

## STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County <b>LUCAS</b>	District Hearings Section <b>TOLEDO</b>	Assistance Group Name		Assistance Group Number
Place of Hearing <b>LUCAS CDJFS</b>	Initial Hearing Date <b>03/14/2002</b>	Rescheduled Postponed to	Rescheduled Postponed to	Rescheduled Postponed to

Appellant/Representative	Appellant Representation
	Local Agency Representation <b>Renee Pargo-Eligibility Specialist</b> <b>George Long-Medical Health Systems Representative</b>

Date Notice Mailed <b>12/30/1899</b>	Date Received by Local Agency	Date Received by ODHS <b>01/29/2002</b>	Date Appeal Summary Received <b>03/01/2002</b>	Date Scheduling Notice Mailed <b>03/01/2002</b>
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Appeal Number(s)/Program(s) <b>1054682/MED</b>
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### 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 TOLEDO District hearing section at 1-800-686-1572.

**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) 752-8298.** 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 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 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.

### ISSUE SECTION

The appellant's application for disability under the Medicaid and DA medical programs was pending as of 1/29/02, so the appellant requested a hearing. Her disability application was denied on 2/14/02, so the issue at the time of this hearing is the denial.

### PROCEDURAL MATTERS

The appellant requested a hearing via phone call to the Toledo District Office on 1/29/02. The hearing was scheduled and held on 3/14/02, with the appellant and Ms. Pargo testifying in person and Mr. Long testifying by phone. All parties were sworn in for testimony.

### FINDINGS OF FACT

1. The appellant applied for Medicaid on 6/6/01, due to her disability. Her SSI application had been denied and is in appeal status.

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Appeal(s) <b>OVERRULED 1054682</b>	Date Issued <b>04/05/2002</b>	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.)*

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2. Medical documentation was gathered by the agency and submitted to the county medical services unit (CMS) for a determination of disability. It was received in CMS on 7/10/01.
3. On 8/3/01, the case was deferred to the county agency for additional information. The response to this deferral was received in CMS on 10/10/01. CMS denied the disability claim on 11/9/01.
4. The appellant had surgery to repair a mitral valve problem. The documentation provided to the agency did not establish that she continued to be disabled by this problem.
5. The hearing record was left open ten days to allow the appellant to provide documentation of the current status of her heart, including a basic medical form completed by her doctor and information from the latest treatment she had at the hospital. This documentation was not received.

## CONCLUSIONS OF POLICY

### Policy

Per Ohio Public Assistance Manual (OPAM) 7401.3, a person must be 65 or over, blind or disabled in order to be eligible for Medicaid. To meet the disability criteria, the person must be receiving SSI or RSDI based on his disability, be determined presumptively disabled by the CDHS, or have an SSI claim pending and be determined eligible by the County Medical Services Section (CMS). A person aged 18 or over is considered disabled if he has a physical or mental impairment which prevents him from doing any substantial gainful work. This impairment must have lasted or be expected to last at least 12 months or must be expected to result in death.

OPAM 7401.9 states all individuals who appear potentially eligible for Medicaid shall be referred to ODHS to have a medical determination made by CMS. If CMS determines that the limiting physical factor requirement exists, Medicaid shall be approved if all other eligibility requirements are met. If CMS determines the limiting physical factor requirement does not exist, Medicaid eligibility shall be denied as the limiting physical factor had not been met.

### Analysis

The information provided to CMS did not show that the appellant could be considered disabled for at least 12 months. The agency's denial of her application was correct.

## HEARING OFFICER'S RECOMMENDATIONS

Based on the record before me, I find the appeal should be **OVERRULED**.

## FINAL ADMINISTRATIVE DECISION AND ORDER

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Finding the hearing officer's decision to be supported by the evidence, the recommendations above are adopted, and appeal **#1054682 is OVERRULED.**

**Exhibits**

- A 1-5 social summary report
- B 1-34 medical documentation
- C 1-7 referral to CMS

Date Issued: 04/05/2002