

**BEFORE THE OFFICE OF STATE ADMINISTRATIVE HEARINGS
STATE OF GEORGIA**

L.R.,	:		Docket Number:
			OSAH-DFCS-QI1-_____ -Walker
v.			Agency Reference No. _____
DHS, FAMILY AND CHILDREN SERVICES,			
Respondent.			

INITIAL DECISION

I. INTRODUCTION

Petitioner L.R. appeals the decision of Respondent to deny her Medicaid application. A hearing was held on November 4, 2013, and supplementary materials received from Petitioner on November 6, 2013. Petitioner was represented by her mother, I.W. Caseworker Latonya Henderson appeared for Respondent. After careful consideration of all the evidence of record in this case, and based upon a preponderance of evidence, the Court makes the following findings of fact and conclusions of law.

II. FINDINGS OF FACT

1.

Due to severe physical limitations, Petitioner applied for services through the Independent Care Waiver Program (hereinafter "ICWP"). After conducting a face-to-face assessment and reviewing medical records, the Georgia Medical Care Foundation issued an initial approval of Petitioner's application for ICWP on June 6, 2013. The notice directed Petitioner to select a case manager from an approved list. (Testimony of I.W.; Exhibit P-1)

2.

Petitioner contacted an approved caseworker, Teresa Darrisaw. Petitioner's mother, I.W., and Ms. Darrisaw went to the Henry County Department of Family and Children Services (hereinafter "the Department") and requested an application for Medicaid on June 10, 2013. They were given a QI-1 Medicaid application by Department staff, and returned it to the Department on the same date. Ms. W. retained a copy of the Medicaid application and submitted a copy of this application as evidence. The Medicaid application submitted by Ms. W. is dated June 10, 2013. (Testimony of I.W.; Testimony of Teresa Darrisaw; Exhibit P-1)

3.

Although Ms. W. and Ms. Darrisaw submitted the application on June 10, 2013, the Department incorrectly date stamped the application as received on July 11.¹ At the hearing, Ms. Henderson, who has not been Petitioner's caseworker and has no firsthand information regarding the case, noted that the Department's records did not reflect that Ms. W. submitted an application in either June or July of 2013. (Testimony of Latonya Henderson; Testimony of I.W.; Exhibit P-1)

4.

Ms. W. resubmitted another Medicaid application for the ICWP program on August 8, 2013. Although Ms. W. applied for Medicaid under the auspices of the ICWP program, Ms. Henderson testified that the Department's records reflect that this application was for QI-1 Medicaid. The Department's records indicate that it denied this application. The Department did not have copies of this application. (Testimony of Latonya Henderson; Testimony of I.W.)

¹ No year was stamped.

5.

As directed by the Georgia Medical Care Foundation, Ms. W. again applied for Medicaid on August 20, 2013. The Department's records reflect that Petitioner submitted an application for QI-1 Medicaid. Ms. Henderson testified that on September 20, 2013, the Department requested additional information from Petitioner. After these materials were not received, the Department denied the application on October 21, 2013. The Department did not have either the original applications or the letters requesting additional materials. (Testimony of Latonya Henderson; Testimony of I.W.)

6.

Ms. W. submitted her initial application on June 10, 2013. She expressed frustration at the Department's failure to process the original Medicaid application. She did not understand what had happened to the subsequent applications, or why she originally was directed to apply for QI-1 Medicaid, as she only seeks Medicaid regarding the ICWP program. She also expressed frustration with communications from the Department. She requests that the Department process the Medicaid application received on June 10, 2013. (Testimony of Latonya Henderson; Testimony of I.W.)

III. CONCLUSIONS OF LAW

1.

Pursuant to OSAH Rule 7, as the applicant for benefits, Petitioner bears the burden of proof. GA. COMP. R. & REGS. r. 616-1-2-.07(1)(c). OSAH Rule 21 provides that the standard of proof is preponderance of the evidence. GA. COMP. R. & REGS. r. 616-1-2-.21(4).

2.

3

ICWP is a Medicaid Class of Assistance that provides in home care to individuals who are severely physical disabled or who have traumatic brain injuries. It provides recipients with certain services such as case management, personal care services, and skilled nursing, not typically available to Medicaid recipients. *Medicaid Manual at § 2139-1.*

3.

To determine eligibility under the ICWP Class of Assistance, Respondent must accept an applicant's application for Aged, Blind or Disabled Medicaid, and obtain any other information needed to process the application. It is Respondent's obligation to determine basic eligibility, financial eligibility and the applicant's cost share. Respondent must notify the applicant and the case manager of the applicant's eligibility and cost share. Unless otherwise articulated, all applications for services must have eligibility for services determined as soon as possible, but the Standard of Promptness is no later than 30 calendar days from the date of application, if the household has provided all necessary information for completing the application. *Medicaid Manual at § 2139-2-3; CSBG-Program Eligibility.*

4.

In this case, Petitioner's representative offered credible evidence that she submitted an application for Medicaid on June 10, 2013. As Respondent's Manual specifies, the date of the application is the date the application form is received by the county office. *Medicaid Manual at § 2050-3.* Nonetheless, despite Petitioner's un rebutted testimony that she submitted this application on June 10, 2013, the Department date stamped her application July 11, and then never to have processed the application. It also appears to have erred in directing that

applications be made under the QI-1 Class of Assistance.² The Department did not present any documents or materials to rebut Ms. W.'s testimony.

IV. DECISION

For the above and foregoing reasons, Respondent's decision to deny Petitioner's Medicaid application is **REMANDED**. Respondent should process Petitioner's June 10, 2013, application within thirty days and should timely request additional materials from Petitioner if needed.³ Any benefits awarded to Petitioner should be awarded as if the application had been received on June 10, 2013.

SO ORDERED, this 12th day of November, 2013.

Ronit Walker
Administrative Law Judge

² QI-1 is a Q track Class of Assistance that pays the monthly premium for Medicare supplemental Medical Insurance (Part B). As Petitioner is applying for Medicaid under the auspices of the ICWP program, the QI-1 Medicaid does not appear to be applicable. Moreover, the Standard of Promptness for processing a QI-1 application is 10 working days from the date of the receipt of the application, far shorter than the amount of time it has taken the Department to process any of Petitioner's multiple applications in the instant case. *Medicaid Manual § 2145-1*.

³ As the Department is obligated to consider an application under all potential Classes of Assistance before denying an application, it must consider the June 10, 2013 QI-1 application under the Aged, Blind and Disabled Class of Assistance. *Medicaid Manual at § 2050-3*.