

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

**FILED**

**JUN 18 2014**

OFFICE OF APPEAL HEARINGS  
DEPT OF CHILDREN & FAMILIES



PETITIONER,

APPEAL NO. 14F-03100

Vs.

CASE NO. 

FLORIDA DEPT OF  
CHILDREN AND FAMILIES  
CIRCUIT: 18 Brevard  
UNIT: 55207

RESPONDENT.

**FINAL ORDER**

Pursuant to notice, the undersigned telephonically convened an administrative hearing in the above-referenced matter at 1:05 p.m. on June 6, 2014.

**APPEARANCES**

For the Petitioner:  pro se

For the Respondent: Tracy Schoen-Shaw, ACCESS senior worker

**STATEMENT OF ISSUE**

At issue is respondent's action to deny petitioner Medicaid benefits.

**PRELIMINARY STATEMENT**

By notice dated May 19, 2014 respondent notified petitioner her application dated March 4, 2014 for Medicaid benefits was denied. Petitioner timely requested a hearing to challenge the denial.

Petitioner did not submit exhibits into evidence. Respondent submitted three exhibits, entered as Respondent Exhibits "1" through "3". The record was closed on June 6, 2014.

### **FINDINGS OF FACT**

1. On March 4, 2014 petitioner (age 46) submitted an application for Food Assistance and Medicaid benefits for herself. The application indicates petitioner is not pregnant or disabled. Medicaid is the only issue.
2. To be eligible for Medicaid an applicant must have children, be pregnant, considered disabled, aged (65 or older) or blind by the Social Security Administration. Petitioner does not have children, is not pregnant, aged, blind or disabled. Therefore, she is not eligible for Medicaid.
3. Petitioner confirmed that she does not have children, is not pregnant, blind or disabled.
4. On May 19, 2014 respondent mailed petitioner a Notice of Case Action notifying her March 4, 2014 application for Medicaid was denied, "Reason: No household members are eligible for this program."
5. Petitioner stated "It is not right that single people are not eligible for Medicaid." Petitioner asserted that she is a diabetic and in need of Medical assistance.

### **CONCLUSIONS OF LAW**

6. 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 Fla. Stat. § 409.285.

7. This proceeding is a de novo proceeding pursuant to Fla. Admin. Code R. 65-2.056.

8. In accordance with Fla. Admin. Code R. 65-2.060 (1), the burden of proof was assigned to the petitioner.

9. Medicaid eligibility is based on federal regulations. There are two categories of Medicaid that the Department determines eligibility for (1) Family Related Medicaid for parents and children, and pregnant women, and (2) Adult Related (referred to SSI-Related Medicaid) for disabled adults and adults 65 or older.

10. Florida Administrative Code R. 65A-1.703 Family-Related Medicaid Coverage Groups states:

(1) The department provides mandatory Medicaid coverage for individuals, families and children described in Section 409.903, F.S., Section 1931 of the Social Security Act and other relevant provisions of Title XIX of the Social Security Act. The optional family-related Title XIX and Title XXI coverage groups served by the department are stated in each subsection of this rule...

11. Florida Administrative Code R. 65A-1.711 SSI-Related Medicaid Non Financial Eligibility Criteria states:

(1) For MEDS-AD Demonstration Waiver, the individual must be age 65 or older, or disabled as defined in 20 C.F.R. §416.905...

12. Title 20 Code of Federal Regulations § 416.903 Who makes disability and blindness determinations in part states:

(b) Social Security Administration. The Social Security Administration will make disability and blindness determinations...

13. In accordance with the above authorizes, to be eligible for Medicaid and applicant must have children, be pregnant, age 65 or older, disabled or blind. Petitioner has no

children, is not pregnant, is not 65 or older and has not been determined disabled or blind by the Social Security Administration. Therefore, she is not eligible for Medicaid.

14. In careful review of the cited authorities, and evidence, the undersigned concludes the respondent followed rule in denying petitioner Medicaid.

**DECISION**

Based upon the foregoing Findings of Fact and Conclusions of Law, the appeal is denied and respondent's action affirmed.

**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 18<sup>th</sup> day of June, 2014,

in Tallahassee, Florida.

Priscilla Peterson *PP*

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Copies Furnished To: [REDACTED] Petitioner  
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