

## STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County <b>HANCOCK</b>	District Hearings Section <b>TOLEDO</b>	Assistance Group Name		Assistance Group Number
Place of Hearing <b>HANCOCK CDJFS</b>	Initial Hearing Date <b>12/10/2002</b>	Rescheduled Postponed to <b>02/07/2003</b>	Rescheduled Postponed to	Rescheduled Postponed to

Appellant/Representative	Appellant Representation
	Local Agency Representation <b>S. Regan - Eligibility Specialist</b>

Date Notice Mailed <b>11/05/2002</b>	Date Received by Local Agency	Date Received by ODHS <b>11/21/2002</b>	Date Appeal Summary Received	Date Scheduling Notice Mailed <b>01/24/2003</b>
Appeal Number(s)/Program(s) <b>1095943/MED</b>				

### 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 TOLEDO District hearing section at 1-800-686-1572.

**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 43215-3414 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 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 - APPEAL #1095943 (MA D)**

The Hancock County Department of Job and Family Services terminated the appellant's Medicaid for the Disabled, effective 11/30/02. The agency asserted the appellant failed to submit verifications that were requested during the redetermination interview on 10/03/02. The issue under appeal is whether the agency's actions were correct. This Hearing Officer finds the appellant was appropriately notified of the needed verification. No verification of resources were received, therefore, the agency's termination of the appellant's Medicaid is found to be appropriate. The appeal is **OVERRULED**.

### **PROCEDURAL MATTERS**

The appellant's request for a state hearing was received by the Bureau of State Hearings on 11/21/02. The state hearing was initially scheduled for 12/10/02, however, was rescheduled at the appellant's request to

SAC

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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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02/07/03. The scheduling notice was mailed to all parties on 01/24/03. No Appeal Summary was submitted to the Regional Office prior to the scheduled state hearing.

### **FINDING OF FACT**

1. The appellant and her spouse had been receiving Medicaid assistance through Hancock County Department of Job and Family Services. A redetermination interview was completed on 10/03/02 in order to determine continued eligibility.
2. The appellant was given a Verification Request Checklist on 10/03/02. The agency requested verification of the couple's check book and bank statement. The verification was to be submitted to the agency by 10/15/02.
3. On 10/21/02 an Application Follow Up Letter was sent to the appellant advising the appellant that the requested verifications had still not been received. The appellant was advised that the verification would need to be submitted by 10/31/02.
4. The appellant failed to provide verification of resources as requested and did not contact the agency regarding any problems she was having securing the requested verification.
5. The agency denied the appellant's reapplication filed 10/03/02 and Medicaid assistance was terminated effective 11/30/02.

### **CONCLUSIONS OF POLICY**

#### **Policy**

Per OAC Rule 5101:1-39-05 Medicaid: Resource Requirement

(A)(9) The "resource limitation is the maximum combined value of all resources an applicant/recipient can have an ownership interest in and still qualify for Medicaid. For an individual, the resource limitation is one

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thousand five hundred dollars. For a couple, whether both are eligible or one is ineligible, the resource limitation is two thousand two hundred fifty dollars. A child living with a parent is considered to be an individual and has a resource limitation of one thousand five hundred dollars.

(A)(5) (a) The CDJFS must verify the value of real and personal property with each application or reapplication and any time information is provided that indicates that a change in the applicant/recipient's resource may have occurred.

### **Analysis**

The appellant acknowledged she completed the face to face redetermination interview with the agency worker in Oct. 2002. She also acknowledged receipt of the Verification Request Checklist. The appellant stated she was having problems with her checking account and needed to go to the bank branch located in Sandusky, Ohio to straighten the situation out. The appellant asserted she "left something" at the front desk of the agency, but forgot what verification she had dropped off. The agency had no record that the appellant submitted the requested verification. As stated above, resources must be verified at each application or reapplication. The agency appropriately advised the appellant of what verifications were needed, however, the appellant failed to submit the requested documentation. The agency's termination of assistance is found to be correct, as continued eligibility could not be determined. The appellant was advised that she may reapply for Medicaid at any time, however, verification of her resources would still need to be verified. The appeal is **OVERRULED**.

### **HEARING OFFICER'S RECOMMENDATION**

Based on the record before me, I find the appeal should be **OVERRULED**.

### **FINAL ADMINISTRATIVE DECISION AND ORDER**

Finding the Hearing Officer's decision to be supported by the evidence, the recommendations above are adopted, and

**APPEAL #1095943 is OVERRULED.**

### **APPENDIX**

A. Verification Request Checklist

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B. Application Follow Up Letter

C. Case Record Comments (C1-C2).

Date Issued: 02/13/2003