

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

In the matter of:

<u>Case Number:</u>	<u>County:</u>	
5059894732	COSHOCTON	
<u>Appeal:</u>	<u>Program:</u>	<u>Disposition:</u>
1440146	MED	OVERRULED
1440156	FS	WITHDRAWAL VERBAL
No Compliance Required		
<u>Decision Date:</u>	02/23/2009	
<u>Request Date:</u>	10/01/2008	
<u>Hearing Officer:</u>	BRENDA DRAKEFORD	

State Hearing Decision

ISSUE SECTION

Appeal 1440146 – Medicaid for the Disabled (MA D)

On 9/11/08 Coshocton County Department of Job and Family Services (Agency) issued notice to the Appellant that his application for Medicaid benefit was denied because he failed to provide requested verifications. The Appellant disagrees with the denial and requested a state hearing; the issue under appeal is whether the denial conforms to established Medicaid rules.

Appeal 1440156 – Food Assistance

At the time of the state hearing the Appellant stated that he does not have any issues regarding his Food Assistance benefits and wanted to withdraw from this issue.

After careful consideration of the evidence and testimony presented in conjunction with applicable regulations I find that the denial of Medicaid for the Disabled is correct, thus appeal 1440146 is overruled. Appeal 1440156 was verbally withdrawn by the Appellant.

PROCEDURAL MATTERS

The Appellant's request for a state hearing was received on 10/1/08 in the Bureau of State Hearings; the hearing was scheduled for 12/4/08; however, at the request of the Appellant it was rescheduled. The hearing was rescheduled for and held on 2/17/09 via telephone from the Agency's offices. The Agency Representative, Deanna Smith, and the Appellant presented testimony after being sworn in by the Hearing Officer; an appeal summary was received from the Agency by fax on 10/23/08.

FINDINGS OF FACT

1. The MA D assistance group consists of the Appellant only
2. It is undisputed that the Appellant applied for Medicaid and Food Assistance benefits on 4/14/08 with the Agency.
3. On 4/23/08 the Agency issued a JFS 7105 requesting that the Appellant provide verification of birth and title to a motor vehicle.

STATE HEARING DECISION CONTINUATION

4. A verification follow notice was issued through the CRIS-E system on 5/5/08.
5. Notice was issued denying disability benefits due to the non-return of the requested verifications.
6. It is undisputed that the Appellant did not return the requested verifications of birth and motor vehicle.
7. It is undisputed that the Agency returned the Medicaid to pending status after the requested verifications were provided to the Agency by the Appellant.
8. Exhibits A – L (13 pages) were submitted by the Agency.
9. Exhibit 1 (1 page) is the Appellant’s state hearing request.

CONCLUSIONS OF POLICY

Policy

After a county department has requested verifications necessary to establish an assistance group’s eligibility for assistance and the verifications are not received the department is required to contact the assistance group and their authorized representative in writing. The follow-up notice must be mailed or personally delivered no more than twenty days from the date of application and must advise that the county department has not received the required verifications and that if it is not received within ten days the application for Medicaid will be denied. Ohio Admin. Code § 5101:1-38-01 (B)

When a hearing request involves multiple issues, and the appellant withdraws, in writing, his or her request with regard to some but not all of the issues under appeal, notice of dismissal of the withdrawn appeals may be included in the state hearing decision, rather than provided by separate notice. Ohio Admin. Code § 5101:6-5-03

Effective 09/01/08 Appellants or their Authorized Representative can verbally withdraw a state hearing. Ohio Admin. Code § 5101:6-5-03

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 evidence that its action or inaction was in accordance with rules of the Ohio Department of Job and Family Services. Ohio Admin. Code § 5101:6-7-01

Analysis

The Appellant in this case requested a state hearing after receiving notice from the Agency that his 4/14/08 application for benefits was denied. The Agency Representative presented undisputed testimony that following the initial interview a request was sent to the Appellant for required verification of his citizenship status as well as resource verification. Following the initial request a follow-up request for the verifications was issued to the Appellant and when the items were not returned the application was denied.

The Appellant testified that he did not provide the requested verifications in time but has since provided the verifications and the disability benefits are pending a disability determination. The Appellant testified that he does not have any issues regarding his Food Assistance eligibility. I find the Agency’s actions were correct regarding the Medicaid application.

HEARING OFFICER’S RECOMMENDATIONS

STATE HEARING DECISION CONTINUATION

Based on the record and Agency policy before me, I recommend that appeal 1440146 (MA D) should be overruled; appeal 1440156 was verbally withdrawn by the Appellant.

FINAL ADMINISTRATIVE DECISION AND ORDER

Since I find that the Hearing Officer's recommendation is supported by policy and the evidence, I hereby adopt the recommendation. Thus, appeal 1440146 is overruled and appeal 1440156 is withdrawn.

Hearing Authority

February 23, 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 COLUMBUS 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 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.

STATE HEARING DECISION CONTINUATION

Appendix

APPENDIX

- A. Appeal Summary
- B. CRIS-E Screen – DESX – SDX Information
- C. CRIS-E Screen – AEICV – US Citizenship Details Screen
- D. 4/23/08 JFS 7105 – Application/Reapplication Verification Request Checklist
- E. CRIS-E Screen – CNHD – Notice History Detail – Verification
- F. CRIS-E Screen – CNHD – Notice History Detail – Denial of GA A
- G. CRIS-E Screen – – CNHD – Notice History Detail – Denial of MA D
- H. CRIS-E Screen – AEWAA – Assistance Group Authorization
- I. CRIS-E Screen – AEIEI – Employment Information
- J. CRIS-E Screen – AEICM - CMS Tracking System
- K. CRIS-E Screen –CNCL – Contact Letter
- L. Fax Cover Sheet

Appellant Exhibits:

- 1. State Hearing Request