

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

In the matter of:

<u>Case Number:</u>	<u>County:</u>	
5068559979	STARK	
<u>Appeal:</u>	<u>Program:</u>	<u>Disposition:</u>
1322403	MED	SUSTAINED
Compliance Required		
Decision Date:	03/02/2007	
Request Date:	12/06/2006	
Hearing Officer:	WANDA WILSON	

State Hearing Decision

ISSUE SECTION

The Appellant's Authorized Representative submitted an application for Aged, Blind and Disabled Medicaid (Medicaid) to the Summit County Department of Job and Family Services (CDJFS) on May 15, 2006. The CDJFS denied Disability Medical Assistance August 18, 2006. There is no documentation supporting the CDJFS completed a Medicaid program eligibility determination nor to support the Authorized Representative was notified of any CDJFS action taken on the May 15, 2006 application.

The Appellant moved to Stark County and made application for Medicaid on August 16, 2006. The CDJFS requested verification to determine Medicaid program eligibility and this requested verification was not received by the CDJFS. The CDJFS denied the August 16, 2006 Medicaid application effective November 30, 2006 because of failure to cooperate in establishing eligibility.

The Appellant's Authorized Representative requested a state hearing because she believes the May 15, 2006 application was not processed correctly.

After considering testimony and evidence provided at hearing and considering policy applicable in the Appellant's appeal, the Hearing Officer concludes that the Summit CDJFS failed to show by a preponderance of the evidence that it explored Medicaid program eligibility for the Appellant based on the May 15, 2006 application. The Hearing Officer is persuaded that because requested information/verification necessary to determine Appellant's eligibility for Medicaid based on the August 16, 2006 application was not received by the Stark CDJFS, a denial of the application on the basis of failure to cooperate in establishing eligibility would be upheld. However, because the Appellant's case was never transferred from Summit to Stark, and because information requested by the Stark CDJFS may be contained in the Summit CDJFS case, the Hearing Officer is persuaded to remand this appeal to Stark CDJFS for further review and necessary action.

STATE HEARING DECISION CONTINUATION

The Hearing Officer recommends that Appeal 1322403, Medicaid, be sustained with compliance required.

PROCEDURAL MATTERS

Notice of denial and right to state hearing was mailed November 30, 2006. The Ohio Department of Job and Family Services (ODJFS), Bureau of State Hearings received the Authorized Representative's request for state hearing on December 6, 2006. State hearing scheduling notice was mailed December 20, 2006 scheduling the state hearing for January 2, 2007. The state hearing was conducted by speaker phone on January 2, 2007. The ODJFS received an appeal summary from the CDJFS on December 13, 2006.

Subsequent to the January 2, 2007 state hearing, the state hearing was reconvened to obtain testimony and/or documentation from the Summit CDJFS relevant to action the CDJFS took on the Appellant's May 15, 2006 application. State hearing scheduling notice was mailed reconvening the state hearing for January 25, 2007.

The Appellant was represented at hearing by an Authorized Representative. The CDJFS was represented at hearing by Ms. Lynn Ricker, Eligibility Specialist.

FINDINGS OF FACT

1. Application for Medicaid in the Appellant's case was made at the Summit CDJFS on May 15, 2006; the Appellant had unpaid medical expenses.
2. The Authorized Representative asserts that requested verification/information was provided to the Summit CDJFS in June 2006.
3. The Authorized Representative received no notice of disposition on the May 15, 2006 application from the Summit CDJFS.
4. Exhibit C, CNHS Notice History screen shows that Summit CDJFS denied Disability Medical Assistance in the Appellant's case with notice issued August 17, 2006.
5. There is no documentation of what action the Summit CDJFS took relevant to the determination of Medicaid eligibility for the Appellant.
6. The Appellant transferred from Summit County to Stark County and made Medicaid application at the Stark CDJFS on August 16, 2006.
7. The CDJFS generated a verification request checklist on September 1, 2006 requesting past bank statements since March, property deed for Barberton property, social security card for Appellant and tax statement, application for social security disability, verification of social security approval and amount being received.
8. The verification request checklist was sent to the Authorized Representative on or around September 29, 2006.
9. The CDJFS documents in Exhibit D Running Record Comments entered November 29, 2006 that "THIS WAS A 8-16-06 APPL AND NOTHING WAS PROVIDED AT THE INTERVIEW. SEVERAL 7105'S AND CONVERSATIONS REQUESTING AND PROMISING VERIF. NONE HAVE BEEN RECEIVED. (AUTHORIZED REPRESENTATIVE) WAS TO SEND THEM AND DID NOT AFTER REQUESTING AN ADDITIONAL 10 DAYS ON 11-22-06. CASE DENIED."
10. The Authorized Representative asserts that the verification requested by Stark CDJFS was provided to the Summit CDJFS prior to Appellant's transfer to Stark County; this

STATE HEARING DECISION CONTINUATION

information should be in the Appellant's Summit CDJFS case; she could not obtain the requested verification again to satisfy Stark's verification request.

11. The state hearing was reconvened to allow Summit CDJFS opportunity to provide relevant testimony and/or documentation; however, the Summit CDJFS Representative did not have the Appellant's case available at hearing.

CONCLUSIONS OF POLICY

Policy

Ohio Admin. Code § 5101:1-38-01 (2003) states that failure to verify in the application process and/or with the verification requirements shall result in a denial of Medicaid. Failure occurs when the information/verification is not provided after the CDJFS has properly advised the assistance group what information/verification is needed to determine eligibility and provided no request for assistance in obtaining information/verification was received by the CDJFS; or when the CDJFS is not given necessary information to assist in obtaining the verification needed to determine eligibility.

Ohio Admin. Code § 5101:1-38-01.2 (2006) states that when the individual has an authorized representative, all notices and correspondence issued by the CDJFS for the individual must be issued to both the authorized representative and the individual.

Ohio Admin. Code § 5101:1-37-02.3 (2002) speaks to intercounty transfers of Medicaid cases and states that if a household has only completed a JFS 07200 and not the interactive interview, and all members of the household relocate to a single residence in another county within the state, the JFS 07200 shall be denied in County A and all appropriate material transferred to County B along with the JFS 03900, preserving the original application date.

The CDJFS in the original county of residence, County A, shall take all appropriate actions to transfer the case to the new county of residence, County B. A case transfer occurs when all members of a case move to a single residence in another county within the state. The CDJFS in County A shall take all appropriate actions to transfer the case to County B, including transfer of hard-copy case and update of the client registry information system enhanced (CRIS-E).

Analysis

The Authorized Representative testified that the Appellant's original Medicaid application was submitted to Summit CDJFS May 15, 2006. A check list was received from that CDJFS requesting verifications by June 25, 2006. She made attempts to contact the Case Worker and Supervisor July through September 2006; however, she received no return calls from the Case Worker nor Supervisor. All requested verifications were provided to the CDJFS on June 25, 2006. She emailed a Summit CDJFS contact regarding the May 15, 2006 application and received response that the case was no longer in Summit CDJFS but transferred to Stark CDJFS on August 17, 2006.

The Authorized Representative testified that she followed up with the Case Worker from Stark CDJFS and faxed her authorization to represent and received a call from the CDJFS advising that a new application was submitted and face-to-face completed September 1, 2006. The Stark CDJFS advised the Authorized Representative and that the application submitted made at the Summit CDJFS was denied on the basis of insufficient information.

STATE HEARING DECISION CONTINUATION

The Stark CDJFS generated notice mailed November 30, 2006 denying the Appellant's August 16, 2006 application on the basis of failure to provide verification.

The Authorized Representative testified that all the verifications requested by the Stark CDJFS were submitted with the original application made in Summit CDJFS. She no longer had the requested verification and was unable to obtain the verification because the family did not provide it to her. The Authorized Representative testified that she does not believe the Appellant's case was taken care of properly. There are medical bills that go back to April 2006.

The CDJFS Nursing Home Eligibility Specialist testified that on September 1, 2006 she had an appointment with Appellant and Appellant's Daughter. She requested verifications but received none. She then learned that the Authorized Representative had requested additional time to provide the requested verification; however, after allowing additional time, no verification was received. The August 16, 2006 application was denied November 29, 2006.

The Specialist testified that she never received a hard copy case from the Summit CDJFS regarding the Appellant's case; however, she provided Exhibit C, CNHS Notice History screen showing a Summit CDJFS denial of Disability Medical Assistance mailed August 18, 2006.

The Summit CDJFS Representative testified that the May 15, 2006 application was denied due to being over thirty days pending. She testified that there is notation that the Authorized Representative felt the Appellant was over the resource standards. The CDJFS Representative did not have the case with her at hearing. She testified that Disability Medical Assistance was denied. When the denial was issued, the Appellant was not in Summit County and the case was not transferred.

The Hearing Officer is persuaded by testimony and evidence that the case originated in Summit County with the May 15, 2006 application. The Authorized Representative received no notice of any Summit CDJFS disposition on the application. The Hearing Officer concludes that the CDJFS failure to notify the Authorized Representative of action on the May 15, 2006 application is not in accordance with applicable policy.

The Appellant made a new Medicaid application at the Stark CDJFS August 16, 2006. The CDJFS was not aware at the time of the August 16, 2006 that there was an Authorized Representative in the Appellant's case nor that there was a May 15, 2006 application made at the Summit CDJFS. The Stark CDJFS denied the Appellant's August 16, 2006 Medicaid application effective November 30, 2006 on the basis of failure to cooperate in establishing eligibility; the Appellant failed to provide requested verification. Stark CDJFS learned there was an Authorized Representative and afforded the Representative opportunity to present the requested verification. The requested verification was not provided and the Medicaid application remained denied.

Evidence supports the Summit CDJFS denied Disability Medical Assistance and not Medicaid. The Hearing Officer is persuaded that the May 15, 2006 Medicaid application pends with the Summit CDJFS, and because the Appellant now resides in Stark County, the Summit CDJFS will need to transfer the Appellant's case to the Stark CDJFS. The Authorized Representative testified that verification requested by the Stark CDJFS is in the Appellant's case with Summit

STATE HEARING DECISION CONTINUATION

CDJFS. Therefore, upon receipt of the transferred case, the Stark CDJFS will need to review the case, and complete a Medicaid eligibility determination based on the contents of the case and notify the Appellant and Authorized Representative of the Medicaid eligibility determination.

HEARING OFFICER'S RECOMMENDATION

Based on the record and Agency policy before me, I recommend that appeal 1322403 be sustained and the Summit CDJFS be directed to transfer the Appellant's case to the Stark CDJFS; and the Stark CDJFS is directed to complete the Medicaid eligibility determination based on contents of the transferred case; and if all Medicaid program eligibility requirements are met, institute the Appellant on Medicaid the first of the month following issuance of this decision; and determine if all Medicaid program eligibility requirements are met three months retroactive to the May 15, 2006 application and if so, process appropriate coverage in each month in which all Medicaid program eligibility requirements were met beginning three months retroactive to May 15, 2006 and each month following in which all program eligibility requirements are met up to and including the month preceding the month Medicaid is instituted; and send the Appellant and Authorized Representative written notice of action taken by the CDJFS in complying with this state hearing decision.

The Appellant and Authorized Representative retain hearing rights if they disagree with the CDJFS Medicaid eligibility determination.

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 1322403 is sustained. The CDJFS is required to comply with the Hearing Officer's recommendations. Ohio Admin. Code § 5101:6-7-03(B)(1)(a) (2003) requires compliance with this decision within fifteen calendar days from the date of this decision, but no later than ninety calendar days from the request date. Compliance shall be promptly reported to ODJFS, Bureau of State Hearings, via JFS 04068 compliance form, with supporting documentation.

Hearing Authority

March 2, 2007

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 CANTON 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

STATE HEARING DECISION CONTINUATION

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

CDJFS EXHIBITS

- A. CDJFS Appeal Summary dated December 9, 2006, One Page
- B. CNHD Notice History Detail Screen dated December 9, 2006, Medicaid Denial Notice Mailed November 30, 2006, One Page
- C. CNHS Notice History Screen dated December 9, 2006, One Page
- D. CLRC Running Record Comments Screens dated December 9, 2006, Comments Entered August 17, 2006, September 1, 2006 and November 29, 2006, Two Pages
- E. Application/Reapplication Verification Request Checklist dated September 1, 2006, One Page

APPELLANT EXHIBITS

- 1. Appellant's December 6, 2006 State Hearing Request and Authorization to Represent dated May 9, 2006, Three Pages
- 2. Summit CDJFS Document Receipt(s) dated May 15, 2006, One Page
- 3. Email of Application Disposition dated August 17, 2006, One Page