



May 28, 2025

REMOVED

RE: **REMOVED** v. DoHS/BFA
ACTION NO.: 25-BOR-2000

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,

Kristi Logan
Certified State Hearing Officer
Member, State Board of Review

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

cc: Michael Tetreault, **REMOVED** County DoHS

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

REMOVED

Appellant,

v.

Action Number: 25-BOR-2000

**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 convened on May 28, 2025.

The matter before the Hearing Officer arises from the Respondent's failure to process the Appellant's application for Medicare Premium Assistance benefits and subsequent application denial.

At the hearing, the Respondent appeared by Michael Tetreault, **REMOVED** County DoHS. The Appellant was self-represented. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Request Notification Form
- D-2 Hearing Request received May 9, 2025
- D-3 Application for Medicare Premium Assistance received April 17, 2025
- D-4 Case Comments, Case Number **REMOVED**
- D-5 Case Comments, Case Number **REMOVED**
- D-6 Checking Account Statement, Account Number **REMOVED**
- D-7 West Virginia Income Maintenance Manual §4.3.1 Chart 1
- D-8 West Virginia Income Maintenance Manual §5.4
- D-9 West Virginia Income Maintenance Manual §7.3
- D-10 Verification Checklist dated May 9, 2025
- D-11 Hearing Summary

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 submitted an application for Medicare Premium Assistance (MPA) benefits to the Respondent on April 17, 2025 (Exhibit D-3).
- 2) The MPA application was scanned into the Appellant's Supplemental Nutrition Assistance Program (SNAP) companion case, case number [REDACTED] (Exhibits D-4 and D-5).
- 3) The Appellant submitted a request for hearing on May 9, 2025, with the reason for appeal as "I need help with Medicare costs" (Exhibit D-2).
- 4) Upon receipt of the hearing request, the Respondent caseworker discovered the MPA application had been scanned into the incorrect case, and processed the application in the Appellant's case, case number [REDACTED] (Exhibits D-4 and D-5).
- 5) The Respondent contacted the Appellant on May 9, 2025, and advised that verification of the Appellant's bank account and verification that her case in [REDACTED] had been closed were needed to process the Appellant's MPA application (Exhibit D-5).
- 6) The Appellant provided a copy of her checking account statement with [REDACTED] account number [REDACTED], to the Respondent on May 9, 2025 (Exhibits D-5 and D-6).
- 7) The Respondent discovered transfers from [REDACTED] account number [REDACTED] and deposits from a [REDACTED] retirement account were being deposited into the checking account [REDACTED] (Exhibit D-6).
- 8) The Respondent contacted the Appellant again on May 9, 2025, and questioned the Appellant about the additional accounts (Exhibit D-5).
- 9) The Appellant reported to the Respondent that account [REDACTED] was a savings account but she was unsure of the [REDACTED] account (Exhibit D-5).
- 10) The Respondent sent a verification checklist to the Appellant on May 9, 2025, requesting verification of all bank accounts and verification that her case in [REDACTED] was closed be submitted by May 21, 2025 (Exhibit D-10).

- 11) The Respondent denied the Appellant's MPA application on May 22, 2025, when the requested verifications had not been received.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 1 explains the application process:

1.3.1.A Request for Information and/or Verification Checklist DFA-6

When the Worker does not have sufficient information to make a decision, it is necessary to complete form DFA-6 or verification checklist to inform the applicant of the additional information needed. All requests for verification must be made using the DFA-6 form and/or verification checklist. The Worker must clearly state on the form what items must be returned by the applicant, as well as the date by which the information must be returned. The applicant's failure to return information or the return of incomplete or incorrect information that prevents a decision from being made on the application will be considered failure to provide verification and will result in a denial of the application.

1.6.3 Date of Application

Unless specified otherwise in the coverage group specific sections below, the date of application is the date the Department of Human Services (DOHS) receives the application in person, by fax or other electronic transmission, through WV PATH or the FFM, or by mail, which contains, at a minimum, the applicant's name and address and signature.

1.6.4 Due Date of Additional Information

When the client mails the application or completes the application in WV PATH or the Marketplace, the Worker uses the verification checklist or form DFA-6 to inform the client of additional information needed. The client must be given at least 10 days after the date the verification checklist or DFA-6 is mailed to return the information.

1.16.6 Agency Time Limits

Eligibility system action to approve, deny or withdraw the application must be taken within 30 days of the date of application.

West Virginia Income Maintenance Manual Chapter 4 explains asset eligibility:

5.4 Maximum Allowable Assets

The maximum allowable assets for Medicare Premium Assistance is \$9,660 for a one-person assistance group.

5.5.4 Bank Accounts and Certificates of Deposit

Bank accounts are countable assets for SSI-Related Medicaid and Medicare Premium Assistance programs.

DISCUSSION

Policy stipulates that when there is insufficient information to determine eligibility, a verification checklist is sent to the applicant explaining what information is needed and the due date by which the information must be provided. Failure to return the requested information or the return of incomplete or incorrect information that prevents a decision from being made on the application will be considered failure to provide verification and will result in a denial of the application.

The Appellant submitted an application for MPA benefits to the Respondent on April 17, 2025. The Respondent determined that the Appellant had additional bank accounts that required verification and sent a verification checklist to the Appellant on May 9, 2025, requesting the information be returned by May 21, 2025. The Appellant failed to submit verification of her savings account, [REMOVED] retirement account and case closure in [REMOVED] to the Respondent by the established due date and the MPA application was denied on May 22, 2025.

The Appellant testified that she was in [REMOVED] with her daughter who had been hospitalized and was unsure when she would return to provide the requested verifications. The Appellant stated her checking account had been “hacked”, and the bank was providing restitution for unauthorized transactions. The Appellant confirmed that she had a checking and savings account with [REMOVED] [REMOVED] and contended that she only learned that she had a [REMOVED] account recently.

MPA programs are subject to an asset test as provided by policy. The Respondent cannot make a determination of asset eligibility for MPA benefits without verification of the balances of all bank accounts. The Respondent notified the Appellant verbally and in writing of the information required to determine eligibility for MPA benefits and the due date of the information.

It should be noted that the Appellant’s date of application was April 17, 2025, and by the Respondent’s own admission, the application was not processed until May 9, 2025. However, policy requires action to approve or deny an application must be made within 30 days of the date of application. The Respondent determined verification of the Appellant’s assets were needed on May 9, 2025 and allowed the Appellant time to provide the requested information to determine asset eligibility for MPA benefits.

Whereas the Appellant failed to provide verification of her savings account, [REMOVED] retirement account and case closure in [REMOVED] by the due date established by the Respondent, the decision to deny the Appellant’s application for MPA benefits is affirmed.

CONCLUSIONS OF LAW

- 1) When there is insufficient information to determine eligibility, a verification checklist is sent to the applicant explaining what information is needed and the due date by which the information must be provided. Failure to provide the requested information results in application denial.
- 2) The Respondent requested verification of the Appellant’s savings account, [REMOVED] retirement account and case closure in [REMOVED] be provided by May 21, 2025.

- 3) The Appellant failed to verify the balances of the savings and retirement account and case closure in **REMOVED**.
- 4) The Respondent acted in accordance with policy in the denial of the Appellant's application for MPA benefits.

DECISION

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

ENTERED this 28th day of May 2025.

Kristi Logan
Certified State Hearing Officer