coverage is provided for each type of drug. Most Medicare Advantage Plans include prescription drug coverage, and you can't enroll in Medicare Part D if you have a Medicare Advantage Plan that pays for prescription medications.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to find a plan that meets your needs. When you're ready to enroll, contact the plan directly for instructions on applying for coverage.

Eligibility

To qualify for Medicare Part D, you must be enrolled in Medicare Part A and Medicare Part B (Original Medicare) or one of the few Medicare Advantage Plans that doesn't cover prescription drugs.

MEDICARE SAVINGS PROGRAMS

Florida has three Medicare Savings Programs designed to make paying for out-of-pocket costs, deductibles and copays easier for the state's elders.

- **Qualified Medicare Beneficiary Program:** This MSP helps pay for Medicare Part A/Part B premiums, Part A/Part B deductibles and Part A/Part B coinsurance.
- **Specified Low-Income Medicare Beneficiary:** The SLMB program helps pay Medicare Part B premiums.
- **Qualified Individual:** The QI program also helps participants pay their Medicare Part B premiums, but it has higher income limits than the QMB and SLMB programs.

How to Apply

There are several ways to apply for QMB, SLMB and QI. They are:

- Make an appointment with your local Department of Children and Family Services office
- Download an application form and mail it to your local DCF office
- Alternatively, fax the form to (866) 886-4342
- Visit your nearest Aging Resource Center
- Call the Elder Helpline at (800) 963-5337

Eligibility

To be eligible for one of Florida's Medicare Savings Programs, you must be:

- A Florida resident
- A U.S. citizen or qualified non-resident
- Enrolled in Medicare Part A
- Enrolled in Medicare Part B
- Satisfy the program's financial guidelines

Program	Single Income Limits*	Married Income Limits*	Single Asset Limits*	Married Asset Limits*
Qualified Medicare Beneficiary Program	\$1,137	\$1,538	\$7,970	\$11,960
Special Low-Income Medicare Beneficiary	\$1,364	\$1,845	\$7,970	\$11,960
Qualified Individual	\$1,534	\$2,076	\$7,970	\$11,960

* As of January 2022



CASH ASSISTANCE PROGRAMS FOR SENIORS

Cash assistance programs help pay for expenses not covered by health insurance, senior living programs and other forms of aid. These benefits can be used to pay for toiletries, public transportation, utilities and other necessities.

SOCIAL SECURITY

Social Security is a source of income available to retirees and people who can no longer work because of a disability. The money for Social Security comes from a payroll tax levied on employers, employees and self-employed individuals. When you retire, you'll receive monthly payments based on how much you earned when you were working.

How to Apply

To apply online, visit the Social Security website and fill out the application. You can also call (800) 772-1213.

Eligibility

To qualify for Social Security, you must earn at least 40 Social Security credits in your lifetime. Working and paying your portion of the Social Security payroll tax helps you earn these credits.

SUPPLEMENTAL SECURITY INCOME

Supplemental Security Income is a tax-funded program that provides monthly payments to help aged, blind and disabled people meet their basic needs.

How to Apply

To apply for SSI, fill out the online application, call (800) 772-1213 or visit your local Social Security office.

Eligibility

SSI has the following eligibility requirements:

Basic Requirements	Aged 65, blind or disabled.
Citizenship	U.S. citizen, U.S. national or resident alien.
Countable Resources	\$2,000 for individuals/\$3,000 for married couples.
Income	Countable income can't exceed the federal benefit rate.