

OHIO DEPT. OF JOB AND FAMILY SERVICES
BUREAU OF STATE HEARINGS
P.O. BOX 182825
COLUMBUS, OHIO 43218-2825

**Ohio Department of Job and Family Services
Bureau of State Hearings**

State Hearing Decision

<u>Appeal</u>	<u>Program</u>	<u>Disposition</u>	<u>Compliance</u>
3835137	MED-E	SUS	Required
3837746	MED-E	SUS	Required

Request Date: 02/01/2024

Hearing Date: 03/05/2024 Hearing Officer: Marty Habas

Mail Date: 03/07/2024

**This information is about your appeal.
Please read all pages.**

This is an important document regarding your appeal. This document may require you to take an action such as sign, date, and/or complete and return it. You can reapply at any time if your benefits were denied or stopped.

If you need this document translated into your preferred language, contact the ODJFS Bureau of State Hearings at 1-866-635-3748.

If you believe you have been discriminated against or if you have not been provided with an interpreter or a translation of this document, and you wish to file a complaint, contact the ODJFS Bureau of Civil Rights at 1-866-227-6353.

State Hearings Access to Records Electronically (SHARE) Self-Service Portal

Access your state hearing information online at: <https://hearings.jfs.ohio.gov/SHARE/>

Through the **SHARE** self-service portal, you may also:

- Request a new hearing, or check the status of your current appeal
- Request to reschedule the date and/or time of your hearing
- Withdraw your hearing
- Opt-in to receive text message notifications about your hearing
- Access your hearing documents, or add your own
- Understand what to expect before, during, and after a hearing

Registration for first-time users is quick and easy and, once completed, gives you immediate access to all the information and services available through **SHARE**.

Issue

Appeal Number: 3835137, Medicaid Eligibility Issues, Discontinuance - MAGI

Was the termination of the Appellant's 19-year-old child's Modified Adjusted Gross Income (MAGI) based Medicaid eligibility, effective January 31, 2024, because countable income was greater than 206 percent of the federal poverty level for the household size, supported by the County Department of Job and Family Services (CDJFS)? After careful consideration of the information presented during this state hearing, I found that the termination of eligibility was not supported.

Appeal Number: 3837746, Medicaid Eligibility Issues, Discontinuance - MAGI

Was the termination of the Appellant's 20-year-old child's Modified Adjusted Gross Income (MAGI) based Medicaid eligibility, effective January 31, 2024, because countable income was greater than 133 percent of the federal poverty level for the household size, supported by the County Department of Job and Family Services (CDJFS)? After careful consideration of the information presented during this state hearing, I found that the termination of eligibility was not supported.

Procedural Matters

The Appellant was present at the hearing. The CDJFS was represented by Kalifa Johnson, County Hearing Specialist. All parties were sworn in.

Findings of Fact

1. The Assistance Group (AG) consists of the Appellant, and her 19 and 20 year old children and her husband who receives \$1,375 Social Security.
2. In January of 2024, the CDJFS processed a Medicaid renewal for October of 2023 for the 19 and 20 year old's MAGI Medicaid.
3. The Appellant stated she claims the other three family members on her tax return.
4. The CDJFS found the Appellant earned \$1,152 biweekly from the Work Number.
5. The CDJFS found the 19 year old earned \$1,375 biweekly from the Work Number.
6. The CDJFS found the 20 year old earned two biweekly pays for September 1, 2023 for \$196 and September 15, 2023 for \$204.

7. On January 8, 2024, the CDJFS mailed notice of action terminating the 19 year old and 20 year old's MAGI Medicaid due to exceeding the Medicaid income standards.

8. On February 1, 2024, the Appellant requested a state hearing.

Conclusion of Policy

Policy

Medicaid Renewal

"Renew" or "renewal" means a review of eligibility factors to determine whether the individual continues to meet all of the criteria of a medical assistance category. A renewal is performed annually. Ohio Admin. Code 5101:1-1-01 (A) (78)

(A) This rule describes the responsibilities of an individual, or someone acting on an individual's behalf, who is applying for or receiving medical assistance.

(B) Individual responsibilities.

(1) When applying for or receiving any medical assistance, an individual must:

(a) Sign, under penalty of perjury, and submit an application for medical assistance in accordance with rule 5160:1-2-01 of the Administrative Code.

(b) Cooperate with the administrative agency in any eligibility determination for initial or continuing coverage, audit, and quality control process set out in this chapter of the Administrative Code. The individual must:

(i) In completing an application or renewal for medical assistance, answer all required questions and provide documentation requested by the administrative agency necessary to verify the conditions of eligibility as described in rule 5160:1-2-10 of the Administrative Code and any other relevant eligibility criteria required under Chapter 5160:1-3, 5160:1-4, 5160:1-5, or 5160:1-6 of the Administrative Code.

(ii) Request assistance from the administrative agency when unable to obtain requested information. The individual must provide the information necessary to allow the administrative agency to assist the individual.

(c) Select a managed care organization (MCO) as required by rule 5160-26-02 of the Administrative Code, unless the individual meets one of the exceptions listed in that rule.

(d) Inform the administrative agency within ten calendar days of any change to the following circumstances for the individual or any person living with the individual:

(i) Contact information.

(a) Address; or

(b) Phone number; or

(c) Email address.

(ii) Marital status.

(iii) Income, including any:

(a) One-time gifts or payments; or

(b) Change in hourly wage or salary; or

(c) Change in full-time or part-time status; or

(d) Gain or loss of employment.

(iv) An individual's pregnancy status, such as an individual becoming pregnant or a pregnancy ending.

(v) Third-party responsibility for the individual's health care costs, including:

(a) New coverage under a health insurance policy, regardless of who is paying for the coverage; or

(b) A change in health insurers; or

(c) Loss or ending of other health insurance coverage; or

(d) A court order requiring a person or entity to pay some or all of the individual's medical expenses; or

(e) Any accident or injury for which another person or entity may be responsible, such as a work-related injury or an injury received in an automobile collision. In addition to reporting the injury or accident, an individual must also report any information received about any involved insurance company.

(e) Cooperate with any third party responsible for an individual's health care costs.

(f) Not commit Medicaid eligibility fraud as described in section 2913.401 of the Revised Code. Ohio Admin. Code 5160:1-2-08 (A)(B)(1)

Pre-termination Review

"Pre-termination review" (PTR) means a review of eligibility criteria completed prior to each discontinuance of medical assistance, to determine whether an individual is eligible for any other category of medical assistance in accordance with 42 C.F.R. 435.916(f)(1) (as in effect October 1, 2022). Home and community-based services (HCBS), as defined in rule 5160:1-6-01.1 of the Administrative Code, the specialized recovery services (SRS) program described in rule 5160:1-5-07 of the Administrative Code, or both will be explored as part of the PTR process when:

- (a) The individual or his or her authorized representative has requested HCBS or SRS; or
- (b) The individual's case record contains information indicating that he or she may be eligible for or in need of HCBS or SRS. Receipt of SSI, social security disability insurance (SSDI), or any other income type resulting from an individual's disability is not sufficient, by itself, to demonstrate potential eligibility for or need of HCBS or SRS. There must be additional factors in the case record that indicate the individual's potential eligibility for or need of HCBS or SRS. Ohio Administrative Code 5160:1-1-01 (B)(68)

Medicaid Unwinding

Per CMS guidance, the first renewal month that could result in discontinuance of Medicaid coverage is April 2023. At the option of the state, Ohio has elected to begin renewals in the month before the continuous coverage condition ends (i.e., February 2023). The state must initiate renewals for all individuals who are enrolled as of the last day of the continuous coverage condition within 12 months (i.e., by January 31, 2024) and must complete renewals for all individuals enrolled as of the last day of the continuous coverage condition within 14 months (i.e., by March 31, 2024).

For the month of April 2023, renewals will be initiated in February 2023 and an individual who is determined by the administrative agency to no longer meet all eligibility requirements, or who does not timely return information needed by the administrative agency to complete the renewal, will have coverage discontinued effective May 1, 2023 (with the individual's last date of coverage being April 30, 2023). Renewals for individuals initiated prior to February 2023 that did not result in a determination of eligibility must be initiated again during the state's 12-month unwinding period. Medicaid Eligibility Procedure

Letter (MEPL) 172

The Agency has an obligation to determine Medicaid eligibility and approve Medicaid for an individual who meets the eligibility requirements and deny or terminate Medicaid for an individual who does not meet eligibility requirements. Ohio Administrative Code 5160:1-2-01.

Analysis

Appeal Number: 3835137, Medicaid Eligibility Issues, Discontinuance - MAGI

Appeal Number: 3837746, Medicaid Eligibility Issues, Discontinuance - MAGI

In January of 2024, the CDJFS processed a Medicaid renewal for October of 2023 for the 19 and 20 year old's MAGI Medicaid.3. The Appellant stated she claims the other three family members on her tax return.

The CDJFS found the Appellant earned \$1,152 biweekly from the Work Number. Her husband receives \$1,375 Social Security. The CDJFS found the 19-year-old earned \$1,375 biweekly from the Work Number. The CDJFS found the 20 year old earned two biweekly pays for September 1, 2023 for \$196 and September 15, 2023 for \$204. On January 8, 2024, the CDJFS mailed notice of action terminating the 19-year-old and 20-year old's MAGI Medicaid due to exceeding the Medicaid income standards.

The Appellant stated that the earnings for her were incorrect. Further she stated the 19-year-old was unemployed and had filed for Unemployment Compensation but a determination has not been made of yet. The Appellant stated the information the CDJFS used was not correct.

The CDJFS stated they would agree to recalculate the eligibility and use the Appellant's income verifications. The Appellant agreed and said she wondered why the CDJFS did not ask her for income verification. The CDJFS stated they would mail her a checklist and that the tax forms from 2023 could be sent or resent pays and verification of the status of the Unemployment Compensation. The CDJFS stated they usually only use the Work Number if the Appellant agrees to it. In this case the Appellant did not agree. The CDJFS agreed that it would be correct to recalculate the MAGI budget based on documents provided by the Appellant. The appeals will be sustained with compliance.

Hearing Officer's Recommendation

Appeal Number: 3835137

Based on the record and policy before me, I recommend that appeal 3835137 be Sustained with Compliance for CDJFS.

To comply, the CDJFS shall:

1. Rescind the January 8, 2024 termination of the Appellant's 19 year old child's MAGI Medicaid.
2. Send checklist requesting income verification for all Assistance Group members, allowing ten (10) days for submission, and offering assistance in obtaining verifications if requested.
3. Redetermine the Appellant's 19-year-old child's MAGI Medicaid eligibility.
4. Send notice of the determination to the Appellant, allowing for all appeal rights.

Appeal Number: 3837746

Based on the record and policy before me, I recommend that appeal 3837746 be Sustained with Compliance for CDJFS.

To comply, the CDJFS shall:

1. Rescind the January 8, 2024 termination of the Appellant's 20 year old child's MAGI Medicaid.
2. Send checklist requesting income verification for all Assistance Group members, allowing ten (10) days for submission, and offering assistance in obtaining verifications if requested.
3. Redetermine the Appellant's 20-year-old child's MAGI Medicaid eligibility.
4. Send notice of the determination to the Appellant, allowing for all appeal rights.

Final Administrative Decision and Order

Regarding appeal number 3835137, I find the Hearing Officer's decision to be supported by the evidence and regulations. The recommendations above are adopted, and the appeal is Sustained with Compliance for CDJFS.

Regarding appeal number 3837746, I find the Hearing Officer's decision to be supported by the evidence and regulations. The recommendations above are adopted, and the appeal is Sustained with Compliance for CDJFS.

Compliance is required within fifteen days, but in no event later than ninety calendar days from the date of the hearing request. Compliance must be promptly reported to the Bureau of State Hearings via the "State Hearing Compliance," JFS 04068. Documentation of the compliance action must be attached to the form. Ohio Admin. Code § 5101:6-7-03 (B).

Mariella Perrotta

03/07/2024

Notice to Appellant

This is the official decision of your state hearing. It informs you of the decision and order in your case. Papers and materials introduced at the hearing, known as "exhibits," make up the hearing record. The hearing record is maintained by the Ohio Department of Job and Family Services. If you would like a copy of the official record, please call the ODJFS hotline at 1-866-635-3748.

Important Notice: If you disagree with this decision, you, or your authorized representative, may request an administrative appeal about this notice. Contact us using one of the following methods:

Email - bsh@jfs.ohio.gov. In the subject, put "Administrative Appeal Request".

Fax - (614) 728-9574

Mail - ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

Your administrative appeal request should include a copy of this notice and the reason you think it is wrong. Your written request must be received by the Bureau of State Hearings within 15 calendar days from the mailing date of this notice. (If the 15th day falls on a weekend or holiday, this deadline is extended to the next work day.)

Unless you request an administrative appeal, this notice is a final and binding decision about your state hearing request. Any fair hearing benefits you receive will end. This may also mean the local agency can go ahead with the action it was planning to take. Additionally, you may have to pay back the continuing benefits you received as part of the state hearing process.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <https://www.ohiolegalhelp.org/find-your-legal-aid> on the internet.

Appendix

Appellant Exhibits

1. Request-SH (2 pages)

Agency Exhibits

A. Appeal Summary (25 pages)

This page intentionally left blank.