

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

In the matter of:

<u>Case Number:</u>	<u>County:</u>	
5072185548	MONTGOMERY	
<u>Appeal:</u>	<u>Program:</u>	<u>Disposition:</u>
1379966	MED	OVERRULED
No Compliance Required		
Decision Date:	03/14/2008	
Request Date:	10/29/2007	
Hearing Officer:	ELIZABETH FOSTER	

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State Hearing Decision

**ISSUE SECTION:**

In the Healthy Start Medicaid program, pregnant women who are otherwise eligible remain eligible for a sixty-day period following giving birth. This is called the post-partum period. By notice mailed on 10-16-07, the Montgomery County Department of Job and Family Services (Agency) terminated Healthy Start Medicaid, effective 10-31-07, for the Appellant because her post-partum period had expired. The Appellant disagreed with this action and requested the state hearing.

After consideration of the testimony and evidence provided at the state hearing in conjunction with the applicable policy, I found that the Agency's action was correct and in accordance with the regulations cited. The Agency performed and documented a pre-termination review prior to taking the action under appeal here. Thus, I recommend that Appeal Number 1379966 (MED) be overruled.

**PROCEDURAL MATTERS:**

1. The Appellant's written request for state hearing was received by the Ohio Department of Job and Family Services (ODJFS), Bureau of State Hearings on 10-30-07.
2. The state hearing was scheduled to be heard on 11-19-07 then rescheduled for 12-24-07. The Appellant requested and received postponements. The state hearing was rescheduled and heard on 3-6-08.
3. All witnesses were sworn in by the Hearing Officer.
4. The Agency prepared and presented an appeal summary which was received by the Hearing Officer on 11-19-07 and 3-6-08. The Appellant presented no documentation to the Hearing Officer either prior to or at the time of the state hearing. All documentation received by the Hearing Officer was reviewed and entered into the hearing record in its entirety.
5. The Appellant represented herself at the state hearing. She participated by telephone which was her request. The Agency was represented by M. Bacchus.

**FINDINGS OF FACT:**

1. The household consisted of the Appellant, age 23, her boyfriend, age 25, and their two common children, now ages 19 months and 6 months. (4 persons)

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2. The Healthy Start assistance group (AG) consisted of the Appellant and her two minor children. The Appellant was included in the Healthy Start AG due to her pregnancy.
3. On 8-16-07, the Agency mailed a Healthy Start/Healthy Families reapplication packet to the Appellant. (Exhibit C) The Agency requested that the completed application and all requested verifications be returned to the Agency before 8-26-07. The documentation was mailed to the Appellant's then and current address of record and was not returned to the Agency by the postal service.
4. The Appellant received the Healthy Start reapplication packet in the mail and did not respond.
5. The Appellant had her baby on 8-14-07.
6. On 8-23-07, the Agency received notification from the hospital regarding the newborn baby.
7. On 9-6-07, the Agency mailed a verification checklist to the Appellant for enumeration for the newborn. (Exhibit D) The documentation was mailed to the Appellant's then and current address of record and was not returned to the Agency by the postal service. The Appellant did not respond.
8. On 10-15-07, the assigned Agency worker received an alert that the Appellant's 60-day post-partum period was set to expire. The Agency performed and documented a pre-termination review (PTR). (Exhibit E)
9. By notice mailed on 10-16-07, the Agency terminated Healthy Start Medicaid for the Appellant only as her post-partum period had expired. (Exhibits I and K)
10. On 12-17-07, the Agency mailed an employer verification match letter (Exhibit G) to the Appellant. The documentation was mailed to the Appellant's then and current address of record and was not returned to the Agency by the postal service. The Appellant did not respond.
11. As of the date of the state hearing, the Appellant has not reapplied for Medicaid benefits through the Agency.
12. The Healthy Start Medicaid benefits continue for the two minor children in the household.

**CONCLUSIONS OF POLICY:**

**Policy & Analysis**

The Appellant requested the state hearing because she disagreed with the Agency's action to terminate Healthy Start benefits for herself, effective 10-31-07. The facts established at the state hearing showed that the Appellant gave birth to her younger child on 8-14-07. In the Healthy Start Medicaid program, pregnant women who are otherwise eligible remain eligible for a sixty-day period following giving birth. "Postpartum coverage" means a span of Medicaid eligibility that begins on the last day of a pregnancy (if the woman was eligible for and receiving Medicaid on that date) and ends on the last day of the month in which the sixtieth day (after the last day of

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the woman's pregnancy) falls.”<sup>1</sup> In the present case, the Appellant’s post-partum period correctly expired effective 10-31-07.

Prior to proposing to terminate Medicaid for the Appellant, however, the Agency was required to complete and document the pre-termination review (PTR) process. The purpose of the PTR is to determine if the individual is eligible for continued Medicaid under any other program of Medicaid. The Agency is required to “document the PTR process in the assistance group’s case record or electronic format.”<sup>2</sup> In the present case, the Agency completed and documented the PTR on 10-15-07.

The Agency attempted to get the Appellant to reapply for Medicaid benefits. The Agency mailed the application packet to the Appellant, but the Appellant did not respond. As of the date of the state hearing, the Appellant still has not reapplied for Healthy Start Medicaid through the Agency. It is concluded that the Agency’s action to terminate Healthy Start Medicaid for the Appellant only due to the expiration of her post-partum period, effective 10-31-07, was correct. The Appellant was provided with information as how to reapply for Healthy Start Medicaid for her case and the Agency Representative offered to mail out another application packet to the Appellant.

**HEARING OFFICER'S RECOMMENDATIONS:**

Based on the record before me, I find that Appeal Number 1379966 (MED) should be overruled. The Appellant was reminded of her right to reapply for Medicaid at any time.

**FINAL ADMINISTRATIVE DECISION AND ORDER:**

Since I find the Hearing Officer’s recommendation to be supported by the policy and the evidence, I hereby adopt the recommendation. Thus, the Medicaid appeal is overruled.

Hearing Authority

March 14, 2008

**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

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<sup>1</sup> Ohio Admin. Code § 5101:1-40-08(B)(8) (2003, rev.2008)

<sup>2</sup> Ohio Admin. Code § 5101:1-38-01.1 (2003)

## STATE HEARING DECISION CONTINUATION

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.

**Appendix**

**Appellant Exhibits:**

1. State hearing request (1 page inclusive)

**Agency Exhibits:**

- A. Appeal Summary (JFS Form 04067) (1 page inclusive)
- B. "Running Record Comments" dated 8-16-07 through 1-8-08 (3 pages inclusive)
- C. "Healthy Start/Healthy Families Checklist" (JFS Form 07220) dated 8-16-07 (1 page inclusive)
- D. "Application/Reapplication Verification Request Checklist" (JFS Form 07105) dated 9-6-07 (1 page inclusive)
- E. "Pre-Termination Review (PTR)" dated 10-15-07 (2 pages inclusive)
- F. "Notice History" (1 page inclusive)
- G. Agency letter to Appellant dated 12-17-07 (1 page inclusive)
- H. Employer verification form (blank) for Hat World for Appellant (2 pages inclusive)
- I. "Individual Eligibility History" for Appellant (2 pages inclusive)
- J. "Assistance Group Authorization" (1 page inclusive)
- K. "Notice History Detail" for MA-P 01 notice mailed on 10-16-07 (1 page inclusive)