

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

FILED

OCT 08 2009

OFFICE OF APPEAL HEARINGS
DEPT. OF CHILDREN & FAMILIES

APPEAL NO. 09F-04713

PETITIONER,

Vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION (AHCA)
CIRCUIT: 18 Brevard

RESPONDENT.
_____ /

FINAL ORDER

Pursuant to notice, an administrative hearing was convened by telephone before the undersigned at 3:08 p.m. on August 25, 2009. The petitioner was present and was assisted by her husband, Lisa Sanchez, senior human service program specialist, represented the respondent.

ISSUE

At issue was whether termination of Medicaid Family Planning Waiver was correct due to expiration of 24-month eligibility period. The respondent had the burden of proof.

FINDINGS OF FACT

1. The petitioner received Medicaid in the period before October 2007. After loss of that Medicaid, she was authorized for additional Medicaid under the Family Planning Waiver beginning October 2007.
2. The respondent authorized the eligibility only for a 24-month period.

3. The respondent cancelled Medicaid eligibility effective September 30, 2009.

4. The petitioner challenged the cancellation.

5. The petitioner has health problems. The family has financial difficulty.

The adults do not have adequate insurance coverage. The petitioner's husband recently lost his job. As a result, they filed a medical assistance application with the Department of Children and Families. As of date of hearing, that application was pending.

CONCLUSIONS OF LAW

Florida Statute addresses optional medical assistance and informs:

409.904 Optional payments for eligible persons.--The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

...

5) Subject to specific federal authorization, a woman living in a family that has an income that is at or below 185 percent of the most current federal poverty level is eligible for family planning services as specified in s. 409.905(3) for a period of up to 24 months following a loss of Medicaid benefits.

There are no disputed facts. The state has implemented an optional medical assistance for some women. This option provides an extended period of Medicaid eligibility for "up to 24 months" after loss of Medicaid. The statute is relevant to this situation and must be followed.

Despite the obvious family dilemma, the respondent's action was necessary and correct.

DECISION

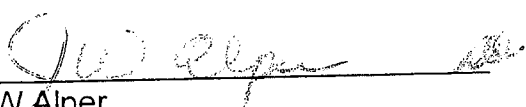
The appeal is denied and the respondent's action is affirmed.

NOTICE OF RIGHT TO APPEAL

This decision is final and binding on the part of the agency. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308-5403. The petitioner must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The agency has no funds to assist in this review, and any financial obligations incurred will be the petitioner's responsibility.

DONE and ORDERED this 8th day of October, 2009, in

Tallahassee, Florida.


J W Alper
Hearing Officer
Building 5, Room 255
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
850-488-1429

Copies Furnished To: