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Office of Appeal Hearings
Dept. of Children and Families

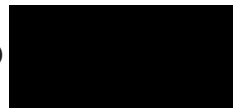
STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS



APPEAL NO. 15F-09470
15F-09471

PETITIONER,
Vs.

CASE NO



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
CIRCUIT: 17 Broward
UNIT: 88249

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened an administrative hearing in the above-referenced matter on January 14, 2016 at 9:30 a.m., at _____, _____.

APPEARANCES

For the Petitioner: _____

For the Respondent: Emilienne Elien, supervisor.

STATEMENT OF ISSUE

At issue is whether the Department's actions to deny the petitioner's application for Food Assistance Program benefits and her enrollment in the Medically Needy Program are correct. The petitioner carries the burden of proof by the preponderance of evidence for both Programs.

PRELIMINARY STATEMENT

On May 12, 2015, the petitioner reported to the Sunrise Service Center to request a hearing challenging the denial of FAP benefits for her household and her enrollment in the Medically Needy (MN) Program. The hearing request was sent to the Office of Appeal hearings on November 12, 2015.

At the beginning of the proceeding, the undersigned addressed the timeliness of petitioner's appeal based on the Notice of Case Action at issue. The parties were advised that a ruling would be reserved to allow the hearing officer to review the case file and that a decision would be issued in the Final Order.

During the hearing, the petitioner submitted one (1) exhibit, which was accepted into evidence and marked as Petitioner's Exhibit 1. The Department presented 15 exhibits, which were marked as Respondent's Exhibits 1 through 15.

FINDINGS OF FACT

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

1. Prior to the action currently under appeal, the petitioner had been receiving FAP benefits for herself and one child. She last received \$16 in April 2015.
2. On April 27, 2015, the petitioner submitted an online application requesting additional FAP and Medicaid benefits for herself, her 15 year-old daughter, her husband and their mutual child, [REDACTED]. On that application, the petitioner reported that she was receiving Social Security benefits for herself and her children and that her husband was employed.

3. The petitioner and her children are United States citizens. She is disabled and has no work history. Her husband is a legal permanent resident with less than five years with that status, has less than ten years of work history, and therefore does not have 40 quarters. They have been married less than ten years. The husband is subject to a five-year ban for receipt of benefits.

4. The petitioner reported the following monthly expenses: \$1,100 for rent, \$150 for water/sewer, \$20 for trash removal, \$150 for telephone and \$150 for electricity. This household is not considered a broad-based categorical eligible household and only needs to meet the net income limit to be eligible for FAP benefits. In addition, she is allowed excess medical expenses and is not subject to a shelter cap.

5. Petitioner's husband obtained Lawful Permanent Resident status on October 17, 2014, based on a System Alien Verification for Eligibility (SAVE) completed on him. The Department determined that the husband was not eligible for FAP benefits and only counted three members (petitioner and the two children) in the FAP assistance group (AG). The husband's ineligibility is not being challenged.

6. The FAP budgeting process involves deducting some standard deductions as well as some of the recipients' actual expenses. Rent or mortgage is an allowable deduction as well as a standard deduction for utilities (SUA) and excess medical expenses.

7. Petitioner received \$814 in monthly Social Security Disability (SSD) benefits and each of her two children receives \$78, for a total of \$971, see Petitioner's Exhibit 1. Petitioner's husband is employed and gets paid biweekly. He provided his paystubs dated March 26, 2015 (\$1,494.31) and April 9, 2015 (\$1,458.49) for verification, see

Respondent's Exhibit 8. The Department used a conversion factor of 2.15 to arrive at a total monthly gross earned income of \$3,174.26. This amount was divided by four and the result multiplied by 3 to arrive \$2,380.71 as countable prorated amount. This prorated amount was added to the \$970 Social Security benefits to arrive at \$3,350.71 total gross household income.

8. From the gross income of \$3,350.71, a 20% (\$476.14) earned income deduction; and a \$155 standard deduction were subtracted to arrive at the \$2,719.57 adjusted income, 50% of which becomes shelter standard (\$1,359.78). With shelter/utility costs \$1,497 (\$1,160 shelter and \$337 SUA), petitioner was allowed \$137.22 excess shelter deduction, resulting in the Food stamp Adjusted income downward adjusted to \$2,582.35.

9. This amount (\$2,582.35) was compared to the maximum net monthly income of \$1,650 (for a household with three eligible members) resulting in the petitioner failing the Food Assistance net income limit, see Respondent's Exhibit 6.

10. After a case review, petitioner was allowed \$69.90 in excess medical expenses and \$430.14 in child care deductions to arrive at the \$2,199.47 adjusted income, 50% of which becomes shelter standard (\$1,099.73). With shelter/utility costs \$1,505 (\$1,160 shelter and \$345 SUA) petitioner was allowed \$405 excess shelter deduction, resulting in the Food stamp Adjusted income downward adjusted to \$1,794.20.

11. This amount (\$1,794.20) was compared to the maximum net monthly income of \$1,675 (for a household with three eligible members). The petitioner still failed the Food Assistance net income limit.

12. The Department determined the children's eligibility for full Medicaid benefits because the household income was below the income limit for children in their age group for a standard filing unit size of three. The petitioner was enrolled in the Medically Needy (MN) Program with an estimated SOC. Petitioner's husband is the only one employed, therefore she and the children are considered his tax dependents.

13. The petitioner was seeking full Medicaid for herself. . To begin the budgeting process for the petitioner for the Medically Needy Program, the Department added the husband two paychecks to arrive at \$2,952.80 ($1,494.31 + \1438.49). This amount was added to the \$814 Social security benefits total, resulting in \$3,766.80 as modified adjusted gross income (MAGI). To determine Medicaid eligibility for the petitioner, the household income of \$3,766.80 was compared to the income limit for an adult with a household size of four, \$364. As the income exceeded the maximum limit, she was found ineligible for full Medicaid benefits. As the petitioner was determined ineligible for full Medicaid, the respondent enrolled her in the Medically Needy (MN) Program.

14. To determine petitioner's estimated SOC the Medically Needy Income Level (MNIL) of \$585 (for a standard filing unit size four) was subtracted from the \$3,766.80 Gross monthly household income, resulting to the petitioner estimated SOC of \$3,181. It was further reduced by \$104.90 in medical insurance premium, resulting in the final estimated SOC to be \$3,076 effective August 2015.

15. On April 29, 2015, the Department sent the petitioner a Notice of Case Action informing him that hers FAP application is denied because her income is too high to qualify for this program. Additionally, the notice explained that petitioner was enrolled in the Medically Needy Program with a \$3,181 SOC, see Respondent's Exhibit 15. On

May 12, 2015, the petitioner reported to the Sunrise Service Center to request a hearing to challenge the Department's action, see Respondent's Exhibit 2, p 21. After a case review, the SOC was adjusted to \$3,076, see Respondent's Exhibit 14.

16. The respondent explained that the petitioner is not eligible for full Medicaid because her household income exceeds the Family-Related Medicaid income limit for the household size and that her SOC was directly related to the household gross income. She explained that whenever incomes are received more often than monthly in the FAP, the Department is required to use the conversion factor of 2.15 (if received biweekly), 4.3 (if received weekly), or 2 (if received semimonthly). For Medicaid however, weekly incomes are multiplied by 4 and biweekly incomes are multiplied by 2. The respondent explained that the petitioner's husband is subject to a five-year ban before he can participate in any program as an eligible member. In addition, she explained that 75% of his gross income is used to determine eligibility for the three other household members. The respondent further explained that the petitioner is enrolled in the Medically Needy Program because she failed to meet the income guideline for Family-Related Medicaid.

17. The petitioner did not dispute the income amount used by the Department in the eligibility process. He asserted that his wife is in poor health and needs constant medical care. He acknowledged that he understands the benefits provided by the respondent are income-based, but believes that it is not fair for his wife to be denied FAP benefits and be enrolled in MN because of his income. The petitioner maintains his wife cannot meet her share of cost on a monthly basis. Petitioner believes his income should not count against his wife.

18. The Department's representative explained how the share of cost was determined and how it could be met. Petitioner was advised to submit all outstanding medical bills to the Department so that it can be determined when the share of cost is met and when Medicaid coverage could begin.

CONCLUSIONS OF LAW

19. 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.

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

The undersigned first address the untimely appeal and jurisdiction issue.

21. On April 29, 2015, the Department sent the petitioner a Notice of Case Action informing her that her FAP application is denied because her income is too high to qualify for this program. In addition, the notice explained that she was enrolled in the Medically Needy (MN) Program with an estimated SOC. On May 12, 2015, the petitioner reported to the Sunrise Service Center to request a hearing challenging the Department's actions. The hearing request was sent to the Office of Appeal hearings on November 12, 2015. Therefore, the undersigned finds that petitioner's request is timely and retains jurisdiction. A decision will be made based on the merits of the case.

The Food Assistance issue will be addressed first.

22. Federal regulation C.F.R. § 273.9 addresses income/allowable deductions budgeting in the FAP in part and states as follows:

(a) *Income eligibility standards.* Participation in the Program shall be limited to those households whose incomes are determined to be a substantial limiting factor in permitting them to obtain a more nutritious diet. Households which contain an elderly or disabled member shall meet the net income eligibility (sic) standards for the Food Stamp Program. Households which do not contain an elderly or disabled member shall meet both the net income eligibility standards and the gross income eligibility standards for the Food Stamp Program. Households which are categorically eligible as defined in §273.2(j)(2) or 273.2(j)(4) do not have to meet either the gross or net income eligibility standards. The net and gross income eligibility standards shall be based on the Federal income poverty levels established as provided in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

(b) Definition of income...

(1) Earned income shall include:

(i) All wages and salaries of an employee...

(2) Unearned income shall include, but not be limited to: ...

(ii) Annuities; pensions; retirement, veteran's, or disability benefits; worker's or unemployment compensation including any amounts deducted to repay claims for intentional program violations as provided in §272.12; old-age, survivors, or social security benefits...

(d) *Income deductions.* Deductions shall be allowed only for the following household expenses:

(1) *Standard deduction*—

(2) Earned income deduction.

(3) Excess medical deduction. That portion of medical expenses in excess of \$35 per month, excluding special diets, incurred by any household member who is elderly or disabled as defined in §271.2. Spouses or other persons receiving benefits as a dependent of the SSI or disability and blindness recipient are not eligible to receive this deduction but persons receiving emergency SSI benefits based on presumptive eligibility are eligible for this deduction....(emphasis added)

(4) Dependent care.

(5) Optional child support deduction.

(6) Shelter costs—

(ii) Excess shelter deduction. Monthly shelter expenses in excess of 50 percent of the household's income after all other deductions in paragraphs (d)(1) through (d)(5) of this section have been allowed(ii) Excess shelter deduction. Monthly shelter expenses in excess of 50 percent of the household's income after all other deductions in paragraphs (d)(1) through (d)(5) of this section have been allowed. If the household does not contain an elderly or disabled member, as defined in § 271.2 of this chapter, the shelter deduction cannot exceed the maximum shelter deduction limit established for the area...

- (A) Continuing charges for the shelter occupied by the household, including rent,
- (iii) Standard utility allowances...
- (A) With FNS approval, a State agency may develop the following standard utility allowances (standards) to be used in place of actual costs in determining a household's excess shelter deduction.

23. The respondent must follow these federal budgeting guidelines when determining eligibility. The regulation directs the Department to use gross income when determining eligibility. The FAP budgeting process involves deducting some standard deductions as well as some of the recipients' actual expenses. Rent or mortgage is an allowable deduction as well as a standard deduction for utilities and medical deductions. It also directs the Department to consider wages and Social Security benefits as incomes that must be included in the eligibility determination.

24. Federal regulations at 7 C.F.R. § 273.10, in relevant part states:

- (c) (2) Income only in month received. (i) Income anticipated during the certification period shall be counted as income only in the month it is expected to be received, unless the income is averaged. Whenever a full month's income is anticipated but is received on a weekly or biweekly basis, the State agency shall convert the income to a monthly amount by multiplying weekly amounts by 4.3 and biweekly amounts by 2.15, use the State Agency's PA conversion standard, or use the exact monthly figure if it can be anticipated for each month of the certification period.

25. Petitioner and the children receive their Social Security benefits monthly and her husband receives his pays biweekly. The Department correctly converted the husband's biweekly income to monthly amounts using the 2.15 conversion standard before adding it to the SS benefits. The undersigned could not find a more favorable outcome than the income conversion done by the Department.

26. The federal regulation 7 C.F.R. § 273.10 (e) addresses "Calculating net income and benefit levels" as follows:

- (1) Net monthly income. (i) To determine a household's net monthly income, the State agency shall:
- (A) Add the gross monthly income earned by all household members and the total monthly unearned income of all household members, minus income exclusions, to determine the household's total gross income. Net losses from the self-employment income of a farmer shall be offset in accordance with Sec. 273.11(a)(2)(iii).
- (B) Multiply the total gross monthly earned income by 20 percent and subtract that amount from the total gross income; or multiply the total gross monthly earned income by 80 percent and add that to the total monthly unearned income, minus income exclusions.
- (C) Subtract the standard deduction.
- (D) If the household is entitled to an excess medical deduction as provided in Sec. 273.9(d)(3), determine if total medical expenses exceed \$35. If so, subtract that portion which exceeds \$35.
- ...
- (H) Total the allowable shelter expenses to determine shelter costs, unless a deduction has been subtracted in accordance with paragraph (e)(1)(i)(G) of this section. Subtract from total shelter costs 50 percent of the household's monthly income after all the above deductions have been subtracted. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, the net monthly income has been determined. If there is excess shelter cost, compute the shelter deduction according to paragraph (e)(1)(i)(I) of this section.
- (I) Subtract the excess shelter cost up to the maximum amount allowed for the area (unless the household is entitled to the full amount of its excess shelter expenses) from the household's monthly income after all other applicable deductions. Households not subject to a capped shelter expense shall have the full amount exceeding 50 percent of their net income subtracted. The household's net monthly income has been determined.

27. The above-cited regulation describes the eligibility process and defines deductions and shows the steps in determining net income. The petitioner was credited with an earned income deduction, a standard deduction, an excess medical expense, and an excess shelter deduction from her gross income to equal her net income. There is no indication that petitioner was eligible for any other deductions.

28. The Department's Policy Manual, CFOP 165-22, (The Policy Manual) at passage 2610.0410 considers an ineligible noncitizen as technically ineligible to participate in the

FAP Program. Passage 2230.0400 addresses Technically Ineligible Individuals and states:

Technically Ineligible Individuals

Technically ineligible individuals fail a technical factor of eligibility. The technically ineligible individual may not be included in the household when food stamp benefits are determined. Treat the income, assets and expenses of technically ineligible individuals as follows:

1. Prorate the income of the ineligible individual and count all but the ineligible members share toward the eligibility of the remaining household members for individuals who fail to meet SSN requirements, are ineligible noncitizens, are serving child support sanctions, or have received all time limited months as an ABAWD. Exclude the income of the ineligible student;
2. Count the assets in their entirety for all technically ineligible individuals except the ineligible student. Exclude the assets of the ineligible student;
3. The 20% earned income deduction is allowed; and
4. Expenses billed to the technically ineligible member but paid entirely with the eligible member's income because the ineligible member has no income, count in full in the budget. If the expense is billed to the technically ineligible member, but paid for with the eligible member's income and the ineligible member's income, prorate the expense in the budget. If the expense is billed to and paid entirely by the technically ineligible member, prorate the expense in the budget; and
5. When the SFU contains a technically ineligible member, do not prorate the appropriate utility standard in the budget. Allow the full SUA, BUA, or Phone Standard if the dwelling is eligible for a standard.

29. In this instant case, the Department prorated the husband's income and included the appropriate portion in its calculation. He was allowed the 20% earned income deductions and the household expenses were fully counted in the budgets.

30. The Food Assistance standards for income and deductions appear in the Policy Manual at Appendix A-1. Effective October 1, 2014, a three-person assistance group net income limit was \$1,650 at the time of action.

After subtracting all allowance deductions, the petitioner's final net income amount is \$2,582.35. This amount exceeds the established net income limit for the petitioner's household.

31. After considering the evidence, testimony, and the appropriate authorities cited above, the hearing officer concludes that the respondent's action to deny the petitioner's FAP application is correct as the total household's gross income exceeds the applicable limit. The petitioner has failed to meet her burden that she is eligible for any Food Assistance. A more favorable outcome was not found.

The Medically Needy issue will now be addressed.

32. The Family-Related Medicaid income criteria is set forth in 42 C.F.R 435.603. It states:

- (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.
- (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.

33. Federal regulation 42 C.F.R. § 435.603 Application of modified gross income (MAGI) (f) defines a Household for Medicaid:

- (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; and
- (iii) In the case of individuals under the age specified in paragraph (f)(3)(iv) of this section, the individual's natural, adopted and step parents and natural, adoptive and step siblings under the age specified in paragraph (f)(3)(iv) of this section.
- (iv) The age specified in this paragraph is either of the following, as elected by the agency in the State plan—
 - (A) Age 19; or
 - (B) Age 19 or, in the case of full-time students, age 21.

...

(5) For purposes of paragraph (f)(1) of this section, if, consistent with the procedures adopted by the State in accordance with §435.956(f) of this part, a taxpayer cannot reasonably establish that another individual is a tax dependent of the taxpayer for the tax year in which Medicaid is sought, the inclusion of such individual in the household of the taxpayer is determined in accordance with paragraph (f)(3) of this section.

34. The Policy Manual at 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.

35. In accordance with the above controlling authorities, the Medicaid household group is the petitioner, his wife and their two children (four members). The findings show the Department determined the petitioner's eligibility with a household size of four. The undersigned concludes the Department correctly determined the petitioner's household size as four for Medicaid eligibility purposes.

36. Federal regulations at 42 C.F.R. § 435.603 Application of modified gross income (MAGI) (d) defines 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.

37. The Policy Manual at 2630.0108 Budget Computation (MFAM), 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).

38. The Policy Manual at Appendix A-7 indicates that for the Adult Income Limit of \$364 and a Standard Disregard of \$241 for Family-Related Medicaid Program with a family size of four. It also indicates the MNIL to be \$585.

39. In accordance with the above controlling authorities, the undersigned reviewed the Medicaid eligibility for the petitioner. Step 1: The total income counted in the budget is \$3,766.80. Step 2: There are no deductions provided as there was no tax return. Step 3: The total income of \$3,766.80 less the standard disregard of \$241 is \$3,525.80. Step 4: The balance of \$3,525.80 is greater than the income limit of \$241 for the petitioner to receive full Medicaid. Step 5: With no MAGI disregard, the countable balance remains \$3,525.80. This amount was greater than the income limit of \$364. The undersigned concludes the petitioner is ineligible for Medicaid. The undersigned further concludes Medically Needy eligibility must be explored for the petitioner.

40. The Policy Manual at passage 2630.0502 Enrollment (MFAM) sets forth:

If an individual meets the Medically Needy Program's technical eligibility criteria, he is enrolled into the program. There is no income limit for enrollment. The individual is only eligible (entitled to Medicaid) when he has allowable medical bills that exceed the SOC.

The income for an enrolled assistance group need not be verified. Instead, an estimated SOC is calculated for the assistance group. If after bill tracking, it appears the assistance group has met his "estimated" SOC,

the unverified income must be verified before the Medicaid can be authorized. An individual is eligible from the day their SOC is met through the end of the month.

41. The Policy Manual at passage 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.

42. Effective January 2015, Appendix A-7 indicates that for a household of four, the MNIL is \$585.

43. To determine the SOC the respondent determined the petitioner's household monthly to be \$3,766.80. The Medically Needy Income Level of \$585 for a standard filing unit size of four was subtracted resulting to the petitioner's estimated SOC of \$3,181. It was further reduced by \$104.90 in medical insurance premium, resulting in the final estimated SOC to be \$3,076.

44. The hearing officer found that no exception to this calculation. It is concluded that a more favorable share of cost could not be determined. Eligibility for full Medicaid was not found.

DECISION

Based upon the foregoing Findings of Fact and Conclusions of Law, the appeals are denied. The respondent's actions are upheld.

NOTICE OF RIGHT TO APPEAL

Based upon the foregoing Findings of Fact and Conclusions of Law, the petitioner's appeals are denied. The respondent's actions are upheld.

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 05 day of February, 2016,
in Tallahassee, Florida.



Roosevelt Reveil
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Copies Furnished [REDACTED], Petitioner
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