



May 14, 2025

REMOVED

RE: **REMOVED** v. WV DoHS/BFA
ACTION NO.: 25-BOR-1663

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 ensure 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,

Lori Woodward, J.D.
Certified State Hearing Officer
Member, State Board of Review

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

cc: Noelle Moore, WV DoHS/BFA

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

REMOVED

Appellant,

v.

Action Number: 25-BOR-1663

**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 was originally convened on May 7, 2025.

The matter before the Hearing Officer arises from the March 10, 2025 decision by the Respondent to terminate the Appellant's Breast and Cervical Cancer (BCC) Medicaid benefits.

At the hearing, the Respondent appeared by Noelle Moore, Economic Service Worker Senior. The Appellant appeared self-represented. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Closure Notice (CMC1), dated March 10, 2025
- D-3 WV Income Maintenance Manual (IMM), Chapter 23, §23.10.12 (previous version)
- D-4 Letter dated December 3, 2024 from **REMOVED**

Appellant's 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) The Appellant was receiving BCC Medicaid coverage.
- 2) The Appellant was enrolled with the WV Breast and Cervical Cancer Screening Program (WVBCCSP).
- 3) On January 9, 2025, the Respondent received notification from the Office of Maternal Child and Family Health (OMCFH) that the Appellant was no longer eligible for the WVBCCSP.
- 4) On March 10, 2025, the Respondent issued a notification to the Appellant that her prior eligibility for Medicaid would stop after March 31, 2025. (Exhibit D-2)
- 5) Evaluation of other Medicaid program eligibility was not completed prior to the Respondent's decision to terminate the Appellant's BCC Medicaid.

APPLICABLE POLICY

To be eligible for BCC Medicaid the client must be enrolled in WVBCCSP through the OMCFH. **(WV IMM, Chapter 1, §1.24.1)**

If the client is disenrolled from WVBCCSP the WVBCCSP Case Manager will notify the local DoHS office. The worker will then need to determine eligibility for any other type of Medicaid before termination. **(WV IMM, Chapter 1, §1.24.2)**

A woman is eligible for BCC Medicaid if she is diagnosed with breast or cervical cancer or certain pre-cancerous conditions, receiving cancer treatment and currently enrolled in the WVBCCSP. To be eligible for BCC Medicaid, the individual must first be a patient of the WVBCCSP. WVBCCSP has separate eligibility guidelines from BCC Medicaid. **[(WV IMM, Chapter 23, §23.10.12)]**

DISCUSSION

Policy requires WVBCCSP enrollment for Breast and Cervical Cancer (BCC) Medicaid program eligibility. The Bureau for Public Health Office of Maternal Child and Family Health (OMCFH) oversees the WVBCCSP. On January 9, 2025, the Respondent was notified by OMCFH that the Appellant was no longer eligible for WVBCCSP. On March 10, 2025, the Respondent sent the Appellant notification that her BCC Medicaid was stopping after March 31, 2025. The Appellant's BCC Medicaid coverage is ongoing pending the decision of this Hearing Officer.

The Appellant testified that she brought this appeal because she has no other Medicaid coverage and she cannot afford the follow-up mammograms and ultrasounds. Additionally, her BCC Medicaid has been paying for her oxygen, which she states she cannot afford on her own.

The Respondent's representative, Noelle Moore, testified that she had met with the Appellant and her husband prior to the hearing to determine eligibility for other Medicaid programs such as Modified Adjusted Gross Income (MAGI) Medicaid coverage group, however, she was over the allowable income limit. Ms. Moore did testify that spenddown Medicaid was not evaluated as the Respondent's computer system did not automatically evaluate for that coverage. Policy mandates that prior to BCC Medicaid termination, an evaluation of eligibility for any other type of Medicaid coverage must be completed.

Because the Appellant was disenrolled from the WVBCCSP she is now ineligible for BCC Medicaid per policy. However, the Respondent failed to evaluate her for possible spenddown Medicaid coverage prior to termination of her Medicaid. Accordingly, the Respondent's decision to terminate the Appellant's BCC Medicaid benefit cannot be affirmed.

CONCLUSIONS OF LAW

- 1) A component of BCC Medicaid eligibility is WVBCCSP enrollment.
- 2) Because the Appellant is no longer registered with WVBCCSP, she is ineligible for BCC Medicaid.
- 3) Policy requires that prior to termination of BCC Medicaid, the individual must be evaluated for all other Medicaid coverage groups.
- 4) Because the Respondent failed to evaluate the Appellant for all other Medicaid coverage groups, its decision to terminate the Appellant's BCC Medicaid was incorrect.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's decision to terminate the Appellant's BCC Medicaid benefits and **REMAND** the matter for evaluation for eligibility of other Medicaid coverage groups.

ENTERED this 14th day of May 2025.

Lori Woodward, Certified State Hearing Officer