

STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County WARREN	District Hearings Section CINCINNATI	Assistance Group Name		Assistance Group Number
Place of Hearing WARREN CDJFS	Initial Hearing Date 12/29/2003	Rescheduled Postponed to 01/20/2004	Rescheduled Postponed to	Rescheduled Postponed to

Appellant/Representative	Appellant Representation
	Local Agency Representation Janet Cooley, Eligibility Referral Specialist Creston Schmidt, Supervisor

Date Notice Mailed 11/18/2003	Date Received by Local Agency	Date Received by ODHS 12/04/2003	Date Appeal Summary Received	Date Scheduling Notice Mailed 01/09/2004
Appeal Number(s)/Program(s) 1150459/MED				

Notice to Appellant

This is the state hearing decision in your case. All papers and materials introduced at the hearing or otherwise filed make up the hearing record. The hearing record will be maintained by the Ohio Department of Job and Family Services.

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 state of why you think the hearing decision is wrong. You can complete the appeal request form included with this decision. Your written request or appeal form 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, or your representative, may request a free copy of the hearing record and recording of the hearing by calling the Bureau of State Hearings at 1-866-635-3748 (select option 1 from main menu).

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

The Appellant has an active Medicaid Waiver case with a patient liability of \$521 for 2003 which will increase to \$525 effective 1/04. On 10/23/03 the Appellant completed a redetermination interview at the Warren County Department of Job and Family Services. At the time of this redetermination the appellant submitted documentation of expenses she has incurred while seeing a doctor in the state of New York that specializes in lymes disease. The Appellant is requesting that these expenses be used towards her patient liability. By a letter issued on 10/24/03 the Warren County Department of Job and Family Services (Agency) notified the Appellant that her request to allow these expenses to be used to reduce her patient liability has been denied. The Appellant disagrees with the Agency's determination and requested a state hearing.

The Hearing Officer finds that the Agency's determination is correct and in accordance with established regulations. Appeal 1150459 is overruled.

BJD

Appeal(s) OVERRULED 1150459	Date Issued 02/17/2004	Compliance
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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.)*

Appeal Number(s) 1150459

PROCEDURAL MATTERS

The Appellant's written request for a state hearing was received on 12/4/03 by the Ohio Department of Job and Family Services (ODJFS) Bureau of State Hearings. The hearing was scheduled for 12/29/03; however, at the request of the Appellant it was rescheduled. The hearing was rescheduled for and held on 1/20/04 via the telephone from the Agency's offices. The Appellant and Agency Representative presented testimony after being sworn in by the Hearing Officer. An Appeal Summary was received prior to the time of the hearing. The record was held open until 1/30/03 to allow the Appellant to submit documentation which she states was originally mailed on 1/8/04; however, no additional documentation was received.

FINDINGS OF FACT

Undisputed Facts

1. The assistance group consists of the Appellant, a 61 year old female.
2. The Appellant was approved for the Waiver program during 8/97.
3. The Appellant has been diagnosed this DVT.
4. The Appellant's primary care physical recommended that because of her physical condition she requires frequent stops and someone to travel with her.
5. The Appellant, per doctor's letter self-referred herself to Dr. Burrascano, a specialist in Lyme Disease and other tick-born diseases in New York, to confirm or rule out a suspected diagnosis of long standing or chronic Lyme disease.
6. On 8/21/03 the Appellant had her first appointment with Dr. Burrascano.
7. The Appellant submitted documentation of expenses totalling \$1069.03 to cover the period of 8/18 - 8/24/03 for a 7-day round trip.
8. The Appellant submitted documentation of expenses totally \$686.96 for a second appointment on 10/15/03.
9. The Appellant plans to continue these doctor's visits, testing and treatment about every three months.

Disputed Facts

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None presented.

CONCLUSIONS OF POLICY

Policy

1. Ohio Administrative Code (OAC) 5101:1-39-10(C)(24)(a)-(e) addresses transportation expenses. Item (e) specifically states CDJFS may accept that the transportation expenses submitted in the spenddown process are usually for transportation that was needed to obtain a medical service or item and the cost is reasonable. In an unusual situation the CDJFS must determine whether the expense was needed and/or reasonable.

2. PAM.7542. Patient Liability Computation
[OAC 5101:1-39-85]
[OAC 5101:1-39-22.2]
[OAC 5101:1-39-18]

The patient liability computation is completed to determine the individual's financial obligation toward the Medicaid cost of care for the medical institution... Mandatory withholding from earned or unearned income, including federal, state and local taxes, union dues, etc., are not allowable deductions in the patient liability computation. Ordinary and/or necessary expenses

needed to obtain the income are not allowable deductions when determining the patient liability...

The deductions permitted in the patient liability computation are a personal needs allowance (REF: PAM Section 7542.1), monthly income allowance (MIA) (REF: PAM Section 7542.2), family allowance (REF: PAM Section 7542.3), medical insurance premiums (REF: PAM Section 7467.1), recurring/remedial expenses (REF: PAM Section 7467.2) and past medical expenses (REF: PAM Section 7467.3). After all applicable deductions the remainder, if any, is the patient liability.

Analysis

In the present case, the Appellant submitted documentation of expenses incurred for two trips to New York state to obtain medical determination/treatment of Lyme Disease. The Appellant self-referred herself to a doctor but has not submitted evidence to establish a diagnosis of Lyme Disease, the unavailability of treatment for Lyme Disease in the state of Ohio, the medical necessity of current treatment, or medical necessity for the duration of the trips to New York.

Pursuant to OAC 5101:1-39-10 the CDJFS must determine whether the expense was needed and/or reasonable. The Hearing Officer finds that due to a lack of documentation to establish medical necessity the Agency's determination and subsequent denial of the allowance of the costs submitted by the Appellant is correct.

Appeal Number(s) 1150459

HEARING OFFICER'S RECOMMENDATIONS

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 1150459 is overruled.

APPENDIX

- A. Appeal Summary
- B. Letter of Denial
- C. Doctor's Statement
- D. Expenses for 8/03
- E. Correspondence regarding locating doctor
- F. Running Record Comments

Date Issued: 02/17/2004