

**BEFORE THE OFFICE OF STATE ADMINISTRATIVE HEARINGS  
STATE OF GEORGIA**

**H ■ L ■,**

**Petitioner,**

v.

**DHS, DIVISION OF FAMILY AND  
CHILDREN SERVICES,  
Respondent.**

**Docket No. ■■■■■**

**■■■■■-OSAH-DFCS-M-SLMB-33-Boggs**

**Agency Reference No.: ■■■■■**



**INITIAL DECISION**

**I. INTRODUCTION**

Petitioner H ■ L ■ (“Petitioner”) requested a hearing to challenge the Respondent’s determination of his Medicaid benefits. A hearing took place before the undersigned on October 7, 2022, in Canton, Georgia. The Petitioner represented himself;<sup>1</sup> Hakena Norris, a fair hearing specialist for the Department of Human Resources, Division of Family and Children Services (“DFCS”), represented the Respondent. For reasons indicated, the Respondent’s action is **AFFIRMED**.

**II. FINDINGS OF FACT**

1.

The Petitioner is 76 years old and resides alone. He receives \$1,226.00 per month in gross income. (Testimony of Petitioner, Hakena Davis; see also Case File, OSAH Form 1 and attachments.)

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<sup>1</sup> The Petitioner’s friend, H ■ H ■, also was present and assisted the Petitioner in presenting his case.

2.

On or around July 14, 2022, the Petitioner filed with DFCS an application for Medicaid benefits.<sup>2</sup> In the application, he answered “no” to the following question: “For Medicaid applicants, does anyone have any unpaid medical bills for the last three months?” (Testimony of Hakena Norris; Ex. R-1.)

3.

Based on the information in the application, DFCS approved the Petitioner for the Specified Low-Income Beneficiary (“SLMB”) class of assistance. (Testimony of Hakena Norris.)

4.

On or around August 30, 2022, the Petitioner requested a hearing on DFCS’s determination, writing that he did not have enough money to cover his medical bills. The instant case ensued. (Testimony of Hakena Norris; see also Case File, OSAH Form 1 and attachments.)

5.

Following the hearing request but prior to the instant hearing, DFCS again reviewed the Petitioner’s application for assistance. The agency determined he could be eligible for Medicaid benefits under the ABD<sup>3</sup> Medically Needy (“AMN”) program, provided he had at least \$889.00 in medical expenses. Ms. Norris testified that DFCS arrived at the \$889.00 amount by subtracting \$317.00 from the Petitioner’s \$1,226.00 income, followed by a second deduction of \$20.00. (Testimony of Hakena Norris.)

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<sup>2</sup> The Petitioner also applied for food stamps; that application is not at issue in this case.

<sup>3</sup> “ABD” refers to Aged, Blind, and Disabled Medicaid. See Dep’t of Human Servs., MEDICAID MANUAL, Appendix E-1, available at <https://odis.dhs.ga.gov/General> (last accessed Nov. 2, 2022).

6.

Ms. Norris contacted the Petitioner on September 1, 2022, to explain what information DFCS needed to determine his eligibility for AMN. The Petitioner told her at that time he did not know whether he had any medical expenses. Ms. Norris called back on October 6, 2022, but the Petitioner again told her he did not know about his medical expenses. (Testimony of Hakena Norris.)

7.

At the hearing, the Petitioner presented two medical bills for the Court's consideration. One bill, from Wellstar and dated September 6, 2022, totaled \$150.00. The Petitioner stated that bill was for a doctor and for medicine. Another bill, from Quest and dated September 3, 2022, totaled \$104.00 and covered the cost of a blood test.<sup>4</sup> The Petitioner testified he was expecting another bill for medication, though he did not know what the expected cost would be. He also stated he did not know whether he would have these types of medical expenses on a regular basis. (Testimony of Petitioner.)

8.

The Petitioner testified he has been dealing with health issues related to his diabetes, his blood pressure, and his kidneys. He told the Court he wants Medicaid coverage to help pay for doctor visits or hospital stays. (Testimony of Petitioner.)

### **III. CONCLUSIONS OF LAW**

1.

Because this matter involves a dispute about the amount and type of public assistance benefits for which an applicant/recipient has been approved, the Petitioner bears the burden of

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<sup>4</sup> The Petitioner presented both bills in court, which were reviewed by the undersigned and the Respondent's representative.

proof. See Ga. Comp. R. & Regs. 616-1-2-.07(1)(d). The standard of proof is a preponderance of the evidence. See Ga. Comp. R. & Regs. 616-1-2-.21(4).

2.

Medicaid is a joint federal-state program that provides comprehensive medical care for certain classes of eligible recipients whose income and resources are determined to be insufficient to meet the costs of necessary medical care and services. 42 U.S.C. § 1396 et seq.; Moore v. Reese, 637 F.3d 1220, 1232 (11th Cir. 2011). Participation is voluntary, “but once a state opts to participate it must comply with federal statutory and regulatory requirements.” Moore, 637 F.3d at 1232. All states have opted to participate and, thus, each must designate a single state agency to administer its Medicaid plan. Id.; 42 C.F.R §§ 431.10(a), (b)(1). Georgia has designated the Department of Community Health (“DCH”) as the “single state agency for the administration” of Medicaid. O.C.G.A. §§ 49-2-11(f), 49-4-142. However, individuals in Georgia apply for Medicaid through DFCS, which publishes guidelines for Medicaid eligibility in its “Medicaid Manual.” Dep’t of Human Servs., MEDICAID MANUAL, available at <https://odis.dhs.ga.gov/General> (last accessed Nov. 2, 2022) (hereinafter “MEDICAID MANUAL”).

3.

The Medicaid Manual provides that before an application is denied, it must be reviewed under all the classes of assistance for that program. MEDICAID MANUAL, 2050-4. Aged, Blind, and Disabled Medicaid (“ABD Medicaid”) includes medical assistance for individuals who are aged (i.e., at least 65 years old), blind, or disabled and who are not eligible for Supplemental Security Income (“SSI”). Id., 2205-2, Appendix E-1, E-15.

4.

Appendix A-1 of the Medicaid Manual for 2022 lists the current monthly net income limits for the various classes of assistance under the ABD category. MEDICAID MANUAL, Appendix A-1-1. “Monthly net income” refers to the applicant’s monthly gross income minus \$20.00. Id.

5.

As an initial matter, it is beyond dispute that the Petitioner, at age 76, meets the age requirement to be eligible for ABD Medicaid. MEDICAID MANUAL, 2205-2. Moreover, a preponderance of the evidence shows that DFCS correctly calculated the Petitioner’s eligibility for SLMB. This is a Q Track class of assistance that falls under ABD Medicaid; it pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the Federal Poverty Level. Id., 2101-2, 2144-1. Because the Petitioner’s monthly net income of \$1,206.00 (i.e., his gross monthly income of \$1,226.00 minus \$20.00) falls below the SLMB income limit of \$1,359.00 for an individual, he is eligible for benefits under SLMB.<sup>5</sup> Id., Appendix A-1-1.

6.

The question next turns to whether the Petitioner has shown he is eligible for additional assistance under the Medicaid program. The Court concludes he has failed to meet his burden. See Ga. Comp. R. & Regs. 616-1-2-.07(1)(d). For instance, the Petitioner’s monthly net income of \$1,206.00 exceeds the \$841.00 limit for SSI and the \$1,133.00 limit for Qualified Medicare Beneficiary benefits, another class of Q Track assistance. The Petitioner also presented no

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<sup>5</sup> The Petitioner’s monthly net income also falls below the higher limit of \$1,520.00 for another Q Track class of assistance called Qualifying Income-1 (“QI-1”). MEDICAID MANUAL, 2145-1, Appendix A-1-1. However, QI-1 pays only the same premium as SLMB and, unlike SLMB, its coverage is time limited depending on available State funds. Id., 2145-1.

evidence showing he would be eligible for assistance under budgeting for Medicaid CAP, which applies when an individual resides in a hospital or nursing home, or when an individual receives certain care services at home. See MEDICAID MANUAL, 2430-3, 2510-1, Appendix A-1-1.<sup>6</sup>

7.

Lastly, although the Petitioner presented evidence that he had \$254.00 in medical bills in September 2022, he still would not qualify for assistance under AMN. To be eligible for AMN, an applicant's net monthly income must be less than or equal to \$317.00 if applying as an individual. MEDICAID MANUAL, Appendix A-1-1. If the net monthly income exceeds \$317.00, the applicant still can qualify if he meets the "spenddown." Id., 2150-2. The spenddown is met by (i) subtracting \$317.00 from the monthly net income to find the excess amount, or "spenddown"; and (b) deducting allowable medical expenses from the spenddown amount until the spenddown reaches zero. Id. In the Petitioner's case, DFCS correctly calculated his spenddown amount to be \$889.00 (\$1,226.00 minus \$20.00, then subtracting \$317.00). Even when the two September 2022 bills are deducted, the Petitioner is left with \$635.00 of his spenddown. The Petitioner has presented no other evidence to contradict this finding. See Ga. Comp. R. & Regs. 616-1-2-.07(1)(d).

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<sup>6</sup> As the Petitioner is older than 65, he also would not be eligible for benefits under the Qualifying Disabled Working Individuals class of assistance. See MEDICAID MANUAL, 2147-1.

#### IV. DECISION

Accordingly, for the reasons stated above, the Respondent's determination that the Petitioner is eligible at this time only for the SLMB class of assistance under the Medicaid program, which pays for his monthly premium for Medicare Supplemental Medical Insurance (Part B), is **AFFIRMED**.

**SO ORDERED**, this 3rd day of November, 2022.

*Lisa Boggs*  
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**Lisa Boggs**  
**Administrative Law Judge**

