

STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County FRANKLIN	District Hearings Section COLUMBUS	Assistance Group Name		Assistance Group Number
Place of Hearing FRANKLIN CDHS	Initial Hearing Date 11/05/2001	Rescheduled Postponed to 12/11/2001	Rescheduled Postponed to 12/11/2001	Rescheduled Postponed to 11/21/2001

Appellant/Representative	Appellant Representation
	Local Agency Representation Rosie Johnson< Management Analyst & Sue Taylor, Case Manager FCDJFS

Date Notice Mailed 10/01/2001	Date Received by Local Agency	Date Received by ODHS 10/19/2001	Date Appeal Summary Received	Date Scheduling Notice Mailed 11/30/2001
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Appeal Number(s)/Program(s) 1040785/MED, 1041222/OWF
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Notice to Appellant

This is the official report of your hearing and is to inform you of the decision and order in your case. All papers and materials introduced at the hearing or otherwise filed in the proceeding make up the hearing record. The hearing record will be maintained by the Ohio Department of Job and Family Services. If you would like a copy of the official record, please telephone the hearing supervisor at the COLUMBUS District hearing section at 1-800-686-1568.

If you believe this state hearing decision is wrong, you may request an administrative appeal by writing to: Ohio Department of Job and Family Services, Office of Legal Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43266-0423 or FAX (614) 752-8298. Your request should include a copy of this hearing decision and an explanation of why you think it is wrong. Your written request must be received by the Office of Legal Services within 15 calendar days from the date this decision is issued. *(If the 15th day falls on a weekend or holiday, this deadline is extended to the next work day.)* During the 15-day administrative appeal period you may request a free copy of the tape recording of the hearing by contacting the district hearings section.

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

ISSUE SECTION

On 10/03/01, the Ohio Department of Job and Family Services, Medical Operations Section (hereinafter referred to as the Agency) mailed Appellant notice for denial of the prior authorization request (#506869) for an upper removable partial. The reason for the denial was that radiographs (x-rays) submitted by the provider were illegible. To date, the Agency has not received any new radiographs to substantiate the medical necessity for Appellant's prior authorization request for an upper removable partial. The Appellant disagrees with the Agency's denial for the prior authorization request. The Appellant through an interpreter argues that he went back to the dentist and new x-rays were taken. The Appellant further argues his dentist did resubmit the prior authorization request along with the new x-rays and he received a second denial letter. The issue under appeal is, whether the Agency's 10/03/01, denial of the prior authorization request (#506869) for an upper removable partial due to illegible radiographs submitted by Appellant's provider is correct?

GRS

Appeal(s) OVERRULED 1040785 SUSTAINED 1041222	Date Issued 01/09/2002	Compliance 1041222
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Distribution: Original to appellant, one copy to local agency; one copy to district Hearing section; one copy to district office; two copies to State Hearings. *(Photocopy to appellant's authorized representative, if any, and to ODHS units as appropriate.)*

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The Hearing Officer found that the radiographs (x-rays) submitted by the provider for Appellant's prior authorization request (#506869) were illegible. The Agency, therefore, was not able to ascertain the medical necessity for the prior authorization request. as required. Thus, the Agency's 10/03/01, denial of the prior authorization request (#506869) for an upper removable partial is correct. APPEAL 1040785 is OVERRULED.

On 10/01/01, the Franklin County Department of Human Services (hereinafter referred to as the Agency) proposed termination of Appellant's Refugee Resettlement Program (RRP/MAQ) medical benefits effective 10/31/01. The Agency based the termination on Appellant's ineligibility for continued receipt of medical benefits due to new employment and receipt of monthly earned income. Appellant's verified average gross monthly earned income from employment is \$1053.00. The Appellant disagrees with the Agency's termination of medical benefits. The Appellant argues that he is not concerned about receiving cash and Food Stamp assistance from the Agency, but does need medical coverage. The Appellant further argues he is employed working four days a week and earns \$7.00 per hour, but he is not eligible for any medical insurance. The issue under appeal is, whether the Agency's termination of the Refugee Resettlement Program (RRP/MAQ) medical assistance effective 10/31/01, due to an over income determination is correct?

The Hearing Officer found that the Agency's termination of RRP/MAQ medical benefits effective 10/31/01, due to an over income determination based on a countable monthly gross earned income of \$1053.00 for the Appellant is unsubstantiated. The Agency has failed to show by a preponderance of the evidence that its action is in accordance with ODJFS rules. Thus, the Agency's termination of the Refugee Resettlement Program (RRP/MAQ) medical assistance effective 10/31/01, due to an over income determination is not correct. APPEAL 1041222 is SUSTAINED.

PROCEDURAL MATTERS

1. The hearing request was received by the local agency and the Bureau of State Hearings on 10/19/01, appeal number 1040785 (MED) assigned.
2. A second hearing request was received by the local Agency and the Bureau of State hearings on 10/22/01, appeal number 1041222 (ADCQ/MAQ) assigned.
3. The state hearing was initially scheduled for 11/05/01, with postponement and rescheduled for 11/21/01, with postponement due to a conflict with third party scheduling. The hearing was subsequently rescheduled

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for and held on 12/12/01, at Franklin County Department of Job and Family Services, North Opportunity Center, (Agency) as a face-to-face hearing attended by Appellant and interpreter, Franklin County DJFS Agency representative and ODJFS Medical Operation Section Agency Representative (participating by telephone conference call).

4. The participants were sworn in by the Hearing Officer as required.
5. The Agency representatives provided an Appeal Summary Narrative and Appeal Summary, ODHS 4067, as required along with the appropriate case information documentation for inclusion with the hearing record as Agency Exhibits.

FINDINGS OF FACT

Undisputed Facts

1. The assistance group is composed of the Appellant only.
2. The Appellant is not a citizen of the United States, unemployed, has no income and qualifies for refugee status.
3. The Appellant filed application for cash, medical, and Food Stamp assistance on 02/28/01.
4. The Appellant was approved to receive a monthly \$223.00 Refugee Resettlement Program (RRP/ADCQ) public assistance grant, RRP/MAQ medical assistance and Food Stamps beginning 02/01/01.
5. The ODJFS Medical Operations Section, Prior Authorization (PA) Unit received Appellant's PA request (#506869) submitted by his dental provider for an upper removable partial on 07/17/01.
6. The PA request also included Appellant's radiographs (x-rays) submitted by the provider.
7. The Medical Operations Section mailed Appellant notice of denial for the PA request (#506869) on 10/03/01, due to the provider's submission of illegible radiographs (x-rays).
8. Agency received employment verification on 08/28/01, verifying Appellant's new employment with Kentucky Fried Chicken.
9. Agency on 10/01/01, mailed Appellant notice of termination for the RRP/ADCQ, RRP/MAQ, and Food

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Stamp programs effective 10/31/01, due to countable gross earned income of \$1053.00 exceeding the program income standards.

10. Appellant disagrees with the denial of the dental PA request and termination of RRP/MAQ medical benefits and requested a state hearing.

Disputed Facts

{None presented}

CONCLUSIONS OF POLICY

Policy

(Medicaid)

Ohio Medicaid Provider handbook Chapter 3335 Section II, Paragraph G. Removal Prosthodontic Services states :prior authorization is required for dental work. A complete set of radiographs must be submitted with each request. The reason for submitting radiographs with the request is for the Medical Technical Advisor to ascertain the overall health of the mouth and dentition meet accepted professional standards of medical necessity.

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Refugee Resettlement Program (RRP/ADCQ) (RRP/MAQ)

Ohio Administrative Code (OAC) Rule 5101:1-2-40 states:

(A) An individual must provide proof, in the form of documentation issued by immigration and naturalization services (INS), of one of the following statuses under the Immigration and Nationality Act (INA) as a condition of eligibility for Refugee Resettlement Program (RRP/ADCQ).

- (1) Paroled as a refugee or Asylee under section 212(d)(5) of the INA;
- (2) Admitted as a condition entrant under section 203(a)(7) of the INA;
- (3) Admitted as a refugee under section 207 of the INA;
- (4) Granted asylum under section 207 of the INA;
- (5) Admitted with an immigration status that entitled the individual to refugee assistance prior to enactment of the refugee Act of 1980 or
- (6) Admitted for permanent residence, provided the individual previously held one of the statuses identified

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above.

(C) When the CDHS determines that a refugee does not meet the requirements of Ohio Works first or Medical, the individual has potential eligibility for RRP assistance. Assistance under RRP is in one of the three forms. Refugee Resettlement Program-Financial Assistance RRP-FA/ADCQ, entitles the refugee to both financial assistance and automatic medical assistance. Refugee Resettlement Program-Medical assistance (RRP-MA) entitles the refugee to medical assistance only. Refugee Resettlement Program-Social Services (RRP-SS) entitles the refugee to employment services, job or language training.

(G) RRP-FA/ADCQ and RRP-MA are available during the first eight months after the refugee enters the country. At the end of the first eight months, the individual loses eligibility for both programs forever.

Ohio Administrative Code (OAC) Rule 5101:6-7-01(C) provides that the Hearing Officer's findings of fact shall be based exclusively on the evidence introduced at the hearing, or after the hearing and subject to examination and rebuttal by both parties. It shall be the responsibility of the agency to show by a preponderance of the evidence, that its action or inaction was in accordance with ODJFS rules.

Analysis

In the present case the ODJFS, Medical Operations Section mailed Appellant notice of denial on 10/03/01, for a prior authorization request (# 506869) for an upper removable partial. The denial was due to the provider's submission of illegible radiographs (x-rays) along with the prior authorization request. The reason for submitting radiographs with the request is for the Medical Technical Advisor to ascertain the overall health of the mouth and dentition meet accepted professional standards of medical necessity. Given the radiographs were illegible, the Hearing officer finds that Agency was not able to ascertain the medical necessity for the prior authorization request. Therefore, the Hearing Officer further finds the Agency's 10/03/01, denial of the prior authorization request (#506869) for an upper removable partial is correct.

Further evidence presented indicates the Agency terminated Appellant's RRP/MAQ medical assistance benefits effective 10/31/01. This action was based on Appellant's new employment and receipt of an average gross monthly earned income of \$1053.00. Given the Appellant alleges that he only works four days a week and earns \$7.00 a hour, the Hearing Officer finds the Agency's determination for an average gross monthly earned income of \$1053.00 is unsubstantiated. The Agency, therefore, has failed to show by a preponderance of the evidence that its action is in accordance with ODJFS rules. The Hearing Officer further finds the Agency's termination of the Refugee Resettlement Program (RRP/MAQ) medical assistance effective 10/31/01, due to an over income determination is not correct.

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HEARING OFFICER'S RECOMMENDATIONS

Based on the record and Agency policy before me, I recommend that appeal 1040785 should be OVERRULED.

Appeal 1041222 is SUSTAINED. It is further recommended the Agency shall rescind the proposed RRP/MAQ termination (effective 10/31/01), and after obtaining verification of Appellant's earned income for a six week period recalculate the budget. The Agency shall send appropriate notice to the Appellant for the new eligibility determination. The Appellant shall retain all appeal rights.

FINAL ADMINISTRATIVE DECISION AND ORDER

Finding the hearing officer's decision to be support by the evidence, the recommendations above are adopted, and

O.A.C. 5101:6-7-03 ((B)(1)(a) requires compliance with decisions involving public assistance, social services or child support services within fifteen calendar days from the date the decision is issued, but in no event later than ninety days from the date of the hearing request.

APPENDIX

Agency Exhibits

Exhibit A.

Appellant Exhibits

None.

Date Issued: 01/09/2002