

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

FILED

Dec 10, 2019

Office of Appeal Hearings
Dept. of Children and Families

[REDACTED]

APPEAL NO. 19F-07632

PETITIONER,

Vs.

[REDACTED]

FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
CIRCUIT: 12 Sarasota
UNIT: 88326

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic administrative hearing in the above-referenced matters on November 14, 2019 at 11:30 a.m.

APPEARANCES

For the Petitioner: [REDACTED], pro se

For the Respondent: [REDACTED], Economic Self-Sufficiency Specialist II

STATEMENT OF ISSUE

The petitioner is appealing the Department's action to enroll him in the Medicaid Medically Needy program with an assigned share of cost (SOC). The petitioner carries the burden of proof by a preponderance of the evidence.

PRELIMINARY STATEMENT

The petitioner submitted the following documents as evidence for the hearing, which were marked as Petitioner's Composite Exhibit 1: Department Notice, Social Security Letters, Utility Bills, and Medical Bills.

The Department submitted a packet of documents as evidence for the hearing consisting of the following, which were marked as Respondent Exhibits: Exhibit 1 – Hearing Summary; Exhibit 2 – October 7, 2019 application; Exhibit 3 – October 16, 2019 Department Notice; Exhibit 4 – Medicaid Eligibility Screen; Exhibit 5 – Eligibility History; Exhibit 6 – Eligibility Standards; Exhibit 7 – Policy Manual; Exhibit 8 - Running Record Comments (CLRC).

Also present for the hearing was a Russian language interpreter, [REDACTED]

[REDACTED] from The Language Line.

FINDINGS OF FACT

1. The petitioner submitted an application for Food Assistance (SNAP) benefits and for SSI-related Medicaid benefits on October 7, 2019. The application reflects a household of two individuals – the petitioner and his wife. The petitioner listed Social Security disability income of \$623 monthly on the application for himself, and Social Security income of \$955 and pension income of \$193.75 for his wife. He also listed housing, utility, and medical expenses on the application.

2. On October 16, 2019, the Department issued a Notice of Action informing the petitioner he had been approved for SNAP benefits. The Notice also

informed him he would be enrolled in the Medically Needy Program with an assigned share of cost (SOC) of \$1,510 monthly.

3. Regarding the issue of Medicaid eligibility, the Department representative explained that the petitioner's household's gross monthly income (\$1,771.75) was over the income limit to qualify for full Medicaid coverage – which is \$1,241 monthly for a household size of two; therefore, he was enrolled in the Medically Needy program with an assigned share-of-cost.

4. For the Medicaid eligibility review, the Department processed the petitioner's application using the unearned income of \$1,771.75 monthly (the Social Security income and pension income) minus an unearned income disregard of \$20, yielding a countable unearned income of \$1,751.75. After a Medically Needy Income Level (MNIL) deduction of \$241 (for a household size of two), the petitioner was enrolled in the Medically Needy program with an estimated SOC of \$1,510 monthly.

5. If an applicant's household income exceeds the income limit, the only applicable deduction available is a MNIL deduction of \$241, which the petitioner was afforded. No other expenses such as shelter or utilities (except allowable medical expenses) are allowed in the Medically Needy budget calculation.

6. The petitioner did not agree with the Department's decision to place him in the Medicaid Medically Needy Program with a share of cost amount. He cannot afford to pay \$1,500 out-of-pocket each month in order to gain Medicaid eligibility. He is also currently covered by COBRA continuation coverage from the health insurance he had from his past employment.

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 Section 409.285, Florida Statutes. This order is the final administrative decision of the Department of Children and Families under Section 409.285, Florida Statutes.

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

9. Regarding the Medicaid program, Fla. Admin. Code R. 65A-1.710 SSI-Related Medicaid Coverage Groups states in part:

(5) Medically Needy Program. A Medicaid coverage group, as allowed by 42 U.S.C. §§1396a and 1396d, for aged, blind or disabled individuals (or couples) who do not qualify for categorical assistance due to their level of income or resources. The program does not cover nursing facility care, intermediate care for the developmentally disabled services, or other long-term care services.

10. The above authority explains the Medically Needy program provides coverage for individuals who do not qualify for full Medicaid due to income. The ACCESS Florida Program Policy Manual Appendix A-9, SSI-Related Programs – Financial Eligibility Standards chart, sets forth a \$241 MNIL for a household size of two. The Department subtracted the \$241 MNIL from the household's gross monthly income to arrive at the petitioner's share of cost amount.

11. The ACCESS Florida Program Manual at 2440.0102, Medically Needy Income Limits (MSSI) sets forth:

When the standard filing unit has met the technical eligibility criteria and the asset limits, the assistance group is enrolled. There is no income limit

for enrollment. The assistance group is eligible (entitled to Medicaid) once income is less than or equal to the Medically Needy Income Level (MNIL) or medical bills equal the amount by which income exceeds the MNIL. Once medical bills are equal to the share of cost, the assistance group is eligible.

12. After considering the evidence, testimony and controlling authorities, the undersigned concludes that the Department's action to enroll the petitioner in the Medicaid Medically Needy Program and determine a share-of-cost of \$1,510 was in accordance with the rules of the program.

DECISION

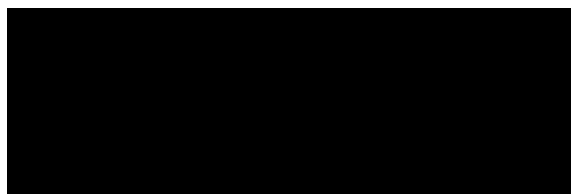
Based upon the foregoing Findings of Fact and Conclusions of Law, the appeal is DENIED.

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 Office of Appeal Hearings, Bldg. 5, Rm. 255, 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 10 day of December, 2019,

in Tallahassee, Florida.



FINAL ORDER (Cont.)

19F-07632

PAGE - 6

Hearing Officer
Building 5, Room 255
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
Office: 850-488-1429
Fax: 850-487-0662
Email: Appeal.Hearings@myflfamilies.com

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