



NOTIFICATION OF ELIGIBILITY FOR HEALTH CARE ASSISTANCE

NOTE: THIS FORM IS NOT PROOF OF ELIGIBILITY FOR MEDICAID

Resident County: _____

Shared County State Program

Health Care Responsibility Act

Name and Address of Office Making Determination:

Applicant Name _____

Street Address _____

City, State, Zip Code _____

Hospital Name _____

Date Mailed _____

Case Number or SSN _____

Patient Account Number _____

Only the Items where the has an "X" apply to you. The action(s) checked below is being taken in accordance with Florida Statutes, Chapters 154 and/or 409, and Florida Administrative Code, Sections 59H-1.0035 through 59H-1.015 and/or 59H-2.003 through 59H-2.011.

- You have been found eligible for medical assistance under the Health Care Responsibility Act. This will provide payment for hospital care services provided to you for services beginning on _____, up to the maximum services provided by law, subject to the availability of program funds. Under the spend-down provision, your share of costs is \$_____.
- You have been found eligible for medical assistance under the Shared County and State Health Care Program. This will provide payment for hospital care services provided to you for your admission beginning on _____, up to the maximum services provided by law, subject to the availability of program funds.
- Your application for medical assistance under the Health Care Responsibility Act has been denied for hospital care services provided to you beginning on _____.
- Your application for medical assistance under the Shared County State Health Care Program has been denied for hospital care services provided to you beginning on _____.

Assistance which has been denied is based on Florida Administrative Code Rule Number(s): _____

Reason(s): _____

If you have a reason to believe that this action is incorrect, your worker will be glad to discuss it with you; and, you have the right to request a hearing before a hearings officer. A request for a hearing should be made within 90 days from the date at the top of this notice. You can bring with you or be represented at the hearing by a lawyer, relative or any person designated by you. The address and telephone number of your local office are shown on this form.

By: _____

Telephone Number: _____

Summary of Florida Administrative Rules Governing Eligibility Under the Health Care Responsibility Act (HCRA) and the Shared County and State (SCS) Health Care Assistance Program.

<u>Factor</u>	<u>HCRA Rule</u>	<u>SCS Rule</u>	<u>Summary</u>
Adequate Insurance	59H-1.0035(30)	59H-2.003(1)	An Applicant must have no or inadequate insurance to qualify.
Application Submission Date	59H-1.008(3)	59H-2.007(7)	Applications must be sent to the certifying agency with 30 days of admission or treatment.
Availability of Program Funding	59H-1.0045	59H-2.004	When all funds allocated for the program are expended, no reimbursement will be made to the hospital.
Assets	59H-1.0035(6)	59H-2.003(6)	Assets may not exceed specified limits.
County Residence	59H-1.009	59H-2.003(13)	The applicant must be a resident of the county to which the application is submitted.
Covered Services	59H-1.0065	59H-2.006	Reimbursement is available only for specified services.
Provision of Information by Applicant	59H-1.015(2)	59H-2.010(2)	The applicant or designated representative must provide information requested by the certifying agency and must keep scheduled appointments.
Income	59H-1.008(8)	59H-2.007(13)	Applicants must have gross income less than 100% of the poverty level.
Other Program Eligibility	59H-1.0035(30)	59H-2.003(15)	Applicants must not be eligible for other government medical assistance programs.
Participating Hospitals	59H-1.0055	59H-2.005	Reimbursement can only be made for covered services provided by a participating hospital.
Eligible Applicant	59H-1.0035(30)	59H-2.003(15)	An applicant must meet the income, assets, residence requirements to qualify.
Enrollment or Referral in a Case Management Program	Not Applicable	59H-2.003(15)	An applicant must be participating in a case-managed program of primary care and health services to qualify. Applicable only to SCS program; <u>not</u> applicable to HCRA.