

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

**FILED**

**MAR 31 2015**

OFFICE OF APPEAL HEARINGS  
DEPT OF CHILDREN & FAMILIES



PETITIONER,

Vs.

APPEAL NO. 15F-00203

CASE NO. 

FLORIDA DEPT OF  
CHILDREN AND FAMILIES  
CIRCUIT: 05 Lake  
UNIT: 09DDD

RESPONDENT.

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**FINAL ORDER**

Pursuant to notice, the undersigned convened a telephonic administrative hearing in the above-referenced matter on March 11, 2015 at 2:15 p.m.

**APPEARANCES**

For the Petitioner:  pro se

For the Respondent: Evelyn Ross, ACCESS Supervisor

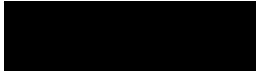
**STATEMENT OF ISSUE**

Petitioner is appealing the Department's action to deny her Medicaid application dated December 12, 2014.

**PRELIMINARY STATEMENT**

By notice dated January 14, 2014, the respondent notified the petitioner that her Medicaid application was denied as they "did not receive all the information requested

to determine eligibility". The petitioner timely requested this administrative hearing to challenge the respondent's action.

 the petitioner's ex-husband, appeared as an observer.

The petitioner did not submit any exhibits. The respondent submitted five exhibits, which were accepted into evidence and marked as Respondent Exhibits "1" through "5" respectively. The record closed on March 11, 2015.

#### **FINDINGS OF FACT**

1. On December 12, 2014, the petitioner (58) submitted an online application to apply for Medicaid benefits. She indicated on this application that she was disabled. To be eligible for Medicaid without minor children, applicants under age 65 must be blind or considered disabled by the Social Security Administration (SSA) or the Division of Disability Determinations (DDD).
2. The respondent sent two notices to the petitioner on December 22, 2014 requesting additional information to process her application. One of the items requested was a signed "Authorization to Disclose Information" form, the deadline given to provide all the requested information was January 2, 2015.
3. On January 2, 2015, the petitioner provided all the requested information except a completed and signed "Authorization to Disclose Information" form. There was no new notice sent to the petitioner to let her know of the missing/incomplete information.
4. The respondent explained that without this form they were not able to refer the petitioner's application to DDD for them to complete a disability determination.

5. The petitioner believed she had completed, signed and returned all the forms she received from the Department.
6. On January 13, 2015, the respondent denied the petitioner's Medicaid application due to not receiving the "Authorization to Disclose Information" form.
7. The respondent stated they are not required to send a new notice when an applicant returns incomplete information.

#### CONCLUSIONS OF LAW

8. 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.
9. This proceeding is a de novo proceeding pursuant to Florida Administrative Code R. 65-2.056.
10. In accordance with Fla. Admin. Code R. 65-2.060(1), the burden of proof was assigned to the petitioner.
11. Fla. Admin. Code R. 65A-1.205 addresses the eligibility determination process and states in relevant part:

...

**(c) If the eligibility specialist determines during the interview or at any time during the application process that the applicant must provide additional information or verification..., the eligibility specialist must give the applicant written notice to provide the requested information or to comply, allowing ten calendar days from request or the interview; whichever is later. [emphasis added]** For all programs, verifications are due ten calendar days from the date of written request or interview, or 60 days from the date of application, whichever is later.

12. The above cited authority sets forth the rules for determining eligibility in the Medicaid program. The undersigned concludes the respondent did not properly notify the petitioner about the incomplete verification in accordance with the outlined authority. The petitioner provided all requested information except the "Authorization to Disclose Information" form. The respondent took no action to inform her in writing that this form was missing and required to complete her application.
13. After careful review of the evidence and controlling legal authorities, the undersigned concludes that the respondent incorrectly denied the petitioner's Medicaid application without giving her adequate written notice of the form missing to complete the process. Therefore, the undersigned hereby remands the matter back to the Department to obtain the required "Authorization to Disclose Information" form from the petitioner and to complete the eligibility determination process for her Medicaid benefits. The Department is to preserve the petitioner's original application date of December 12, 2014 and determine her eligibility from that date. Once an eligibility determination is made, the respondent is to issue a new Notice of Case Action to the petitioner including her appeal rights.

#### **DECISION**


Based upon the foregoing Findings of Fact and Conclusions of Law, the appeal is granted and remanded back to the Department to take action as specified in the Conclusions of Law.

**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 31<sup>st</sup> day of March, 2015,

in Tallahassee, Florida.

  
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Copies Furnished To: [REDACTED] Petitioner  
Office of Economic Self Sufficiency