

STARK COUNTY JOB AND FAMILY SERVICES
221 3RD ST SE
CANTON OH 44702



Notice Date: 09/25/2023
Case Number: 7639097
Case Name: Serenity Jones

SERENITY JONES
1142 BEDFORD AVE SW
CANTON OH 44710-2184

Questions? Ask your worker.

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

NOTICE OF ACTION

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

Note: If you see any incorrect personal information on this notice, please contact your county JFS office within 10 days of the date of this notice and provide corrections. Your benefits may be changed as a result.

Please contact your county JFS office if you have any questions or if you need to give us more information.

If you do not agree with our actions, you can ask for a State Hearing and/or a County Conference. Go to the "How to Request a State Hearing or County Conference" section of this notice to learn how to ask for a State Hearing and/or a County Conference.

You may reapply for Medicaid at any time.

If you are unable to read English and need this notice 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 notice; 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.

Medicaid will continue with no change for the following individuals:

(1) Serenity Jones (10/09/2001)

(1) Serenity Jones (10/09/2001) will continue to get MAGI Adult benefits as of 12/01/2023.

Helpful Information

If you do not agree with the action proposed above, you have the right to appeal by requesting a State Hearing. If your benefits are being stopped or reduced and your hearing request is received by 10/10/2023, we will continue your benefits until a hearing decision is issued. There is more information on how to ask for a hearing below.

We will send your Medicaid cards within 3-4 business days. Show your Medicaid card to your medical provider at your visit.

In order to remain eligible for this program you must complete your annual review when it comes due. The county will notify you when it is time to complete your review.

Some Medicaid medical and dental procedures require pre-approval. If you have questions regarding your coverage or need assistance in locating a Medicaid provider, call the Ohio Medicaid Consumer Hotline at toll-free phone numbers 1-800-324-8680 or TTY for the hearing impaired 1-800-292-3572. Please contact your county Department of Job and Family Services (CDJFS) if you have any questions or there are facts you did not tell us.

You can get information about your benefits online. Sign up now to use the Ohio Benefits portal. If you do not have access to the internet, you may be able to use a computer for free at a library or community center.

To sign up follow these steps:

1. Find your Case Number on the top of the first page of this notice.
2. Go to our website <https://ssp.benefits.ohio.gov/apspssp/index.jsp>. Follow the instructions to set up your account.

After you set up your account, you can:

1. Complete, sign and submit forms to get your keep benefits. You may still have to complete an interview with your county contact.
2. Turn in requested verifications
3. Report changes such as:
 - Your phone number or address
 - The people who live with you
 - Your household's income or assets
 - Your housing or utility expenses
4. You can see:
 - Your current and past benefits from the last 12 months
 - Your case information
 - A list of notices we sent to you about your benefits
 - A list of frequently asked questions and answers
 - Updates and important information
 - Commonly used forms

You must report within ten (10) days any changes, such as changes in your household income, property, medical condition, or household situation. You can report changes through the Self-Service Portal, in person, by mail, or by fax.

Any changes you report may affect the cash, food, or medical benefits for yourself or the household.

If you sign up for an online account, you will receive both electronic versions and paper copies of important notices and forms.

For more information, please visit our website <https://ssp.benefits.ohio.gov/apspssp/index.jsp> or contact your county JFS office.

Reminder: If your address changes, notify your case worker immediately. If your caseworker does not have your correct address, you will not receive the information you need to continue receiving assistance.

Helpful information about Medicaid can be found at www.medicaid.ohio.gov.

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 مجاناً 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 numero 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 حمایتی 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 حمایتی. شما می‌توانید این خدمات و/یا کمک‌های حمایتی 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 7-1-1 TDD زنگ بزنند.

Ohio Department of Medicaid
OHIO MEDICAID ESTATE RECOVERY

What is estate recovery?

Estate recovery seeks to obtain repayment for the cost of Medicaid benefits once a Medicaid eligible individual is deceased. This happens after the death of a Medicaid individual who was either permanently institutionalized or age 55 and older.

What is an estate?

An estate is all of the real and personal property owned by a Medicaid individual at the time of death, whether or not it passed through probate court.

What Medicaid benefits are subject to estate recovery?

Medicaid payments for services received since January 1995 are subject to estate recovery. Medicare premium assistance payments made after January 1, 2010, are subject to recovery only when the Medicaid individual was permanently institutionalized.

How does estate recovery work?

The estate's executor is responsible for notifying the Ohio Attorney General's Office (AGO) of a Medicaid individual's death, if the individual was permanently institutionalized or age 55 or older. Once the AGO has been notified, the AGO will present a claim to the estate.

When does estate recovery take place?

Recovery from the estate will only be made:

- ☒ After the death of the Medicaid individual's surviving spouse.
- ☒ When the deceased Medicaid individual has no surviving child younger than age 21.
- ☒ When the deceased Medicaid individual has no surviving child of any age who is considered blind or disabled under Medicaid regulations.

Does a will protect assets from estate recovery?

No. Ohio's Medicaid program and other creditors are paid before any assets are distributed to heirs or other beneficiaries.

Are there exceptions to estate recovery?

If there is an undue hardship to a survivor, the right to immediate recovery may be delayed or waived. Undue hardship is determined on a case-by-case basis.

Is a person's house subject to estate recovery?

Yes. A Medicaid individual's house may be subject to estate recovery. If the Medicaid eligible individual was permanently institutionalized, any claim from the sale of a house may be delayed while the individual's sibling or child resides in the home, if specific conditions are met.

Will the Attorney General's Office contact the family of the deceased?

After a Medicaid individual dies, the AGO will send a notice of claim to the estate's executor requesting repayment for the cost of Medicaid benefits. It is the estate executor's responsibility to notify any family members or other heirs who might be affected by the estate recovery. If the estate executor has not been identified to the AGO, the AGO may need to contact the Medicaid individual's family members.

How can the Attorney General's Office be reached?

The Medicaid Estate Recovery Unit of the AGO can be contacted at:

Medicaid Estate Recovery Unit
 150 East Gay Street, 21st Floor
 Columbus, Ohio 43215-3130

Information can be obtained online at <https://www.ohioattorneygeneral.gov/Business/Collections> or by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680, or by calling your local County Department of Job & Family Services.

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 web site, [medicaid.ohio.gov](http://www.medicaid.ohio.gov), by going to 'Families & Individuals' and selecting 'Coverage' -> 'Already Covered' -> 'Citizen Rights and Policies, Privacy Notice, and ADA Compliance' -> 'Notice of Privacy Practices – Effective Date September 23, 2013'. <http://www.medicaid.ohio.gov/FOROHIOANS/AlreadyCovered/NoticeofPrivacyPractices.aspx>

You can ask for a State Hearing

You can ask for a State Hearing or a county conference if you disagree with what we are doing or think we are making a mistake. A county conference is an informal meeting with the county JFS office to see if the issue can be resolved without a State Hearing. Contact your county JFS office for more information.

A State Hearing is a formal request to have the issue decided by a state hearing officer. 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.

If you think we are wrong, you can ask for a state hearing. We must receive your hearing request by **12/26/2023**.

If you want a state hearing and we are stopping or lowering your benefits, you may be able to get fair hearing benefits. This means your benefits may continue until a hearing decision is issued. If you want fair hearing benefits, we must receive your hearing request by **10/10/2023**.

Please use the last page of this notice ("State Hearing Request") to ask for a State Hearing. Save all other pages of this notice.

Someone else may help you with your State Hearing (a lawyer, social worker, friend, relative, etc.). They can help you ask for a hearing and come to the hearing with you. If you give us your signed authorization, they can ask for a hearing for you, and can also attend the hearing in your place. If someone requests a state hearing without your signed authorization, the hearing request may be denied.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <https://www.ohiolegalhelp.org/>.

You can ask for a hearing in one of the following ways:

1. **Electronically** – Submit your state 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 Portal ID and password.
 - If you do not have an Ohio Benefits account, <https://ssp.benefits.ohio.gov/>.
2. **Email** – Send an email to bsh@jfs.ohio.gov. In the subject line, put "State Hearing Request". You can attach a completed copy of the State Hearing Request form. If you do not attach the form, in the email tell us your name, case number, and the reason why you are asking for a hearing.
3. **Phone** – Call the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. You should have this notice with you when you call.
4. **Fax** – Complete and sign the State Hearing Request form, and fax it to (614) 728-9574.
5. **U.S. Mail** – Complete and sign the State Hearing Request form, and mail it to Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825. Keep a copy for your records. Remember that we must receive your hearing request by the deadline.
6. **Contact your county JFS office** – It is better to request a hearing using one of the methods above. But, you may contact your county JFS office and request a hearing.

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 09/25/2023. 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 County Department of Job & Family Services (CDJFS) of your new information.

Person Requesting the Hearing SERENITY JONES			Worker Portal Case # 7639097
Address 1142 BEDFORD AVE SW			Telephone Number (330)451-9046
City CANTON	State OH	Zip 44710-2184	County Stark

Check all boxes that apply:

I disagree with the actions proposed in the Notice of Action mailed 09/25/2023 for:

<input type="checkbox"/>	Serenity Jones : continuation of MAGI Adult coverage.
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Note: To appeal any action or lack of action by your local CDJFS not listed above, please call our Customer Access Line at 866-635-3748 to request your hearing.

Check all boxes that apply:

- ☐ I would like to receive text messages regarding my state hearing.** My cell phone 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 () -
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**Service fees may apply, please check with your service provider.

7639097

Serenity Jones

Stark

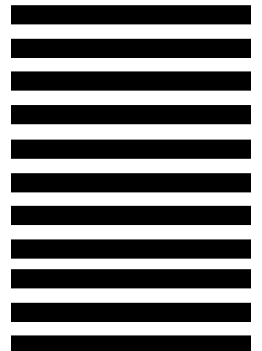
Mailing Steps:

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

SERENITY JONES
1142 BEDFORD AVE SW
CANTON OH 44710-2184



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END