

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>
4005237	MED-E	OVR	Not Required

Request Date: 10/23/2025

Hearing Date: 11/18/2025

Hearing Officer: Kimberly Kistler

Mail Date: 11/24/2025

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Issue

Appeal Number: 4005237, Medicaid Eligibility Issues, Denial - MAGI

Was the denial of the Appellant's eligibility for Modified Adjusted Gross Income (MAGI) based Medicaid because the household income exceeded 133% of the Federal Poverty Level supported by the County Department of Job and Family Services (CDJFS)?

After careful consideration of the information presented during this state hearing, I found the denial was supported.

Procedural Matters

The request for a State Hearing was received by the Bureau of State Hearings on October 23, 2025 (Exhibit 1). Scheduling notices were issued to all parties on November 5, 2025. On November 13, 2025, the CDJFS submitted an appeal summary (Exhibit A). The hearing was scheduled for and heard on November 18, 2025. The Appellant participated in the hearing via TEAMS. The CDJFS was represented by Shantenelli Milton, who participated in the hearing via TEAMS. All parties were sworn in.

Findings of Fact

1. On August 22, 2025, the Appellant electronically submitted a Medicaid application.
2. The application showed it was only the Appellant that was being applied for Medicaid.
3. The application showed the Appellant reported she filed taxes as married filing separately and she claimed two dependents.
4. The Appellant was employed and submitted the following pay stubs: July 25, 2025 in the amount of \$2693 and August 22, 2025 in the amount of \$2141.
5. On October 22, 2025, the CDJFS calculated the following MAGI Adult Medicaid budget for the Appellant:

Unearned income	\$ 0.00
Unearned income	0.00

Net unearned income	\$ 0.00
=	
Earned income	\$5196.00
Earned income deductions	0.00
-	
Net earned Income	\$5196.00
=	
Total net income	\$5196.00
Total allowable losses	0.00
Combined income deductions	112.00
-	
Income adjustments	0.00
+	
Allocations and other deductions	0.00
-	
Total net nonexempt income	\$5084.00
=	
Unit size	3
Income limit	\$2954.00
Income result	Fail

6. On October 23, 2025, the CDJFS issued a notice to the Appellant that informed her the application submitted on August 22, 2025, was denied because the reported income was over the program eligibility limits.

Conclusion of Policy

Policy

Determining household composition and family size. (1) For the tax year in which the eligibility determination is being made, household composition and family size are determined for each individual as follows: (a) If an individual expects to file a federal income tax return and does not expect to be claimed as a tax dependent, the household composition is the individual, the individual's spouse if they live together, and all persons whom the individual expects to claim as a tax dependent as determined under 42 C.F.R. 435.603(f)(1) (as in effect October 1, 2020). (b) If an individual expects to be claimed as a tax dependent, the household composition is the taxpayer, the taxpayer's spouse if they live together, the individual, and all other persons whom the taxpayer expects to claim as a tax dependent as determined under 42 C.F.R. 435.603(f)(2) (as in effect October 1, 2020), unless the individual meets one of the following exceptions: (i) The individual is a tax dependent of someone other than a spouse or parent. (ii) The individual is a child under the age of nineteen living with both parents who do not expect to file taxes jointly. (iii) The individual is a child under the age of nineteen who expects to be claimed as a tax dependent by a non-custodial parent. (c) If an individual does not expect to file a federal income tax return or to be claimed as a tax dependent, or it is unclear if the individual will be claimed as a tax dependent, the household composition is determined under 42 C.F.R. 435.603(f)(3)(as in effect October 1, 2020) as follows: (i) If the non-filer is an adult, the household includes the individual, the individual's spouse if living together, and the individual's children under the age of nineteen. (ii) If the non-filer is a child under the age of nineteen, the household includes the individual, the individual's parents if living with the individual, and the individual's siblings under the age of nineteen if living with the individual. (a) If the individual (non-filer child) is married, the spouse of the individual is also included in the household. (b) If the individual (non-filer child) has children, the individual's children are also included in the household. (2) When determining the family size of a household containing at least one pregnant woman, each pregnant woman is counted as herself plus: (a) One; or (b) The number of indicated fetuses. The pregnant woman is to provide a statement from a doctor or nurse verifying the pregnancy, including the expected date of confinement and the number of unborn fetuses (if greater than one), if the increase in family size makes her income-eligible for medical assistance. (3) When determining the household of a married couple who live together, each spouse will always be included in the other spouse's household, regardless of tax filing status and regardless of whether either spouse is claimed as a tax dependent. (4) When determining the household of a

natural, adoptive, or step-parent and a child who live together, the parent will always be included in the child's household, regardless of tax filing status and regardless of whether the child is claimed as a tax dependent. Ohio Administrative Code 5160:1-4-01; 42 C.F.R. 435.603

(B) Gross monthly income shall be calculated as follows: (1) The amount of gross monthly non-excluded income shall first be established. Disregards and deductions, as defined in rule 5160:1-1-01 of the Administrative Code, shall then be subtracted when applicable. (2) In calculating gross income, both earned and unearned, the monthly amounts shall be rounded down to the nearest whole dollar by dropping the cents. (3) To correctly calculate gross income that is not received on a monthly basis, use the following conversion factors. All cents in gross weekly, bi-weekly, or semi-monthly income shall be dropped before and after multiplying. (a) Income received weekly shall be multiplied by 4.3. (b) Income received bi-weekly (every two weeks) shall be multiplied by 2.15. (c) Income received semi-monthly (twice per month) shall be multiplied by 2.0. (d) Gross annual income received shall be divided by 12.0. (e) For contract employees, divide the gross payment amount by the number of calendar months the contract covers. This also applies when a one-time payment is made for work that is done over a period. (4) Hourly rates that contain cents are not rounded when determining a weekly, bi-weekly, or semi-monthly amount. Ohio Administrative Code 5160:1-2-02.

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.

In Ohio, Adults with countable income at or below 133 percent of the federal poverty level, between the ages of 19 and 65, who are not pregnant, entitled to or enrolled in Medicare Parts A or B, and who are not otherwise eligible for Medicaid can receive Medicaid. Parents or caretakers living with children under 21 are not covered under this provision, unless the child has Medicaid under another category, or is otherwise enrolled in minimum coverage as set forth in 42 CFR 435.222. Medicaid State Plan, attachment 19, adopted pursuant to Ohio Rev. Code 5162.07.

It will be the responsibility of the agency to show, by a preponderance of the evidence, that its action or inaction was in accordance with rules of the Administrative Code. Ohio Admin.

Analysis

Appeal Number: 4005237, Medicaid Eligibility Issues, Denial - MAGI

Here the Appellant disputed the denial of her Medicaid benefits.

The CDJFS testified it received a Medicaid application for the Appellant on August 22, 2025. The CDJFS calculated the Appellant's gross monthly income was \$5196. The CDJFS stated the Appellant reported on the application that she filed her taxes as married filing separately and claimed two dependents. The CDJFS said this gave her a Medicaid household size of three. The CDJFS allowed the 5% disregard and that resulted in a net income of (\$5196-112=) \$5084. The CDJFS determined the Appellant's total net income was over the MAGI Adult 133% Medicaid income standard of \$2954 for a household size of three. The CDJFS denied the Appellant's Medicaid application.

The Appellant argued the CDJFS had her household size wrong. She stated she had six children in her home that she was responsible for and her household size was seven. The Appellant testified she did not know at this time how many dependents she would claim on her 2025 taxes, but the most she claimed in the past was three or four. The Appellant explained she was separated from her husband, but not legally separated. She stated he did not live in her home. The Appellant questioned why the CDJFS did not consider her shelter costs in the Medicaid budget as well as other expenses. The Appellant stated she had issues with the online system and that it behaved strangely when she submitted the application and other times when she attempted to upload documents.

The CDJFS replied to the Appellant and explained that shelter costs were not an allowable deduction in the MAGI Medicaid budget.

This hearing officer found the CDJFS correctly calculated the Appellant's gross monthly income was (\$2693+2141=\$4834/2=\$2417 biweekly average x 2.15=) \$5196. The budget included the 5% disregard which resulted in a net income of \$5084.

In reviewing the appeal summary, I found the electronic Medicaid application the Appellant submitted showed she filed taxes as married filing separately, and she claimed two dependents (see Exhibit A, p 17). This created a Medicaid household size of three.

Therefore, the CDJFS used the correct household size in the Medicaid eligibility calculation based on what the Appellant reported on the application. The Appellant's net income of \$5084 was over the MAGI Adult Medicaid income standard of \$2954 for a household size of three. Therefore, based on the testimony and documentary evidence provided, I found the CDJFS showed by a preponderance of the evidence, as required by Ohio Administrative Code § 5101:6-7-01 (C)(1)(a)(c), that the denial of the Appellant's Medicaid application dated August 22, 2025, was supported.

The Appellant may reapply for Medicaid benefits at any time.

Hearing Officer's Recommendation

Appeal Number: 4005237

Based on the record and policy before me, I recommend that appeal 4005237 be Overruled.

Final Administrative Decision and Order

Regarding appeal number 4005237, I find the Hearing Officer's decision to be supported by the evidence and regulations. The recommendations above are adopted, and the appeal is Overruled.

John Fitzmaurice

11/24/2025

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:

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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.

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Appendix

Appellant Exhibits

1. Request-SH (2 pages)

Agency Exhibits

A. Appeal Summary (27 pages)