

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

FILED
FEB 20 2015
OFFICE OF APPEAL HEARINGS
DEPT. OF CHILDREN & FAMILIES

APPEAL NO. 14F-10324

PETITIONER,

Vs.

CASE NO. [REDACTED]

FLORIDA DEPT OF CHILDREN AND FAMILIES
CIRCUIT: 10 Polk
UNIT:

RESPONDENT.

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic administrative hearing in the above-referenced matter on December 19, 2014 at 9:01 a.m. All parties appeared in different locations by phone.

APPEARANCES

For Petitioner: [REDACTED] petitioner

For Respondent: Barbara Haley, supervisor

STATEMENT OF ISSUE

At issue is whether respondent's action in denying petitioner's application for Medicaid is correct.

PRELIMINARY STATEMENT

By notice dated November 24, 2014, the respondent notified petitioner that he is "ineligible" to receive Medicaid benefits. Petitioner timely requested a hearing to challenge the denial.

Petitioner was present and testified. Petitioner did not submit any documentary evidence.

The respondent was represented by Barbara Haley with the Department of Children and Families (hereafter "DCF", "Respondent" or "Agency"). Respondent submitted one exhibit, which was accepted into evidence and marked as Respondent's Exhibit "1".

The record was left open until December 30, 2014 to allow the respondent the opportunity to provide additional documentation. On December 23, 2014, the respondent submitted a copy of the ACCESS Management System (AMS) and petitioner's November 24, 2014 application for Medicaid benefits. The copy of the AMS documents and petitioner's application were marked and entered as Respondent's Exhibit "2".

FINDINGS OF FACT

Based upon the oral and documentary evidence presented at the final hearing and on the entire proceeding, the following Findings of Fact are made:

1. Petitioner is a 45-year-old male who alleges multiple health issues. In September 2014, he was hospitalized for approximately six days.
2. On November 24, 2014, petitioner submitted an application for Family-Related Medicaid benefits. The application listed petitioner as the only household resident; currently unemployed; having unpaid medical expenses; and not disabled.
3. On November 24, 2014, the respondent mailed petitioner a Notice of Case Action that indicated petitioner was ineligible for Medicaid benefits.

4. Respondent asserted petitioner's application for Medicaid benefits was a "no touch" application as a representative from the Department did not denied his application for benefits. The ACCESS Management System (AMS) was the database that denied petitioner application for benefits because he did not meet the technical requirements to receive Medicaid.
5. Respondent asserted petitioner was not eligible for Medicaid benefits as he had no children under the age of 18 living with him; was not pregnant, was not over the age of 65; and was not considered disabled at the time of the application.
6. Petitioner works odd jobs here and there. He cannot afford to pay for the medical bills that were incurred in September 2014. Furthermore, petitioner does not have any money to pay for ongoing physician visits or medical treatments.
7. Petitioner has never application for Social Security benefits.
8. Petitioner believed he was disabled seven years ago because he required inpatient and outpatient treatment due to a mental illness. He still struggles today with that mental illness.

CONCLUSIONS OF LAW

9. The Department of Children and Families, Office of Appeal Hearings has jurisdiction over the subject matter of this proceeding and the parties, pursuant to Fla. Stat § 409.285. This order is the final administrative decision of the Department of Children and Families under § 409.285, Fla. Stat.
10. This proceeding is a de novo proceeding pursuant to Florida Administrative Code § 65-2.056.

11. In accordance with Fla. Admin. Code § 65-2.060 (1), the burden of proof for petitioner's Medicaid appeal is assigned to the petitioner.

12. The Fla. Admin. Code R. 65A-1.705(7)(c) Family-Related Medicaid General Eligibility Criteria, in part states:

If assistance is requested for the parent of a deprived child, the parent and any deprived children who have no income must be included in the SFU. Any deprived siblings who have income, or any other related fully deprived children, are optional members of the SFU. If the parent is married and the spouse lives in the home, income must be deemed from the spouse to the parent. For the parent to be eligible, there must be at least one child under age 18, with or without income, in the SFU, or who would be in the SFU if not receiving SSI...

13. According to the above authority, to be eligible for Family-Related Medicaid, petitioner must have a minor child under age 18 living in the household with him. Since petitioner does not have any children under the age of 18 living in the home, he does not meet the technical requirement to be eligible for Family-Related Medicaid benefits.

14. Fla. Admin. Code R. 65A-1.710 sets forth the rules of eligibility for SSI-Related Medicaid Coverage Groups. The MEDS-AD Demonstration Waiver is a coverage group for aged and disabled individuals (or couples), as provided in 42 U.S.C. § 1396a(m). For an individual less than 65 years of age to receive benefits, he or she must meet the disability criteria of Title XVI of the Social Security Act appearing in 20 C.F.R. § 416.905 and states, in part:

(a) The law defines disability as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, you must have a severe impairment(s) that makes you unable to do your past relevant work (see § 416.960(b)) or any other substantial gainful work that exists in the national economy.

15. According to the above authority, to be eligible for SSI-Related Medicaid, petitioner either been deemed disabled or over the age of 65. The petitioner did not complete an application for SSI-Related Medicaid. Therefore, a determination of whether the petitioner was disabled was not made. Since there was no determination by Social Security that the petitioner was disabled nor is he over the age of 65, he does not meet the technical requirement to be eligible for SSI-Related Medicaid benefits.

16. In careful review of the cited authorities and evidence, the undersigned concludes that petitioner did not meet his burden of proof to indicate the respondent incorrectly denied his November 24, 2014 Medicaid application.

17. Petitioner is encouraged to submit another application for SSI-Related Medicaid benefits if he believes he is currently disabled. If his SSI-Related Medicaid application is denied, the respondent is to issue a Notice of Case Action that should include appeal rights.

DECISION

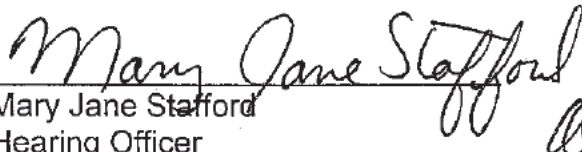
Based upon the foregoing Findings of Fact and Conclusions of Law, petitioner's appeal is DENIED

NOTICE OF RIGHT TO APPEAL

This decision is final and binding on the part of the Department. 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, Office of Legal Services, Bldg. 2, Rm. 204, 1317 Winewood Blvd., Tallahassee, FL 32399-0700. 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 petitioner is responsible for any financial obligations incurred as the Department has no funds to assist in this review.

FINAL ORDER (Cont.)
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DONE and ORDERED this 20th day of February, 2015,
in Tallahassee, Florida.


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Copies Furnished To: [REDACTED] Petitioner
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