

FILED

Nov 04 2015

Office of Appeal Hearings
Dept. of Children and Families

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



APPEAL NO. 15F-06749

PETITIONER,

Vs.

CASE NO. 

FLORIDA DEPARTMENT OF
CHILDREN AND FAMILIES
CIRCUIT: 07 Volusia
UNIT: 88371

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned telephonically convened an administrative hearing in the above-referenced matter at 8:30 a.m. on September 2, 2015.

APPEARANCES

For the Petitioner:  pro se

For the Respondent: Matthew Lynn
ACCESS Economic Self-Sufficiency Specialist II

STATEMENT OF ISSUE

At issue is whether the respondent's action to approve petitioner in the Medically Needy Program with an estimated \$696 Share of Cost (SOC) is proper. The petitioner carries the burden of proof by the preponderance of evidence.

PRELIMINARY STATEMENT

By notice dated June 2, 2015, respondent notified petitioner he was approved in the Medically Needy Program with an estimated \$696 SOC. Petitioner timely requested a hearing to challenge approval in the Medically Needy Program.

Petitioner did not submit exhibits. Respondent submitted three exhibits, entered as Respondent Exhibits "1" through "3". The record was closed on September 2, 2015.

FINDINGS OF FACT

1. Petitioner submitted an application for Food Assistance and Medicaid benefits for himself on May 21, 2015. Medicaid is the only issue.
2. As part of the eligibility process, the Department verified petitioner receives \$896 in Social Security Disability Income (SSDI).
3. Petitioner does not have minor children; therefore, he is not eligible for Family Medicaid. To be eligible for Adult (SSI-Related) Medicaid, petitioner's income cannot exceed the \$864 monthly Medicaid income limit. Petitioner's \$896 SSDI exceeds the \$864 income limit. The next program available is the Medically Needy Program with a SOC.
4. Respondent determined petitioner's SOC as follows:

\$896	SSDI
-\$ 20	unearned income disregard
<u>-\$180</u>	<u>Medically Needy Income Level (MNIL)</u>
\$696	SOC
5. On June 2, 2015, respondent mailed petitioner a Notice of Case Action notifying he was approved in the Medically Needy Program with a \$696 estimated SOC.

6. Petitioner believes since he has worked all his life, he should now be allowed to receive full Medicaid.

CONCLUSIONS OF LAW

7. 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.

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

9. The Fla. Admin. Code R. 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...

(h) For Medically Needy, income must be less than or equal to the Medically Needy income standard after deduction of allowable medical expenses...

(4)(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. The department computes available income for each month eligibility is requested to determine the amount of excess countable income available to meet medical costs. If countable income exceeds the Medically Needy income level the department shall deduct allowable medical expenses in chronological order, by day of service... To be deducted the expenses must be unpaid, or if paid, must have been paid in the month for which eligibility is being determined or incurred and paid during the three previous calendar months to the month for which eligibility is being determined but no earlier than the three retroactive application months...

10. The above authority explains to be eligible for full Medicaid; income cannot exceed 88 percent of the federal poverty level. And Medically Needy provides coverage for individuals who do not qualify for full Medicaid due to income.

11. The Department's Program Policy Manual, CFOP 165-22, appendix A-9 (April 2015), identifies \$864 as 88 percent of the federal poverty level for a household size of one.

12. Petitioner's \$896 SSDI exceeds the \$864 income limit to be eligible for full Medicaid. Therefore, petitioner is not eligible for full Medicaid.

13. Federal Regulations at 20 C.F.R. § 416.1124 explain unearned income not counted and states in part "(c) Other unearned income we do not count... (12) The first \$20.00 of any unearned income in a month..."

14. The Fla. Admin. Code R. 65A-1.716 sets forth the MNIL at \$180 for a family size of one.

15. In accordance with the authorities, respondent deducted \$20 unearned income and \$180 MNIL from petitioner's \$896 SSDI to arrive at \$696 SOC.

16. In carefully review of the cited authorities and evidence, the undersigned concludes the respondent followed Rule in approving petitioner in the Medically Needy Program with \$696 monthly SOC.

DECISION

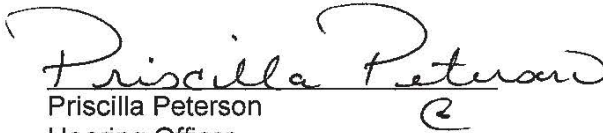
Based upon the foregoing Findings of Fact and Conclusions of Law, the appeal is denied and the respondent's action is approved.

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 November, 2015,

in Tallahassee, Florida.


Priscilla Peterson

Hearing Officer

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