

## STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County <b>HAMILTON</b>	District Hearings Section <b>CINCINNATI</b>	Assistance Group Name		Assistance Group Number
Place of Hearing <b>HAMILTON CDJFS</b>	Initial Hearing Date <b>12/23/2004</b>	Rescheduled Postponed to <b>01/19/2005</b>	Rescheduled Postponed to <b>01/19/2005</b>	Rescheduled Postponed to <b>01/19/2005</b>

Appellant/Representative	Appellant Representation
	Local Agency Representation Agency: Felicia Lomax

Date Notice Mailed <b>11/18/2004</b>	Date Received by Local Agency	Date Received by ODHS <b>12/01/2004</b>	Date Appeal Summary Received <b>01/19/2005</b>	Date Scheduling Notice Mailed <b>01/07/2005</b>
---	-------------------------------	--	---	--

Appeal Number(s)/Program(s) <b>1204221/MED, 1204222/MED, 1204223/MED</b>
---

### 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, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825 or FAX (614) 728-9574.** Your request should state 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

### ISSUE 1 (1204221):

When countable income exceeds the Medicaid for the Disabled (MA D) need standard, the individual must meet a co-payment, also known as a "Spend-down," before the Medicaid card is released in the month of eligibility. On 11/18/04, the agency determined that the appellant's countable income exceeded the need standard, therefore, Medicaid was approved with a \$202 Spend-down, effective 01/01/05.

The \$706 countable monthly income exceeds the \$504 individual need standard by \$202, which is the Spend-down liability amount. The agency determination is correct.

### ISSUE 2 (1204222):

PJS

Appeal(s) <b>OVERRULED 1204221, 1204222, 1204223</b>	Date Issued <b>03/01/2005</b>	Compliance
--	----------------------------------	------------

*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) 1204221, 1204222, 1204223
---

The appellant does not wish to appeal the Specified Low-Income Medicare Beneficiary (SLMB) denial.

**ISSUE 3 (1204223):**

The appellant does not wish to appeal the Qualified Medicare Beneficiary (QMB) denial.

**PROCEDURAL MATTERS:**

The HCDJFS mailed a Medicaid Spend-down notice to the address of record on 11/18/04. On 12/01/04, the Bureau of State Hearings (BSH) received the State Hearing request.

The hearing was rescheduled and heard on 01/19/05.

**FINDINGS OF FACT:**

1. The household and assistance group consisted of the forty-two (42) year-old disabled appellant, only.
2. She received \$726 monthly Retired, Survivor's, or Disability Income (RSDI), effective 01/01/05.
3. The notice was mailed to the address of record on 11/18/04.

**POLICY:**

**Ohio Admin. Code § 5101:1-39-10 Medicaid: eligibility through the spend-down process.**

An individual is not eligible for the Medicaid program if his/her countable monthly income exceeds the \$504 Medicaid individual need standard. However, the individual may be able to become eligible for Medicaid on a month-to-month basis through the "spend-down process."

The Spend-down process is completed when the individual's incurred medical expenses for a period are sufficient to reduce the countable monthly income amount to the \$504 monthly individual need standard. Upon completion of the Spend-down process, the Medicaid Card is released to the individual.

**Effective Date: October 1, 2002**

**ANALYSIS:**

Appeal Number(s) 1204221, 1204222, 1204223
---

It is undisputed that the total gross monthly RSDI is \$726, effective 01/01/05.

The \$726 less the \$20 general income disregard results in \$706 Countable Monthly Income.

The \$706 Ongoing Monthly Income exceeds the \$504 individual need standard, thus, she is not eligible to receive regular Medicaid.

The \$706 Ongoing Monthly Income exceeds the \$504 individual need standard by \$202, which is the Medicaid Spend-down liability amount.

The Medicaid Spend-Down liability determination is correct.

**HEARING OFFICER'S RECOMMENDATIONS:**

Issue 1 (1204221)

The appeal should be Overruled. The Medicaid Spend-down liability amount is affirmed.

Issue 2 (1204222)

The appeal should be Overruled. The appellant does not wish to appeal the Specified Low-Income Medicare Beneficiary (SLMB) denial.

Issue 3 (1204223)

The appeal should be Overruled. The appellant does not wish to appeal the Qualified Medicare Beneficiary (QMB) denial.

**FINAL ADMINISTRATIVE DECISION AND ORDER:**

The Hearing Officer's recommendations are adopted.

Issue 1 (1204221)

The appeal is Overruled. No orders of compliance shall be issued against the agency based on this appeal.

Issue 2 (1204222)

Appeal Number(s) 1204221, 1204222, 1204223
---

The appeal is Overruled. No orders of compliance shall be issued against the agency based on this appeal.

Issue 2 (1204223)

The appeal is Overruled. No orders of compliance shall be issued against the agency based on this appeal.

**AGENCY EXHIBITS:**

- A. Appeal Summary
- B. Spend-down Budget
- C. Notice History Screen
- D. Notice History Detail Screen
- E. Running Record Comments
- F. Case Profile Screen

**APPELLANT EXHIBITS:**

None

Date Issued: 03/01/2005