

Notice of Denial of Your Application for Medicaid: In Cases Involving Community Spouses

Institutionalized Spouse's Name	Community Spouse's Name	Mailing Date
Street Address	Street Address	Case Number
City, State, Zip Code	City, State, Zip Code	County

This notice tells you about a determination the county department of job and family services made on your case. If you do not understand this determination, contact your eligibility worker.

Your Medicaid application for long-term care coverage dated _____ is DENIED effective _____.

Reason for Denial:

Ohio Administrative Code rules supporting this denial: _____

Attached to this letter are several forms:

- ODM 04076 "Resource Assessment Worksheet" This form determines the total amount of combined resources available to the institutionalized spouse and community spouse as of the date of institutionalization.
- ODM 04077 "Resource Transfer Worksheet" This form determines the amount of resources that are attributed to each individual.
- ODM 04078 "Monthly Income Allowance (MIA) Computation Worksheet" This form determines the amount of monthly income the community spouse may receive from the institutionalized spouse.
- ODM 04206 "Family Allowance (FA) and Family Maintenance Needs Allowance (FMNA) Computation Worksheet", if applicable. This form determines the amount of income dependent family members may receive.

The following determinations are made from these forms:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. Resources allocated to the community spouse | \$ _____ |
| 2. Resources allocated to the institutionalized spouse | \$ _____ |
| 3. Minimum monthly maintenance needs allowance | \$ _____ |
| 4. Gross countable income of the community spouse
(includes income from the institutionalized spouse and income generated from resources) | \$ _____ |
| 5. Family allowance/Family Maintenance Needs Allowance | \$ _____ |

Eligibility Worker	District/ID	Telephone Number
--------------------	-------------	------------------

Please note: If you have been denied because your resources are too high, you can ask for a state hearing. A state hearing may allow an increase in the community spouse's resource allowance (CSRA). The CSRA is the amount of resources the community spouse can keep. Making changes to the CSRA could result in a favorable decision.

You may be able to increase the CSRA if the community spouse's total income is less than the Minimum Monthly Maintenance Needs Allowance (MMMNA). Total income includes: community spouse's gross income, income from the institutionalized spouse and income from any other sources.

If you request a state hearing because the community spouse's total income is less than the MMMNA, you must obtain three (3) written estimates that give the cost of a "Single Premium Lifetime Immediate Monthly Payment Annuity (SPLIMPA)". Monthly payments from a SPLIMPA must be equal to the Monthly Income Allowance that was determined. A SPLIMPA is an annuity which provides monthly payments for the annuitant's lifetime only. An annuity that is a delayed payment annuity, a time-period certain annuity, an annuity with a death benefit, or an annuity that guarantees return of the principle is not a SPLIMPA and cannot be used.

You must present all the needed information to the state hearing officer at the time of the hearing. If you are not able to obtain the information or need assistance in obtaining the information, contact your caseworker for assistance. The purchase of a SPLIMPA is not a requirement for Medicaid eligibility.

State Hearings

Ask for a state hearing if you disagree with what we are doing or think we are making a mistake. At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want to a hearing, we must receive your request within 90 days of the mailing date on this notice.

Someone else may help you (a lawyer, social worker, friend, relative, etc). Someone else may request a hearing for you and come to the hearing with you.

You can ask your local Legal Aid program for free help with your case. Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need the local phone number.

Federal law requires us to keep your health information private. This includes all of the information we have about your health, the health care you get, payments Ohio Medicaid makes for your health care, etc. Our "HIPAA Privacy Notice" tells you more about your privacy rights under the law. You may get a copy of the notice by calling the Ohio Medicaid Consumer Hotline toll-free at (800) 324-8680 or by visiting our web site at www.jfs.ohio.gov/hipaa/privacy.pdf. The law is the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you want to request a state hearing, follow the directions on the next page. If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

State Hearing Request

Sign and fill in the blanks.

I think this policy is being incorrectly applied to me. I want a state hearing.

Sign Here: _____ Date: ___ / ___ / ___ Phone: _____

Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc). If someone later agrees to represent you, tell us then.

Name: _____ Phone: _____

Address: _____ Fax: _____

_____ E-Mail: _____

Choose one of these ways to send this request to us:

1. Mail a copy of this page to Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; or
2. Fax only this side of this page to (614) 728-9574 (ODJFS, Bureau of State Hearings); or
3. E-mail to "bsh@odjfs.state.oh.us. Please include your name, address, case number, and tell us why you are requesting a hearing; or
4. Phone the ODJFS Customer Access Line at 1-866-635-3748 (1-866-ODJFS-4-U) and follow instructions for state hearings. Only you may phone.