



Helping Clients with Disabilities Obtain Medicaid

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Overview

- ▶ Focus: Medicaid eligibility and fair hearings for disabled adults in Florida
- ▶ Covers DCF and DDD roles, coordination with SSA, and fair hearing advocacy

Overview

- ▶ Florida is a 1634 state – SSI approval means automatic Medicaid eligibility
- ▶ However, Medicaid-only disability claims can proceed independently while SSI is pending

Defining Disability

- ▶ Medicaid adopts the SSI definition of disability (42 C.F.R. § 435.541(d)(2))
- ▶ Individual must be unable to engage in substantial gainful activity due to medically determinable impairment expected to last ≥ 12 months or result in death
- ▶ DCF refers the case to DDD, which then applies the same five-step sequential evaluation as SSA to determine disability

Florida's 1634 Structure

- ▶ In 1634 states, SSA's final disability determination controls Medicaid eligibility (42 C.F.R. § 435.541(b)(1))
- ▶ DCF cannot contradict SSA's decision once final
- ▶ While SSI is pending, DCF must still process Medicaid applications

Applying for Medicaid Disability

- ▶ Applications processed by DCF; medical review handled by DDD
- ▶ DDD uses SSI criteria to determine disability for Medicaid-only claims
- ▶ Must issue decision within 90 days unless delay caused by applicant or emergency (42 C.F.R. § 435.912(e) and Fla. Admin. Code Ann. R. 65A-1.205(h))
- ▶ Key documents: medical evidence, RFC forms, and consultative exam reports
- ▶ Applicants can appeal to the DCF Office of Appeal Hearings if denied within 90 days from the decision date

Parallel SSI and Medicaid Claims

- ▶ Applicants often file both SSI and Medicaid disability claims
- ▶ DCF must decide the Medicaid claim even if SSA is pending
- ▶ If SSA later approves, DCF must adopt SSA's finding
- ▶ If SSA denies, DCF must conform its decision
 - ▶ Except when the claimant alleges a different or additional impairment than the ones considered by SSA in making its determination – 42 CFR §435.541(c)(4)
- ▶ Strategy: use Medicaid fair hearing to secure coverage while SSI is in process

Financial Eligibility for Disabled Adults (2025)

- ▶ SSI-Related Medicaid
 - ▶ \$967 per month individual, \$1,450 per month couple
 - ▶ Resource limits - \$2,000 individual, \$3,000 couple
- ▶ MEDS-AD
 - ▶ \$1,149 per month individual, \$1,522 per month couple
 - ▶ Resource limits: \$5,000 individual, \$6,000 couple
- ▶ Exclusions: home, one vehicle, burial plot, limited life insurance (\$1,500 face value)
- ▶ Medically Needy (Share of Cost) program available if income exceeds limit
 - ▶ Share of cost = income minus \$180 (individual) or \$241 (couple)

Medical Evidence & Sequential Evaluation

- ▶ DDD applies SSI's five-step sequential evaluation process
- ▶ Burden on the claimant
 - ▶ 1. Substantial Gainful Activity (SGA)
 - ▶ 2. Severe Impairment
 - ▶ 3. Meets or Equals a Listing
 - ▶ 4. Past Relevant Work
- ▶ Burden on DCF
 - ▶ 5. Other Work in the National Economy

Step 5: Other Work in the National Economy

- ▶ DCF does not use vocational experts – Relies on report from DDD disability examiner report
- ▶ Relies heavily on the Medical-Vocational Guidelines (20 C.F.R. Pt. 404, Subpt. P, App. 2)
- ▶ Uses RFC assessments from DDD medical consultants
- ▶ If claimant has significant non-exertional limitations (e.g., mental illness, pain), grids may not apply
- ▶ Advocacy: argue DCF cannot meet its Step 5 burden without evidence of actual jobs

Fair Hearing Rights & Procedures

- ▶ Hearings under 42 C.F.R. §§ 431.200–431.250 and Chapter 65-2, Fla. Admin Code.
- ▶ DCF Office of General Counsel (OGC) represents the agency
- ▶ Goldberg v. Kelly (1970) guarantees notice, opportunity to be heard, and continuation of benefits
- ▶ Request hearing within 90 days of notice to preserve rights
- ▶ Hearings can review both medical and procedural errors

Advocacy Strategy

- ▶ Obtain full DDD file (medical evidence, RFC forms, consultative reports)
- ▶ Identify procedural errors in notice or delay beyond 90 days
- ▶ Argue burden shift at Step 5—DCF must show evidence of other work
- ▶ If SSA later approves, demand DCF adopt SSA's finding retroactively
- ▶ Maintain collaboration with OGC for expedited or reopened cases

Practice Tips from the Field

- ▶ Build relationships with OGC attorneys—collaboration often more effective than confrontation
- ▶ Use hearing postponement strategically to await SSA decision
 - ▶ If DCF approves a Medicaid claim but SSA later denies the SSI claim, consider requesting a fair hearing and continuation of benefits—either within 10 days or before the end of the month before the change in eligibility is effectuated
- ▶ Offer to withdraw/dismiss if DCF agrees to reopen or correct error
- ▶ Always memorialize agreements in writing
- ▶ Check ACCESS regularly for duplicate or vendor-filed applications

Case Example: Reopening for Retroactive Coverage

- ▶ Client filed Medicaid disability claim (Nov 2023) and SSDI claim
- ▶ Hearing postponed pending SSA's decision (client blind)
- ▶ SSA later found disability predating Medicaid claim
- ▶ OGC identified prior unappealed Medicaid claim filed by vendor
- ▶ Despite being outside appeal period, OGC reopened earlier claim based on SSA finding
- ▶ Result: retroactive Medicaid coverage for earlier months

Key Takeaways for Advocates

- ▶ Disability definition same for SSI and Medicaid DCF must issue timely decision even if SSA pending
- ▶ SSA's final decision controls Medicaid eligibility
- ▶ Step 5 is weakest point—challenge lack of vocational evidence
- ▶ Build cooperative relationships with OGC to achieve best outcomes
- ▶ Always document agreements and preserve appeal rights

Questions?

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