

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
BUREAU OF STATE HEARINGS**

In the matter of:

<u>Case Number:</u>	<u>County:</u>	
5072757866	HAMILTON	
<u>Appeal:</u>	<u>Program:</u>	<u>Disposition:</u>
1436422	OWF	OVERRULED
1436423	PAF	OVERRULED
1436424	MED	OVERRULED
No Compliance Required		
Decision Date:	01/08/2009	
Request Date:	09/15/2008	
Hearing Officer:	STEFANIE HART	

State Hearing Decision

ISSUE SECTION:

Issue #1 - 1436422 (OWF):

Issue #2 – 1436423 (FS):

Issue #3 – 1436424 (MED):

Recipients of Ohio Works First (OWF) cash assistance, Food Stamps and Medicaid may be sanctioned if they fail, without good cause, to fulfill their self-sufficiency contract. On 09/08/08, the Hamilton County Department of Job and Family Services (Agency) proposed a second-occurrence sanction of the Appellant's Ohio Works First (OWF) and Food Stamps to be effective 10/01/08. The sanction was based on the Appellant's 2nd failure, without good cause, to comply with the self-sufficiency contract. The Agency indicated that the Appellant did not participate as assigned in July 2008. The Appellant disagreed with the sanction and requested a hearing.

The Appellant requested the hearing on Medicaid as well; however, his Medicaid was not affected by the sanction. No negative actions have been taken on the Appellant's Medicaid.

After careful review of the evidence and testimony, I affirm the Agency's sanction as they have provided by a preponderance of the evidence that the Appellant failed, without good cause, to comply with a provision of his self-sufficiency contract.

PROCEDURAL MATTERS:

On 09/09/08, the Agency mailed the sanction notice. On 09/15/08, the Bureau of State Hearings received the Appellant's request for a state hearing. The hearing was conducted via telephone on 01/07/09. All participants were sworn in: the Appellant, Agency representatives (Linda Stegeman) and Community Link representative (Falynda Hall). The appeal summary was received on 01/07/09 and it was shared with the Appellant. The hearing was recorded digitally and stored on the network drive.

FINDINGS OF FACT:

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1. The household consists of the Appellant and his son (age 14). All individual's receiving OWF were also in receipt of Food Stamps.
2. On 06/23/08 the Appellant signed a Personal Responsibility Agreement (PRA), the Agency's self-sufficiency contract, as a condition of receiving OWF. The Appellant was assigned to work with the Community Link program to develop an individualized case plan.
3. On 07/17/08, the Appellant signed a case plan with Community Link.
4. There is no dispute that for the month of July 2008, the Appellant was to attend Basic Computer skills classes as his work activity/assignment.
5. In 08/2008, the Appellant received \$336 in OWF and Food Stamps of \$269 for a total benefit amount of \$605.
6. The Appellant served a first occurrence work activity sanction from 06/01/08 through 06/30/08.

CONCLUSIONS OF POLICY:

Issue #1 - 1436422 (OWF):

Issue #2 - 1436423 (FS):

To receive Ohio Works First (OWF) cash assistance, work eligible individuals in a one-parent household are required to participate in a work activity at least an average weekly amount of thirty hours¹, to total 129 hours per month.

To sanction an OWF, Food Stamp recipient, the Agency must show that the individual failed to comply with the provisions of their self-sufficiency contract and that they did not have good cause for the failure.²³ Here, the Appellant signed his self-sufficiency contract 06/23/08 and a case plan on 07/17/08. He was assigned to attend Basic Computer Skills 07/18/08 with no end date for 129 hours per month. Community Link stated that the Appellant did not participate in his work activity as assigned for the month of July 2008, thus the sanction. They testified that he only attended the assignment on one day in July, on 07/18/08.

The Appellant testified that he had to go to California to help his sister with her wedding and to help her move. He testified that he called the Agency and reported this to his caseworker prior to leaving and also tried to call when he returned to find out if he could re-start his assignment. He stated he was gone from approximately 07/22/08 until 08/15/08. He stated that he never received any returned calls from his case worker.

To receive good cause for failing an assignment, the Appellant must have not completed his assignment due to one of the following reasons:

1. Illness of herself or of another family member, if care by him was required
2. A medical appointment
3. An appointment for a job interview including any testing
4. A court ordered appearances
5. Appointment with another social service agency or program

¹ Ohio Admin. Code § 5101:1-3-12 (2007)

² Ohio Admin. Code § 5101:1-3-12 (G) (2007)

³ Ohio Admin. Code § 5101:4-3-09 (2007)

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6. Death in the family
7. A school, place of work or worksite is closed for the day due to weather or emergency
8. Lack of child care
9. A failure of the Agency to provide supportive services
10. A failure of the Agency to provide all the information about the assignment
11. Other circumstances determined on a case by case basis by the Agency
12. Circumstances involving domestic violence⁴

The Community Link representative testified that the Appellant did not provide good cause for his failure to participate in the month of July 2008. The Appellant was provided with transportation assistance in the month of July 2008.

Here, the Appellant signed his case plan on 07/17/08. If he knew that he was going to be going out of town on 07/22/08, he should have informed the Agency on that date that he could not participate in the assignment, and thus not agreed to do so. By agreeing to complete the assignment, the Appellant agreed to participate as assigned and has not provided good cause for not completing the assignment.

The Hearing Officer's findings of fact must be based exclusively on the evidence introduced at the hearing. The rule further states that the Agency is responsible for showing, by a preponderance of the evidence, that its action or inaction was in accordance with department rules.⁵

Here, I find that the Agency has provided by a preponderance of the evidence that the Appellant failed to fulfill a provision of his self-sufficiency contract without good cause. The sanction is affirmed.

Issue #3 – 1436424 (MED):

With regard to the Medicaid appeal, the Appellant's Medicaid was not sanctioned due the 2nd occurrence failure. There is no evidence that the Agency has taken any negative action on his Medicaid at this time. The appeal is overruled.

HEARING OFFICER RECOMMENDATIONS:

Issue #1 - 1436422 (OWF): OVERRULED

Issue #2 – 1436423 (FS): OVERRULED

Issue #3 – 1436424 (MED): OVERRULED

Based on the record before me, I find that the Agency was correct to propose the second-occurrence sanction. The appeals are OVERRULED.

FINAL ADMINISTRATIVE DECISION AND ORDER:

Issue #1 - 1436422 (OWF): OVERRULED

Issue #2 – 1436423 (FS): OVERRULED

Issue #3 – 1436424 (MED): OVERRULED

⁴ Ohio Admin. Code § 5101:1-3-12 (H) (2007)

⁵ Ohio Admin. Code § 5101:6-7-01 (C) (2008)

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Finding the Hearing Officer's decision to be supported by the evidence, the recommendations shown above are adopted. The appeals are OVERRULED.

Exhibits:

Appellant:

1 – State hearing request

Agency:

A – Appeal summary

B – Fair Hearing screen

C – Running Record Comments, 3 pp.

D – Individual Demographics Screen

E – Ineligibility Data, 3 pp.

F – Notice History, 5 pp.

G – Cash and Food Stamps Issuance History, 4 pp.

H – Personal Responsibility Agreement, 4 pp.

I – Community Link exhibits including: case plan; sign-off sheet; sign-in sheet; consumer information; transportation issuance; case notes, 15 pp.

Hearing Authority

January 8, 2009

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 CINCINNATI District hearing section at 1-866-635-3748.

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, Bureau of State Hearings, P.O. BOX 182825, Columbus, OH 43218-2825 or fax: (614) 728-9574. 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 Bureau of State Hearings 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.

Aviso a la Apelante

Esta es la decisión estatal administrativa de su caso. Todos los documentos y materiales presentados como prueba en la vista o de otra manera radicados componen el récord administrativo. El récord administrativo será mantenido por el Ohio Department of Job and Family Services.

Si usted cree que esta decisión estatal administrativa es errónea, usted puede solicitar una apelación administrativa escribiendo al: Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825 o facsímil (614) 728-9574. Su solicitud debe indicar por qué usted piensa que la decisión administrativa es errónea. Usted puede

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completar la solicitud de apelación incluida con esta decisión. Su solicitud escrita o formulario de apelación tiene que ser recibido por el Bureau of State Hearings dentro de los 15 días calendario desde la fecha en que esta decisión es expedida. (Si el 15to. día recae sobre un fin de semana o un día feriado, esta fecha límite es extendida al próximo día laborable). Durante el período de 15 días de apelación administrativa, usted o su representante pueden solicitar una copia gratuita del récord administrativo y de la grabación de la vista llamando al Bureau of State Hearings al 1-866-635-3748 (seleccione la opción 1 del menú principal).

Si usted quiere información sobre servicios legales gratuitos pero no sabe el número de su oficina local de servicios legales, usted puede llamar al Ohio State Legal Services Association, gratuitamente, al 1-800-589-5888, para el número local.