



March 6, 2025

REMOVED

RE: **REMOVED** v. WVDohS
ACTION NO.: 25-BOR-1358

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 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: Kristyne Hoskins, BFA

**WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW**

REMOVED

Appellant,

v.

Action Number: 25-BOR-1358

**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**. 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 convened on March 5, 2025, on an appeal filed February 12, 2025.

The matter before the Hearing Officer arises from the December 4, 2024 decision by the Respondent to deny the Appellant's application for Medicare Premium Assistance benefits.

At the hearing, the Respondent appeared by Kristyne Hoskins, Economic Service Worker, Senior. The Appellant appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Application for Medicare Buy-In Program dated November 6, 2024
- D-2 Case comments dated November 19, 2024
- D-3 Verification Checklist dated November 20, 2024
- D-4 Bank Statement dated November 13, 2024
- D-5 Case Comments dated December 3, 2024
- D-6 Notice of Decision dated December 4, 2024
- D-7 West Virginia Income Maintenance Manual Chapter 7

Appellant Exhibits:

None

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 November 6, 2024, the Appellant completed an application for Medicare Premium Assistance. (Exhibit D-1)
- 2) The Appellant is the only person in her household. (Exhibit D-1)
- 3) The Appellant reported a liquid asset of a checking account. (Exhibit D-1)
- 4) The Appellant reported a life insurance policy through **REMOVED** Trust and Life. (Exhibit D-1)
- 5) The Respondent issued a verification checklist requesting proof of the value of the checking account and proof of the availability of the life insurance policy by November 29, 2024. (Exhibit D-3)
- 6) On November 26, 2024, the Appellant provided a bank statement from November 13, 2024 documenting a checking account balance of \$128.04. (Exhibit D-4)
- 7) The Appellant failed to provide proof of the life insurance policy. (Exhibit D-5)
- 8) On December 4, 2024, the Respondent issued a Notice of Decision to the Appellant informing her that application for Medicare Premium Assistance would be denied because she failed to turn in all requested information.

APPLICABLE POLICY

The West Virginia Income Maintenance Manual is the governing document utilized to communicate the West Virginia Department of Human Services (WVDoHS) policies and procedures related to determining initial and ongoing eligibility for the Bureau's Income Maintenance and Emergency/Special Assistance program. Policies in the Income Maintenance Manual are derived from the governing Code of Federal Regulations. (WV IMM Introduction)

WV IMM Chapter 23.12.1, Chapter 4 Appendix A, CFR 42§ 407.40:Medicare Premium Assistance provides Medicaid coverage limited to the payment of the Medicare, Part A and Part B premium amounts and payment of all Medicare co-insurance and deductibles. An individual or

couple is eligible for this coverage when the individual is entitled to premium-free Medicare (Part A and/or Part B), the individual meets the income test of 100% of the Federal Poverty Level or \$1305 monthly and meets the assets test of \$9660.

WV IMM Chapter 7.2.3 and 7.3: All programs and coverage groups subject to an asset test require the verification of bank accounts and other liquid assets. The primary responsibility for providing verification rest with the client. Failing to provide the necessary information may result in the denial of the application.

DISCUSSION

On December 4, 2024, the Respondent denied the Appellant's application for Medicare Premium Assistance benefits when the Appellant failed to provide verification of the cash surrender value of a life insurance policy. The Appellant appeals the Respondent's decision. The Respondent must prove by a preponderance of the evidence that it correctly denied the Appellant's application based on her failure to comply with verification requirements.

At application, the Appellant reported asset information including a checking account and life insurance policy which resulted in the requirement to provide verification of such assets by November 29, 2024. The Appellant provided verification of the checking account but failed to provide information concerning the availability of the life insurance policy. The Appellant's failure to provide verification of her life insurance policy resulted in the denial of her Medicare Premium Assistance benefit application.

The Appellant provided testimony indicating that her payment of Medicare premiums creates a financial burden for her household. The Appellant contends that she was unaware of the requirement to provide verification of the life insurance policy because she did not receive the request in the mail. The Appellant purports that the life insurance policy has no cash surrender value and admits that she did not relate this information to the Respondent in the determination of her asset eligibility for the program.

The Appellant provided unconvincing testimony related to the Respondent's failure to provide information concerning the verification requirements. With her checking account statement (Exhibit D-4), the Appellant provided a copy of the verification checklist in which she included handwritten notes concerning her amounts of Social Security benefits and monthly life insurance payment amounts thus demonstrating receipt of the required information.

Governing policy requires the verification of all liquid assets for program which require an asset test. Because Medicare Premium Assistance requires an asset test and the Appellant failed to provide verification of a liquid asset, the Respondent was correct in its decision to deny the benefit application.

CONCLUSIONS OF LAW

- 1) The Medicare Premium Assistance program has a maximum asset test of \$9660.

- 2) All programs subject to an asset test require the verification of liquid assets.
- 3) At application the Appellant reported liquid assets of a checking account and life insurance policies.
- 4) The Appellant was required to verify information concerning her liquid assets.
- 5) The Appellant failed to provide verification concerning the availability of her life insurance policy.
- 6) The Respondent was correct in its decision to deny the Appellant's application for Medicare Premium Assistance.

DECISION

It is the decision of the State Hearing Officer to uphold the Respondent's decision to deny the Appellant's application for Medicare Premium Assistance.

ENTERED this _____ day of March 2025.

Eric L. Phillips
State Hearing Officer