March 17, 2025

REMOVED

RE: REMOVED v. WVDoHS-BFA
ACTION NO.: 25-BOR-1256/25-BOR-1439

Dear REMOVED :

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the West Virginia Department of Human Services. These same laws and regulations are used in all cases to assure that all persons are treated alike.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Eric L. Phillips
State Hearing Officer
Member, State Board of Review

Encl: Recourse to Hearing Decision
Form IG-BR-29

cc: Tavia Hamon, BFA

WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

REMOVED

Appellants,

v. **Action Number: 25-BOR-1256**
25-BOR-1439

WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES
BUREAU FOR FAMILY ASSISTANCE,

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for REMOVED REMOVED hereinafter, REMOVED This hearing was held in accordance with the provisions found in Chapter 700 of the Office of Inspector General Common Chapters Manual. This fair hearing was originally convened on February 20, 2025, but continued by the Hearing Officer to allow the inclusion of the REMOVED appeal submitted on the same date. This hearing convened on March 11, 2025, completed by another Hearing Officer due to the absence of the original Hearing Officer.

The matter before the Hearing Officer arises from the January 29, 2025 decision by the Respondent to deny the REMOVED application for Medicare Premium Assistance benefits and to terminate the REMOVED Medicaid coverage.

At the hearing, the Respondent appeared by Tavia Hamon, Economic Service Worker. Appearing as a witness for the Respondent was Karen Trivolette, Economic Service Supervisor. Both Appellant's appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits

D-1 Notice of Decision dated January 29, 2025

Joint Exhibits:

JE-1 REMOVED Pay Verification October 31, 2024-February 20, 2025

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

1) On December 20, 2024, REMOVED applied for Medicare Premium Assistance (MPA) benefits.

2) The household consists of REMOVED

3) REMOVED receives monthly income from the Social Security Administration in the amount of $1154.00.

4) REMOVED is employed with REMOVED and is paid weekly.

5) REMOVED became eligible for Medicare coverage in February 2025.

6) The Respondent verified REMOVED income from Social Security Administration through a data exchange.

7) On January 13, 2025, the Respondent requested additional information from REMOVED to complete his MPA application. This included verification of the REMOVED bank account information and proof of REMOVED income from November 20, 2024 through December 19, 2024.

8) The requested information was due to the Respondent by January 23, 2025.

9) On January 28, 2025, the Respondent did not receive the requested verifications and denied the REMOVED application for MPA.

10) On January 28, 2025, the Respondent terminated the REMOVED Medicaid assistance citing the household's failure to provide the requested information.

11) On January 29, 2025, the Respondent issued a Notice of Decision (Exhibit D-1) to REMOVED REMOVED informing him that his application for MPA assistance had been denied effective March 1, 2025 due to his failure to "turn in all requested information".

12) On January 29, 2025, the Respondent issued a Notice of Decision to REMOVED explaining that her Medicaid assistance would terminate effective February 28, 2025 due to the household's failure to "turn in all requested information."

13) On an undetermined date, the REMOVED provided income verification from REMOVED income from REMOVED which included pay verifications from October 2024 through February 2025.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 7.2.1 documents:

Verification of a client's statement is required when:

- Policy requires routine verification of specific information.
- The information provided is questionable. To be questionable, it must be: o Inconsistent with other information provided; or
  - o Inconsistent with the information in the case file; or
  - o Inconsistent with information received by the Department of Human Services (DOHS) from other sources; or
  - o Incomplete; or
  - o Obviously inaccurate; or
  - o Outdated.
- Past experience with the client reveals a pattern of providing incorrect information or withholding information. A case recording must substantiate the reason the Worker questions the client's statement.
- The client does not know the required information.

West Virginia Income Maintenance Manual Chapter 7.2.3

The primary responsibility for providing verification rests with the client.

It is an eligibility requirement that the client cooperate in obtaining necessary verifications, with an exception being that a client must never be asked to provide verification that he is or is not either a fleeing felon or a probation/parole violator. The client is expected to provide information to which he has access and to sign authorizations needed to obtain other information.

Failure of the client to provide necessary information or to sign authorizations for release of information results in denial of the application or closure of the active case, provided the client has access to such information and is physically and mentally able to provide it.

For Medicaid Coverage Groups and WVCHIP Only:

- Client self-attestation is verified by electronic data sources.
- The client must not be required to provide verification unless information cannot be obtained electronically or self-attestation, and electronic data sources are not reasonably compatible. See Section 7.2.5 below.

Refusal to cooperate, failure to provide necessary information, or failure to sign authorizations for release of information, provided the client has access to such information and is physically and mentally able to provide it, may result in one of the following:

• Denial of the application
• Closure of the assistance group (AG)
• Determination of ineligibility
• Disallowance of an income deduction or an incentive payment No case may be determined ineligible when a person outside the AG or income group (IG) fails to cooperate with verification. The following individuals are not considered part of the AG or IG but must provide verification:
• Ineligible student (SNAP – verification only required for student status)
• Non-qualified non-citizens (all programs)
•Persons who fail to attest to or verify citizenship or non-citizen status (requirements vary by program)
• Disqualified persons (WV WORKS and SNAP)
• Supplemental Security Income (SSI) recipients who would be required to be included in the WV WORKS AG, except for receipt of SSI

West Virginia Income Maintenance Manual Chapter 1.2.10.B documents:

If an applicant AG fails to provide the verifications requested on the DFA-6 or verification checklist within the specified time limit and the application is denied, the AG must be given an opportunity to have its eligibility established for up to 60 days from the date of application without completion of a new form. If the client brings in the verifications before the 60-day period has expired, the Worker determines the AG's eligibility based on the original application, noting in Case Comments any changes which have occurred since the form was completed. If the application is approved, WV WORKS benefits are not retroactive to the date of application because the approval delay was the fault of the client. Benefits are issued from the date the client provides the verification. The Worker provides benefits using information reported during the original application and any other pertinent information provided prior to approval when the following conditions are met:
• The reapplication occurs no later than the end of the second month following the month of the most recent AG closure;
• The AG was closed for reasons other than failure to complete a redetermination, and a redetermination was not due the effective month of closure;
• The AG, Needs Group, Income Group composition, income, and other eligibility factors have not changed significantly;
• The category of relatedness has not changed (not applicable for WV WORKS);
• The information provided by the client is not questionable; and,
• The latest application form contains the appropriate signatures.

DISCUSSION

The Respondent denied and terminated Appellants' Medicaid assistance. The Respondent requested that REMOVED provide REMOVED income and his asset information to determine his Medicaid eligibility for the Medicare Premium Assistance (MPA) program. When the REMOVED failed to provide the requested information, the Respondent denied his MPA application

and terminated REMOVED ongoing Medicaid benefits. The Respondent cites through multiple Notice of Decisions provided with the appeals, that the denials were a result of the Appellants' failure to provide all requested information, specifically REMOVED income information. The Appellants appeal the Respondent's decision. The Respondent must prove by a preponderance of the evidence that it was correct in its decision to deny and terminate the Appellants' Medicaid assistance for failure to provide asset and income information.

On December 20, 2024, REMOVED completed an application for MPA due to his eligibility for Medicare. The Respondent requested that REMOVED provide verification of his bank account information and verification of REMOVED income from REMOVED for the dates of November 20, 2024 through December 19, 2024. The Respondent required the requested information be provided by January 23, 2025. On January 28, 2025, the Respondent discovered that the requested information had not been provided and denied the REMOVED application for MPA. Additionally, as a result of REMOVED failure to provide the requested income information, the Respondent terminated REMOVED Medicaid assistance from another benefit case. REMOVED appealed the termination of her Medicaid assistance on February 20, 2025, and included verification of REMOVED bank account and verification of her income of the dates of January 16, 2025, January 30, 2025, and February 6, 2025. Additionally, included with evidence for both Appellants was income information for REMOVED which spanned the dates of October 31, 2024 through February 26, 2025 (Exhibit JE-1). It should be noted that date of receipt of this information received by the Respondent is inconclusive and is a screen print of pay verification from REMOVED The Respondent maintains that the income verification was not utilized in the determination of Medicaid eligibility because of its late receipt.

REMOVED offered questions to the Respondent's determination of income for his Medicaid eligibility included in the Notice of Decision (Exhibit D-1). Specifically, he questioned the income amount of in the Statement of Calculation of $1486.31, when he receives $1054.00 monthly benefits from the Social Security Administration. The Appellant contends that income information concerning his eligibility was submitted to the Respondent within sixty days from the date of application but was not reviewed to determine his eligibility.

Policy is clear that the primary responsibility for providing verifications rests with the client. However, policy provides when an individual fails to provide verifications within the specified timeframe and the application is denied, the individual must be provided an opportunity to establish eligibility for up to sixty days without the completion of a new application. This date is determined to be February 18, 2025. The evidence submitted regarding REMOVED income is undated but includes income information for November 21, 2024 through December 26, 2024, the dates in question on the original verification request. Because the date of receipt of the income information is inconclusive, the Hearing Officer is unable to determine when it was submitted for consideration. It is more probable than not that this information may have been submitted prior to the sixty-day expiration date and should have been considered to determine REMOVED eligibility and REMOVED continued Medicaid eligibility. Furthermore, policy requires that client self-attestation of income is verified by electronic data sources for Medicaid purposes. The Respondent provided no evidence that it verified REMOVED income against available electronic resources. Therefore, the Respondent failed by a preponderance of evidence to demonstrate that it was correct in its decision to deny REMOVED Medicaid application and

terminate REMOVED continued Medicaid eligibility.

CONCLUSIONS OF LAW

1) Policy requires that the primary responsibility for providing verifications rests with the client.

2) Policy requires that if verifications are not provided within the specified time limit and the application is denied, the applicant is provided sixty days from the date of application to establish eligibility without the completion of a new application.

3) For Medicaid coverage; self-attestation of income is verified by electronic sources.

4) To complete REMOVED Medicare Premium Assistance application, the Respondent required REMOVED provide additional verification of assets and REMOVED income by January 23, 2025.

5) REMOVED failed to provide the requested information by the established deadline date, resulting in the Respondent denying his application for Medicaid and terminating REMOVED REMOVED Medicaid coverage.

6) The Appellant's provided bank statements and undated income verifications that were not considered from the sixty days of application.

7) The Respondent failed to establish that it verified self-attested income for REMOVED by electronic sources.

8) The Respondent failed to prove by a preponderance of the evidence that it was correct in its decision to deny REMOVED Medicaid application and terminate REMOVED Medicaid eligibility.

DECISION

It is the decision of the State Hearing Officer to REVERSE the decision of the Respondent to deny the REMOVED application for Medicare Premium Assistance.

It is the decision of the State Hearing Officer to REVERSE the decision of the Respondent to terminate REMOVED Medicaid eligibility.

The matter is REMANDED for consideration of the income verification provided for review and to verify the self-attested income of REMOVED by available electronic sources.

ENTERED this _____ day of March 2025.

_____

Eric L. Phillips
State Hearing Officer