Scioto County Department of Job and Family Services
710 COURT ST
PORTSMOUTH,OH 45662

Case 7156371
Name Andrew Dugan
Mail Date 02/13/2023

Andrew Dugan
1322 LINCOLN ST
PORTSMOUTH, OH 45662-3617

Questions? Ask your worker

TDD-For Hearing Impaired 7-1-1
County Telephone 1 (844) 640-6446
Office Hours Mon-Fri 8:00am-4:30pm

NOTICE OF ACTION

This information is about your medical benefits. Please read all pages.

We have made decisions about your application for benefits. You can appeal if you disagree with any of our decisions. This notice explains our decisions and how you can appeal. You can reapply at any time if we denied or stopped your benefits.

If you are unable to read English and need this form translated into your preferred language, contact your case worker. Please call the number listed above for assistance.

If you believe you have been discriminated against or if your county agency has not provided you with an interpreter or a translation of this form; and you wish to file a complaint, contact ODJFS Bureau of Civil Rights at 1-866-227-6353; the hearing-impaired may call TDD 7-1-1.

Spanish

Esta información trata sobre sus beneficios. Por favor, lea todas las páginas.

Hemos hecho decisiones sobre su dinero, comida, o beneficios médicos. Usted puede presentar una apelación si no está de acuerdo con cualquiera de nuestras decisiones. Este aviso explica nuestras decisiones y cómo usted puede presentar una apelación. Usted puede presentar una nueva solicitud en cualquier momento si denegamos o ponemos fin a sus beneficios.

Si necesita una traducción u otro tipo de ayuda para leer este aviso o para comunicarse con nosotros, comuníquese con su asistente social. Encontrará el nombre y teléfono de su asistente social debajo de la fecha de envío (Notice Date), más arriba. Si su asistente social no le puede ayudar, comuníquese con la Agencia de Derechos Civiles de ODJFS (ODJFS Bureau of Civil Rights) llamando al 1-866-227-6353, o con TDD llamando al 7-1-1 (gratuitamente).

Somali

Macluumadkan waa mid ku saabsan manfacyada. Fadlan aqri dhammaan beejyada dhan.

Go'aano ayaan ka gaarney manfacyada kaashka, cuntada, ama daawada ee aad qaadato. Rafcaan ayaad ka qaadan kartaa haddii aadan ku qanacsaneyn mid ka mid ah go'aanadeena. Ogeysiiskan wuxuu sharxayaa go'aankeena iyo sida aad rafcaan ugu qaadan karto. Woqti kasta ayaad dib u codsan kartaa haddii aan kaa diidney ama kaa jarney manfacyadaada.

Haddii aad u baahan tahay turjumaan ama caawinaad kale si aad u aqriso ogeysiiskan ama aad dooneyso in aad nala soo xiriirto, la soo xiriir shaqaalaha bulshada (kees worker-kaaga). Taariikhda la Soo direy (Notice Date) ee sare hoosteeda waxaa ku qoran magaca iyo talefoon lambarka shaqaalaha bulshada (kees worker-kaaga). Haddii kees worker-kaaga aadan ka helin caawinaada aad u baahan tahay, Xafiiska Xuquuqda Bulshada ee ODJFS (ODJFS Bureau of Civil Rights) ka wac 1-866-227-6353 ama TDD 7-1-1 (waa bilaash).

The application for Medicaid, dated 2/7/2023, has been denied.

The people affected by this action are:
Andrew Dugan

Medicaid has been denied due to:
Duplicate Application

Please contact your caseworker if you have any questions or if there are facts you did not tell us.

Your Medicaid benefits are proposed to be denied based on the Ohio Administrative Code. The sections used to determine your Medicaid are listed below in the Rules. Information about the Medicaid rules and policy can be accessed at www.medicaid.ohio.gov. Under the tab Resources, click on Legal and Contracts then click on Rules.

Andrew Dugan is denied for Medicaid, due to:
The individual is already receiving Medicaid coverage, which is not affected by the denial of this duplicate application. The individual's existing Medicaid coverage is unchanged. Ohio Administrative Code Rule 5160:1-1-58 Medicaid: Conditions of Eligibility and Verifications

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Privacy of your Health Information

The Health insurance Portability and Accountability Act of 1996 (HIPAA) requires us to keep your health information private. This includes all of the information we have about your health, your health care services, and payments we make for your health care services.

Our "Notice of Privacy Practices" (Form Number ODM 10102) tells you more about your privacy rights.

You may get a copy of the “Notice of Privacy Practices” (Form Number ODM 10102) by calling our Ohio Medicaid Consumer Hotline toll free at (800) 324 - 8680. The Notice is also available on our website, medicaid.ohio.gov, by going to ‘For Ohioans’ and selecting ‘Already Covered’.
http://www.medicaid.ohio.gov/FOROHIOANS/AlreadyCovered/NoticeofPrivacyPractices.aspx
Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake. At the hearing, you can explain your reasons and we will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will make a decision after the hearing.

You can ask for a hearing in one of the following ways:
Electronically - Submit the hearing request to the Bureau of State Hearings SHARE Portal at https://hearings.jfs.ohio.gov/SHARE/. Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at ssp.benefits.ohio.gov.)
Email - bsh@jfs.ohio.gov. In the subject line, put “State Hearing Request”. In the Message, include your name, case number, and reason for requesting a hearing, or attach a copy of this completed form.
Phone - Call the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings, and mention this notice.
Fax - Complete and sign this form, and fax it to (614) 728- 9574.
Mail - Complete and sign this form, and mail it to Bureau of State Hearings, P.O.Box 182825, Columbus, Ohio 43218-2825. Keep a copy for your records.

Contact your county DJFS office - - It is better to send this form using one of the methods above. But, you may complete and sign this form, and contact your local CDJFS.

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling County Shared Services at the toll-free phone number 1-844-640-6446; individuals with a hearing impairment may call TDD 7-1-1.

Spanish:
Para ayudarle a entender este aviso, se ofrecen asistencia con el idioma, servicios de interpretación y ayudas y servicios auxiliares a solicitud sin costo alguno para usted. Los servicios disponibles incluyen, entre otros, traducción oral, traducción por escrito y ayudas auxiliares. Para solicitar estos servicios o ayudas auxiliares, llame sin costo a Servicios Compartidos del Condado al teléfono 1-844-640-6446; las personas con discapacidad auditiva pueden llamar a TDD 7-1-1.

Arabic

لمساعدتك على فهم هذا الإخطار، تتوفر المساعدة اللغوية وخدمات الترجمة الفورية والأدوات والخدمات المساعدة عند الطلب مجانًا وبدون أي تكلفة.
تشمل الخدمات المتاحة، على سبيل المثال لا الحصر: الترجمة الشفهية والترجمة التحريرية والأدوات المساعدة.
يمكنك طلب هذه الخدمات و/أو الأدوات المساعدة عن طريق الاتصال بخدمات المقاطعة المشتركة على رقم الهاتف المجاني 1-844-640-6446؛ يمكن للأفراد الذين يعانون من ضعف السمع الاتصال برقم الهاتف النصي 7-1-1.

Somali:
Si lagaaga caawiyo inaad fahanto ogeysiiskan, caawin luqadeed, adeegyada turjumaanka, iyo qalabka iyo adeegyada naafada ayaa la heli karaa marka la codsado iyadoo aan kharash kaa bixin. Adeegyada la heli karo waxaa ka mid ah, laakiine aan ku xaddidnayn: Tarjumaadda afka ah, turjumaad qoraalka ah, iyo qalabka naafada. Waxaad ku codsan kartaa adeegyadaa iyo/ama qalabka naafada adigoo ka wacaya Adeegyada la wadaago ee degmada (County Shared Services) taleefanka lacah la'aanta ah ee lambarka 1-844-640-6446; Dadka maqalka ku dhiban waxay wici karaan TDD 7-1-1.

Russian:
Чтобы помочь вам понять это уведомление, по вашему запросу бесплатно предоставляется языковая помощь, услуги устного перевода, а также дополнительные средства и услуги. В число доступных услуг входят, в частности, устный перевод, письменный перевод и вспомогательные средства. Вы можете обратиться за этими услугами и/или вспомогательными средствами, позвонив в County Shared Services по бесплатному телефону 1-844-640-6446; лица с нарушением слуха могут позвонить по номеру TDD 7-1-1.

French:
Pour vous aider à comprendre cette communication, une assistance linguistique, des services de traduction et des aides/services auxiliaires sont disponibles gratuitement sur demande. Les services disponibles comprennent, entre autres : traduction orale, traduction écrite et aides-auxiliaires. Vous pouvez consulter ces services et/ou des aides-auxiliaires en appelant les Services Partagés des Comtés (County Shared Services) au numéro gratuit suivant : 1-844-640-6446 ; les personnes ayant une déficience auditive peuvent appeler TDD 7-1-1.

Vietnamese:
Để giúp quý vị hiểu được thông báo này, dịch vụ hỗ trợ ngôn ngữ, dịch vụ thông dịch và các dịch vụ và trợ giúp bổ sung được cung cấp miễn phí cho quý vị khi có yêu cầu. Các dịch vụ có sẵn bao gồm nhưng không giới hạn ở: phiên dịch miệng, biên dịch và trợ giúp bổ sung. Quý vị có thể yêu cầu các dịch vụ này và/hoặc trợ giúp bổ sung bằng cách gọi cho Dịch vụ Chia sẻ của Quận theo số điện thoại miễn cước 1-844-640-6446; người khiếm thính có thể gọi đến TDD 7-1-1.

Swahili:
Ili kukusaidia kuelewa notisi hii, usaidizi wa lugha, huduma za ukalimani, na vifaa vya kusikia na huduma za kusikia zinapatikana ukiomba bila gharama yoyote kwako. Huduma zinazopatikana zinajumuisha, lakini sio tu: tafsiri kwa usemi, tafsiri kwa maandishi, na vifaa vya kusikia. Unaweza kuomba huduma hizi na/au vifaa vya kusikia kwa kupiga simu kwa County Shared Services (Huduma Zinazoshirikiwa za Kaunti) kwa nambari ya simu ya bila malipo 1-844-640-6446; watu walio na ulemavu wa kusikia wanaweza kupiga simu kwa TDD 7-1-1.

Ukrainian:
Для того, щоб Ви могли зрозуміти це повідомлення, за Вашим запитом безкоштовно надається мовна підтримка, послуги усного перекладу, а також допоміжні засоби та послуги. Послуги, що надаються, охоплюють, серед іншого: усні та письмові переклади, а також допоміжні засоби. Ви можете отримати ці послуги та/або допоміжні засоби, зателефонувавши до Центру надання муніципальних послуг округу за безкоштовним телефоном 1-844-640-6446; особи з вадами слуху можуть зателефонувати за номером 7-1-1 за допомогою телекомунікаційного приладу для глухих.

Kinyarwanda (Burundi):
Kugira ngo tugufasha gusobanukirwa iri tangazo, ubwunganizi mu by'indimi, serivisi z'ubusemuzi n'ubufasha na serivisi by'ibanze btangwa iyo ubisabye kandi nta kiguzi. Serivisi zitangwa zikubiyemo, ariko ntizigarukira kuri: ubusemuzi mu magambo, ubusemuzi mu nyandiko, n'ubufasha bw'ibanze. Ushobora gusaba izi serivisi no/cyangwa ubufasha bw'ibanze uhamagara County Shared Services kuri terefone itishyurwa nomero 1-844-640-6446; abantu bafite ubumuga bwo kutumva bashobora guhamagara TDD 7-1-1.

Afghani

برای اینکه کمک تان کنیم تا این اطلاعیه را درک کنید، مساعدت زبان، خدمات ترجمه شفاهی و کمک‌ها و خدمات حمایوی حین درخواست بطور رایگان برای شما موجود است. خدمات موجود شامل این موارد می‌شود، ولی تنها محدود به این موارد نمی باشد: ترجمه شفاهی، ترجمه کتبی و کمک‌های حمایوی. شما میتوانید این خدمات و/یا کمک‌های حمایوی را با زنگ زدن به County Shared Services با شماره رایگان 1-844-640-6446 درخواست کنید؛ افرادی که در بخش شنوایی مشکل دارند میتوانند به شماره TDD 7-1-1 زنگ بزنند.

STATE HEARING REQUEST FORM

You may use this form to request a State Hearing to appeal the actions proposed in the Notice of Action mailed on 02/13/2023. You may request a state hearing online by visiting https://hearings.jfs.ohio.gov/SHARE.

Review this information:
If any of the following information has changed, please cross out the old information and write in the new information. You must also notify your local CDJFS of your new information.

Person Requesting the Hearing Andrew Dugan			Worker Portal Case # 7156371
Address 1322 LINCOLN ST			Telephone Number (220)710-4031
City PORTSMOUTH	State OH	Zip 45662	County Scioto

Check all boxes that apply:
I disagree with the actions proposed in the Notice of Action mailed 02/13/2023 for:

- ☐ Denial of my Medicaid application Ohio Administrative Code 5160: 1-2-01
- ☐ Denial of my Supplemental Nutrition Assistance Program (SNAP) application Ohio Administrative Code 5101: 4-2-01
- ☐ Denial of my Cash Assistance application Ohio Administrative Code 5101: 1-2-01

Note: To appeal other action(s) listed on this or another notice, or for lack of action on your application, please call the Bureau of State Hearings at 866-635-3748 to request your hearing. As a reminder, when your application is denied, you cannot get fair hearing benefits.

Check all boxes that apply:

- ☐ I want to do my hearing by telephone. My number is: (______)______-____________
- ☐ I need an interpreter at my State Hearing. My language is: ____________________________
- ☐ In addition to requesting a State Hearing, I would like someone from the Bureau of State Hearings to see if my issue can be resolved without a hearing.
- ☐ I want a county conference. (This is a meeting to discuss your case with your local CDJFS.)
- ☐ This person has agreed to help me with my state hearing (my "authorized representative"):

Name			Telephone Number ( ) -
Address			Fax ( ) -
City	State	Zip	E-mail

Sign and date:
If you are an authorized representative signing for the person requesting the State Hearing, you must provide an authorization signed by that person along with this hearing request.

Sign Here	Date	Telephone Number ( ) -

For State Hearings Only: 5100

Mailing Steps:
(1) Fold this page only along the dotted lines.
(2) Tape after folding

Ohio

Andrew Dugan
1322 LINCOLN ST
PORTSMOUTH OH 45662

NO POSTAGE
NECESSARY
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IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

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

END

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