OFFICE OF STATE ADMINISTRATIVE HEARINGS STATE OF GEORGIA

, Petitioner,	: :
v.	: Docket No.: : OSAH-DFCS-Walker
DHS, FAMILY AND CHILDREN SERVICES, Respondent.	: Agency Reference No.:

INITIAL DECISION

I. Introduction

Petitioner, seeks administrative review of Respondent's action terminating her Medicaid benefits. The parties presented sworn testimony and evidence at an administrative hearing held on February 3, 2014. The Petitioner appeared *pro se*, and Priscilla Findley was a witness for the Respondent, the Department of Family and Children Services. For the reasons indicated, Respondent's determination is **REVERSED**.

II. Findings of Fact

1.

Petitioner appeals the termination of her Medicaid benefits. Petitioner stated that she has been receiving Medicaid benefits under the Qualified Medical Beneficiaries Program since 2012. QI-1 Medicaid is a Q-Track class of assistance that pays the monthly premium for Medicare supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the Federal Poverty Level. Testimony of Petitioner; Economic Support Services Manual (ESS Manual) § 2145-1.

2,

In October of 2013, Petitioner's Medicaid case underwent a review. Petitioner received a notice that she had not cooperated with Respondent during the review, and thus Respondent was terminating her benefits. *Testimony of Priscilla Findley; Testimony of Petitioner; Exhibits P-1; P-2; P-3; P-5; P-6.*

3.

Petitioner strongly denies that she failed to cooperate with Respondent. In fact, she stated that she personally visited Respondent's office on several occasions to try and understand why Respondent was moving to terminate her benefits, but was told that no one was available to

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assist her. Petitioner also tried to reach her caseworker by telephone on numerous occasions, but was unable to reach her caseworker because her voicemail was full. Ms. Findley was not Respondent's assigned caseworker, but acknowledged that Respondent's workers had not been able to meet with clients due to a system wide change of procedure. Testimony of Findley; Testimony of Petitioner.

4.

As Ms. Findley was not Petitioner's assigned caseworker, she did not have any personal knowledge regarding this case, and had no information regarding Petitioner's alleged failure to cooperate with her review. After reviewing the file, Ms. Findley testified that she believed the termination was based on the fact that Petitioner's household income had increased, and thus she was no longer eligible for Q-track Medicaid. However, based on the evidence submitted at the hearing, Petitioner's income had not changed since June of 2013. Testimony of Findley; Testimony of Petitioner; Exhibits P-1; P-5.

5.

During the hearing, the parties also noted that Petitioner had reapplied for Medicaid in November 2013. On November 13, 2013, Respondent sent Petitioner a Notice of Decision denying Petitioner's application stating that the reason for the denial was that Petitioner had no eligible people within her household, her income limits did not fall within the limits set for Medicaid, and that she was not entitled to Medicare. However, in this action Petitioner only appeals the October 2013 termination. *Testimony of Caseworker; Testimony of Petitioner; Exhibit R-1*.

6.

Petitioner requested a fair hearing. Her request for a fair hearing indicated that she had been trying to reach her case worker since the beginning of October, and that she did not refuse to cooperate with the renewal process. *Testimony of Petitioner*.

¹ Ms. Findley also offered that she believed that this case was not Q-track but concerned a spend down calculation in the Adult Medically Needy (AMN) class of assistance. AMN provides Medicaid coverage for aged, blind or disabled individuals whose income and/or resources exceed income and resource limits for other Medicaid classes of assistance. If an individual's net countable income is less than or equal to the Medically Needy Income Level an individual is automatically eligible for AMN Medicaid. An individual is "spend down" eligible when her income exceeds the Medically Needy Income Level, but this income is offset by incurred medical expenses. Eligibility for "spend down" is determined on a monthly basis. *Economic Support Services Manual (ESS Manual) § 2150-1*.

III. Conclusions of Law

1.

Because this matter involves a termination of Medicaid benefits, Respondent bears the burden of proof. OSAH Rule 616-1-2-.07(e). The standard of proof is a preponderance of the evidence. OSAH Rule 616-1-2-.21(4).

2.

Petitioner's termination notice indicated she had failed to cooperate during her review. Petitioner presented credible evidence that she had cooperated, and Respondent did not rebut her testimony. While Respondent offered a number of theories as to why it might have terminated Petitioner's benefits, the Caseworker had no personal knowledge regarding the circumstances of the case. Moreover, Respondent must give Petitioner adequate notice regarding the reason for denial. ESS Manual § 2060-6. Regarding her alleged failure to cooperate, Petitioner attempted to contact her caseworker in person and by telephone in order to understand the reason for her termination. Further, she came to the hearing seeking to learn the reason for her termination. After listening to the testimony and reviewing the offered exhibits, it was not possible for the undersigned to determine why Respondent terminated Petitioner's benefits and thus whether or not Respondent's action was proper. Accordingly, Respondent could not carry its burden of proof.

IV. Decision

As Respondent did not meet its burden of proof in this case, Respondent's determination is REVERSED.

SO ORDERED this 20th day of February, 2014.

RONIT WALKER Administrative Law Judge

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