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

[redacted]

PETITIONER,

Vs.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
CIRCUIT: 07 St. Johns
UNIT: 88372

RESPONDENT.
_____/

APPEAL NO. 14F-02607

CASE NO. [redacted]

FINAL ORDER

Pursuant to notice, the undersigned convened an administrative hearing in the above-referenced matter on June 18, 2014 at 10:24 a.m. at the respondent's facility located in Jacksonville, Florida.

APPEARANCES

For the Petitioner: The petitioner was present and represented herself.

For the Respondent: Viola Dickinson, Economic Self-Sufficiency Specialist II for the Department of Children and Families (DCF).

STATEMENT OF ISSUE

At issue is the respondent's action to terminate full Medicaid benefits for the child and enroll her in the Medically Needy (MN) Program with an estimated share of cost (SOC) in the amount of $5334.

Also at issue is the respondent's action to enroll the petitioner in the MN Program with an estimated SOC in the amount of $4653.00.

PRELIMINARY STATEMENT

The hearing was originally scheduled for May 22, 2014 at 10:15 a.m. On May 19, 2014, the petitioner contacted the undersigned to request for the hearing to be rescheduled to an in-person hearing. The petitioner's request was granted and the hearing was rescheduled to an in-person hearing for June 18, 2014 at 10:15 a.m.

The record was held open until 5:00 p.m. on June 20, 2014 to allow time for the respondent to submit additional evidence. Evidence was received and entered as the Respondent Exhibit 4.

FINDINGS OF FACT

1. Prior to the action under appeal, the petitioner's granddaughter was receiving full-coverage Medicaid benefits. On March 18, 2014, the petitioner completed an application to recertify for Family-Related Medicaid for herself, age 59, husband, age 66, and child, age 14. The "Tax Relationships" section of the application indicates that the petitioner and her husband filed a joint tax return. Petitioner and her husband have Medicare.

2. The household income is listed as $3271 in railroad pension for the petitioner's husband, $1901.36 in railroad pension and Social Security income ($483.36+$1418) for the petitioner, and $709 in Social Security income for the petitioner's daughter.

3. The Department discovered that the petitioner and her husband legally adopted their granddaughter in May 2011. The Department made a correction to the petitioner's case and determined that the petitioner's daughter was no longer eligible for full-coverage Medicaid as the parents' income can no longer be excluded to determine the child's eligibility. The child was receiving full-coverage Medicaid until March 31, 2014. The Department enrolled the petitioner's daughter in the MN program with an estimated monthly SOC in the amount of $5334 as the total household income exceeded the maximum income limit. Petitioner's husband was enrolled in the Adult-related MN program. The application was to add petitioner to the Medicaid as she was not previously included with her husband.

4. The Respondent Exhibit 2 includes the adoption order from the Circuit Court of the Seventh Judicial Circuit In and for St. Johns County, Florida, dated May 19, 2011 and it states in sentence 8, sections A and B: "The minor child subject to the Petition is declared to be the legal child of Petitioners, JC and MC. The minor child shall be the child and legal heir...and shall be entitled to all rights and privileges, and subject to all obligations, of children born of Petitioners."

5. The Department calculated the child's SOC by including the Social Security income for the petitioner's daughter in the amount of $709, petitioner's retirement benefits in the amount of $483.36 and her Social Security income in the amount of $1418 ($1901.36 total), and petitioner's husband's retirement benefits in the amount of $3271.11. The total gross unearned income in the amount of $5881.47 was reduced by the allowable tax deduction in the amount of $61.16 and the Medically Needy Income

Level (MNIL) for a family size of three in the amount of $486 for a monthly SOC in the amount of $5334.

7. The Department calculated the petitioner's SOC by including the Social Security income and retirement benefits for the petitioner and the petitioner's husband's retirement benefits, for a total gross income in the amount of $5172.47. The total gross unearned income was reduced by the $20 unearned income disregard and the Medically Needy Income Level (MNIL) in the amount of $241 for a family size of two to result in a monthly SOC in the amount of $4911. The SOC was reduced further by the $257.70 medical insurance premiums to result in the amount of $4653.

8. The petitioner does not dispute the income included in the Department's calculations. The petitioner argues that she pays taxes but cannot get the help she needs while others who have not paid into the system can get assistance. Petitioner believes that she is being penalized for working two or three jobs in the past to make ends meet. The petitioner argues that her SOC amount is more than her income and that the majority of her husband's income is used to pay household expenses.

9. The petitioner has Medicare premiums and co-payments and believes that her expenses, such as clothes, food, and medications are not being considered in the Department's calculations for Medicaid. The petitioner believes that the government expects her to live like a transient in order to meet the eligibility requirements and does not realize how the people in society are living. The petitioner argues that her daughter is traumatized because she has had five seizures and the doctors do not know the

cause; she needs full-coverage Medicaid to receive treatment. The petitioner's husband is also receiving medical treatment.

10. The petitioner argues that if she does not meet the SOC, she is responsible for the medical bills. The petitioner believes the Department will delay processing her bill tracking requests should she meet the SOC. The petitioner questioned why the amount of her daughter's MN SOC is higher than the amount for herself and her husband.

11. The Department explained that the Medicaid programs have guidelines and income limitations that it must follow when determining eligibility for the program. The income limits must be met in order to be eligible for full-coverage Medicaid. If the household exceeds the income limit in one program, policy requires that eligibility be determined for all other available Medicaid programs. The petitioner's MN SOC is lower than her child's SOC because she has been determined disabled and qualifies for a different category of MN. The petitioner's child and income were not included in the petitioner's MN budget. The Department explained that the petitioner's and her husband's income were included in the petitioner's MN budget for a household size of two, with a MNIL deduction in the amount of $241.

12. The petitioner's application to recertify for Medicaid went through the Department's "no touch" system, which automatically allowed additional deductions for medical premiums in the amount of $257.50. The petitioner was allowed deductions for her and her husband's medical insurance premiums. The deductions for the medical insurance premiums can be applied only to the individual for whom the policy covers

and cannot be applied to the petitioner's daughter's case because the premiums are not for her medical insurance.

CONCLUSIONS OF LAW

13. 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.

14. This proceeding is a de novo proceeding pursuant to Fla. Admin. Code § 65-2.056. The decision will be made based upon all information currently available.

The Medicaid termination and enrollment of the petitioner's daughter in the Family-Related MN program will be addressed first:

15. In accordance with Fla. Admin. Code § 65-2.060 (1), the burden of proof was assigned to the respondent for the Medicaid termination issue.

16. The Department's Program Policy Manual, 165-22, section 0230.0100 et seq. "Family-Related Medicaid Program" (MFAM), states:

> Family-Related Medicaid is a benefit for children, parents and other caretakers, pregnant women, and individuals under age 26 previously enrolled in Florida Medicaid when they aged out of foster care.
>
> The purpose of Medicaid is to provide a program through which financially needy individuals can obtain medical assistance.
>
> 0230.0101 Legal Basis (MFAM)
>
> The legal basis for the Medicaid Program is the Affordable Care Act of 2010, Medicaid Extenders Act of 2010, Three Percent Withholding Repeal and Job Creation Act of 2011, Middle Class Tax Relief and Job Creation Act of 2012. Titles XIX and XXI of the Social Security Act, Title 42 of the Code of Federal Regulations, Chapter 65A of the Florida Administrative Code, and Chapter 409 Florida Statutes.

17. The Federal Regulations at 42 C.F.R. § 435.603 "Application of modified gross income (MAGI)" states in relevant part:

> (a) Basis, scope, and implementation.
> (1) This section implements section 1902(e)(14) of the Act.
> (2) Effective January 1, 2014, the agency must apply the financial methodologies set forth in this section in determining the financial eligibility of all individuals for Medicaid, except for individuals identified in paragraph (j) of this section and as provided in paragraph (a)(3) of this section...
> (b) *Definitions.* For purposes of this section—
> *Child* means a natural or biological, adopted or step child.
> *Code* means the Internal Revenue Code.
> *Family size* means the number of persons counted as members of an individual's household...
> *Parent* means a natural or biological, adopted or step parent...
> (c) *Basic rule.* Except as specified in paragraph (i), (j), and (k) of this section, the agency must determine financial eligibility for Medicaid based on "household income" as defined in paragraph (d) of this section.
> (d) *Household income*-(1) General rule. Except as provided in paragraphs (d)(2) through (d)(4) of this section, household income is the sum of the MAGI-based income, as defined in paragraph (e) of this section, of every individual included in the individual's household.
> (2) *Income of children and tax dependents.* (i) The MAGI-based income of an individual who is included in the household of his or her natural, adopted or step parent and is not expected to be required to file a tax return under section 6012(a)(1) of the Code for the taxable year in which eligibility for Medicaid is being determined, is not included in household income whether or not the individual files a tax return.
> (ii) The MAGI-based income of a tax dependent described in paragraph (f)(2)(i) of this section who is not expected to be required to file a tax return under section 6012(a)(1) of the Code for the taxable year in which eligibility for Medicaid is being determined is not included in the household income of the taxpayer whether or not such tax dependent files a tax return.
> (3) In the case of individuals described in paragraph (f)(2)(i) of this section, household income may, at State option, also include actually available cash support, exceeding nominal amounts, provided by the person claiming such individual as a tax dependent.
> (4) Effective January 1, 2014, in determining the eligibility of an individual using MAGI-based income, a state must subtract an amount equivalent to 5 percentage points of the Federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income

standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.

(e) *MAGI-based income*. For the purposes of this section, MAGI-based income means income calculated using the same financial methodologies used to determine modified adjusted gross income as defined in section 36B(d)(2)(B) of the Code,

(f) *Household*—(1) Basic rule for taxpayers not claimed as a tax dependent. In the case of an individual who expects to file a tax return for the taxable year in which an initial determination or renewal of eligibility is being made, and who does not expect to be claimed as a tax dependent by another taxpayer, the household consists of the taxpayer and, subject to paragraph (f)(5) of this section, all persons whom such individual expects to claim as a tax dependent....

(2) Basic rule for individuals claimed as a tax dependent. In the case of an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination or renewal of eligibility is being made, the household is the household of the taxpayer claiming such individual as a tax dependent...(3) Rules for individuals who neither file a tax return nor are claimed as a tax dependent. In the case of individuals who do not expect to file a Federal tax return and do not expect to be claimed as a tax dependent for the taxable year in which an initial determination or renewal of eligibility is being made, or who are described in paragraph (f)(2)(i), (f)(2)(ii), or (f)(2)(iii) of this section, the household consists of the individual and, if living with the individual—

(i) The individual's spouse;

(ii) The individual's natural, adopted and step children under the age specified in paragraph (f)(3)(iv) of this section...

18. The Department publishes a policy manual to interpret the state and federal laws. The Department's Program Policy Manual, 165-22, section 2230.0400 Standard Filing Unit (MFAM), states:

For tax filers, the Standard Filing Unit (SFU) is the tax filing group for the tax year in which eligibility is being determined. Eligibility is determined by each individual using the tax filing group's income. Individuals cannot receive Medicaid benefits under more than one coverage group, but can have their income included in more than one SFU.

For individuals who neither file a federal tax return nor are claimed as a tax dependent (non-filers), the Standard Filing Unit consists of the individual and, if living with the individual, their spouse, their natural,

> adopted, and step children under age 19, or 19 and 20 if in school full-time.

19. The above policy explains that Medicaid in the Family-track is determined by how the family files federal taxes. The family's eligibility is determined by grouping certain individuals together and counting those members' income; this is called the Standard Filing Unit or SFU. Eligibility is determined by each individual using the tax filing group's income. According to the above policy, for non-filers, the parents and child under age 19 are counted in the SFU.

20. The Department's Program Policy Manual, 165-22, section 2230.0403 "Children Under Age 21 (MFAM)" states:

> In determining the child's eligibility and SFU's countable income include the parent's countable income if the parent claims the child as a tax dependent.
>
> Children, natural, adoptive or step, living in the home or meeting the conditions of temporary absence, must be included in the AG and the SFU based on the tax filing group.
>
> For a child who expects to be claimed as a tax dependent for the tax year in which eligibility is being determined, the SFU is the child, the parent or other caretaker relative claiming the child, their spouse (if married) and other claimed tax dependents.
>
> If the child does not expect to be claimed as a tax dependent, the SFU is the child, their parents (natural, adopted, step) and their siblings (natural, adopted, step).
>
> If the child is claimed as a tax dependent by someone other than the spouse or parent (natural, adopted, step) or if the child is living with both parents not filing a joint return or if the child is being claimed by a non-custodial parent, the SFU is the child, their parents (natural, adopted, step) and their siblings (natural, adopted, step).

21. The above policy explains that **for a child** who expects to be claimed as a tax dependent for the tax year in which eligibility is being determined, the SFU is the child, the parent and his or her spouse. Therefore, the undersigned concludes to

determine the child's Medicaid eligibility, whether petitioner's family files taxes or not, the undersigned concludes that the SFU must include petitioner, her husband and the child who is 14 years old.

22. The next step to determine if the child is eligible for Medicaid is to determine the income and any eligible deductions for a three person household. To look at this determination, the standards and process is quoted below:

23. The Department's Program Policy Manual 165-22, Appendix A-7, is a chart which has the income limits and deductions and states in part,

> Family-Related Medicaid Income Limits
> Family Size 3...ages 6-18 *see note below...$2194... MNIL **see note below...486...MAGI Disregard (5% of 100% FPL) ***see note below...Family Size 3...83
>
> * Children aged 6 through 18 do not receive the standard disregard. They do get the 5% MAGI disregard, if needed. ** MNIL--The Medically Needy Income Limit (MNIL) includes the appropriate standard disregard. No additional disregards should be applied to establish a share of cost. *** MAGI--The 5% MAGI disregard is used in a budget only if it makes a "failing" individual "pass" a full coverage Medicaid group.

24. The Department's Program Policy Manual, 165-22, section 2630.0108 Budget Computation (MFAM) sets forth the budgeting process and states:

> Financial eligibility for Family-Related Medicaid is determined using the household's Modified Adjusted Gross income (MAGI). The MAGI is the household's adjusted gross income as calculated by the Internal Revenue Service plus any foreign earned income and interest income exempt from tax.
>
> In computing the assistance group's eligibility, the general formula is:
>
> Step 1 - (Gross Unearned + Gross Earned) = (Total Gross Income).
>
> Step 2 - Deduct any allowable income tax deductions (lines 23-35 from 1040). Deduct any allowable deductions for financial aid or self-employment to obtain the Modified Adjusted Gross Income.

Step 3 - Deduct the appropriate standard disregard. This will give the countable net income.

Step 4 - Compare the total countable net income to the coverage group's income standard.

If less than or equal to the income standard* for the program category, STOP, the individual is eligible. If greater than the income standard for the program category, continue to Step 5.

Step 5 - Apply a MAGI deduction (5% of the FPL based on SFU size).

If the 5% disregard would make the individual eligible, include the disregard. Otherwise the individual is ineligible for Medicaid.

Individuals determined ineligible for Medicaid will be enrolled in Medically Needy and referred, as appropriate, to Florida KidCare and/or the Federally Facilitated Marketplace (FFM).

*Note: Children aged 6-18 do not receive the standard disregard. They do receive the 5% MAGI disregard, if it's needed to determine the assistance group eligible.

25. The total gross income for the SFU (or household) is $5881.47. To determine if the child meets the income limit for full Medicaid, the only deductions considered are the tax deduction of $61.16 and the 5% of the Federal Poverty Level or $83 for a family of three (as shown in the above policy citation). The undersigned concludes the net countable income exceeds the income limit of $2194 to allow eligibility for the child to have full Medicaid.

26. The Department's Program Policy Manual, 165-22, section 0830.0800 CONTINUOUS MEDICAID ELIGIBILITY (MFAM) states:

After Medicaid eligibility has been established, children who become ineligible for Medicaid for any reason may remain on Medicaid for up to twelve months from the last application, eligibility review or addition to Medicaid coverage. Children up to age 5 receive a minimum of twelve months of continuous Medicaid coverage. Children age five up to 19 receive a minimum of six months of continuous Medicaid coverage.

If it is later discovered that the child was not eligible at the point eligibility was determined, continuous Medicaid does not apply. An ex parte review must be completed to explore eligibility in other categories.

> Note: A child determined eligible for Medicaid any day prior to turning age five continues to receive Medicaid for twelve months without redetermination or verification of eligibility.
>
> Months of Medicaid received since the most recent application or eligibility review count toward the six or twelve months of continuous Medicaid eligibility. Count the first month of eligibility as month one if the last action is an application. If the last action is an eligibility review, count as month one the month following the date the eligibility review was completed. Retroactive Medicaid does not count as a month of continuous Medicaid coverage.

27. The above policy allows for six additional months of Medicaid coverage for a child under the age of 19 when determined ineligible. The policy also includes a provision for coverage that was provided when the child was actually ineligible for Medicaid and explains that continuous Medicaid would not apply. When this is the case, the Department must complete an ex parte review to explore eligibility in other categories.

28. The undersigned concludes that the continuous Medicaid policy is to protect eligible children and give additional time to transition to another type of coverage. In this case, the undersigned concludes that the additional six months of coverage does not apply as the child was adopted in 2011 and would not have met the income limit for Medicaid at the prior review based on her family's income.

29. The next step involves the Department looking at any other available Medicaid coverage for the child (referred to as the ex parte determination). The only other Medicaid-related coverage is the Medically Needy Program. This program is for children or adults who have income too high to qualify for full Medicaid. The Department enrolled the child in the Medically Needy Program and determined the SOC

based on the family's income. The parents were not enrolled in the same Medically Needy Program as they qualify for the SSI-related Programs for aged or disabled individuals or couples. According to an earlier cited policy, an individual cannot receive Medicaid in more than one coverage group but can have his or her income included in more than one SFU, as in this case.

30. The Department's Program Policy Manual, 165-22, section 2630.0500 SHARE OF COST (MFAM) states:

> The Share of Cost (SOC) refers to the amount of medical bills which an individual enrolled in the Medically Needy Program must incur in any given month before Medicaid coverage may be authorized.
>
> Eligibility must be determined for Medically Needy any time the assistance group meets all technical factors but the income exceeds the appropriate income limit for Medicaid.
>
> To calculate the share of cost, compare the countable net income to the Medically Needy Income Level based on the size of the standard filing unit. The difference is the assistance group's share of cost.

31. The above policy instructs to determine the SOC in the Medically Needy Program by subtracting the Medically Needy Income Level (MNIL) for the family size from the countable income and the difference is the child's SOC. According to the above cited passages, the budget would begin with the gross income of 5881.47 and deduct only the tax allowed deductions of $61.16 and the MNIL for three of $486. This leaves the child's SOC at $5334.

32. The undersigned concludes the Department followed its controlling policies to determine the child does not qualify for full Medicaid and is enrolled in the Medically Needy Program with a SOC. The undersigned recognizes the petitioner's concerns

about the child's medical needs and the family's other needs. However, the controlling legal authorities do not allow for any more favorable outcome.

The enrollment of the adults in the MN program will now be addressed:

33. In accordance with Fla. Admin. Code § 65-2.060 (1), the burden of proof is assigned to the petitioner as she was applying for Medicaid for herself. This was not made clear during the hearing. The findings show the petitioner was seeking Medicaid coverage for herself and therefore, holds the burden of proof in this matter.

34. The Department's Program Policy Manual, 165-22, section 2240.0601 "Family and SSI-Related Medicaid Groups (MSSI)" states:

> Sometimes a family has members who are requesting or receiving assistance in both Family and SSI-Related coverage groups. This occurs due to the TCA standard filing unit policy and SSI budgeting requirements and **when SSI income policy is more advantageous to the SSI-Related Medicaid member**. When this happens, one or more members must be included in two SFUs, although they would be eligible for only one type of coverage. (emphasis added)

35. The Department's Program Policy Manual, 165-22, section 2240.0602 "Example of Dual SFU (MSSI)" states in part:

> A family consisting of two parents (married to each other) and their two mutual children apply for assistance. The father is disabled (the disabled individual could also be a child). All family members' needs, income, and assets would be considered in determining eligibility for the Family-Related Medicaid group. Both parents must be treated as a couple and their needs, income, and assets would be considered in determining the father's eligibility for MSSI.

36. The above authorities explain that there may be times when the SFU consists of household members who receive assistance in Family-Related Medicaid as

well as SSI-Related Medicaid coverage groups. This happens when the SSI-Related Medicaid policy is more advantageous to the household member. The coverage is for disabled or elderly individuals or couples and considers only the couple's income.

37. Federal Regulations at 20 C.F.R. §416.1124 "Unearned income we do not count" states in part, "(c)(12) The first $20 of any unearned income in a month..."

38. Fla. Admin. Code 65A-1.713 SSI-Related Medicaid Income Eligibility Criteria states in part:

> (1) Income limits. An individual's income must be within limits established by federal or state law and the Medicaid State Plan. The income limits are as follows:
> a) For MEDS-AD Demonstration Waiver, income cannot exceed 88 percent of the federal poverty level after application of exclusions specified in subsection 65A-1.713(2), F.A.C. ...
> (h) For Medically Needy, income must be less than or equal to the Medically Needy income standard after deduction of allowable medical expenses. ...
> (j) For a Qualified Individual 1 (QI1), income must be greater than 120 percent of the federal poverty level, but equal to or less than 135 percent of the federal poverty level. QI1 is eligible only for payment of the Part B Medicare premium through Medicaid.
> (2) (c) Medically Needy. The amount by which the individual's countable income exceeds the Medically Needy income level, called the "share of cost", shall be considered available for payment of medical care and services.

39. Fla. Admin. Code 65A-1.701, Definitions, states in part:

> (20) MEDS-AD Demonstration Waiver: Medicaid coverage group for aged or disabled individuals who meet all SSI-related Medicaid non-financial eligibility criteria, whose resources do not exceed the limit in the Medically Needy Program, whose income is at or below 88 percent of the federal poverty level and **are not receiving Medicare or if receiving Medicare are also eligible for Medicaid covered institutional care services, hospice services or home and community based services** (emphasis added)

40. The Medically Needy income levels for the SSI-related program are set forth

in the Fla. Admin. Code at 65A-1.716 which state in part:

> (1) The monthly federal poverty level figures based on the size of the filing unit...
> (2) Medicaid income and payment eligibility standards and Medically Needy income levels are by family size as follows...
> Size...2 Level $241...

41. According to the above authorities, the Department was correct to enroll petitioner in the SSI-related MN Program with her husband. They are considered an eligible couple as one is over 65 and one is disabled. Because petitioner and her husband each have Medicare, they do not qualify for the full Medicaid Program, called MEDS-AD. This Medicaid policy was put in place once Part D coverage to assist with prescriptions was made available to Medicare recipients (the only medical need not covered by Medicare Parts A and B). The undersigned recognizes petitioner has Medicare co-payments to make. However, the controlling Medicaid authorities do not allow full Medicaid eligibility for elderly or disabled individuals or couples who receive Medicare.

42. To determine the MN SOC, the couple's gross income of $5172.47 was considered. The Department correctly reduced the income by the $20 standard deduction, $241 MNIL for two, and $257.70 medical insurance premiums to result in the $4653 monthly SOC for the petitioner and her husband. Because this is lower than the Family-related MN SOC of $5334, the Department correctly enrolled the couple in this program.

43. The undersigned concludes the Department correctly terminated the child's full Medicaid coverage and correctly enrolled her in the Family-related MN program.

The Department also correctly enrolled the parents in the SSI-realted MN program as it was the most advantageous SOC.

DECISION

Based upon the foregoing Findings of Fact and Conclusions of Law, the appeals are 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.

DONE and ORDERED this 4th day of August, 2014, in Tallahassee, Florida.

Paula Ali
Hearing Officer
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