



August 5, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA  
ACTION NO.: 25-BOR-2310

Dear Mr. [REDACTED]:

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,

Tara B. Thompson, MLS  
Certified State Hearing Officer  
Member, State Board of Review

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

cc: Farrah Hedrick, [REDACTED] County DoHS

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

[REDACTED],

**Appellant,**

v.

**Action Number: 25-BOR-2310**

**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 [REDACTED]. 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 July 30, 2025.

The matter before the Hearing Officer arises from the Respondent's May 19, 2025 decision to terminate the Appellant's Medicare Premium Assistance eligibility.

At the hearing, the Respondent appeared by Farrah Hedrick, Economic Service Worker. The Appellant appeared and represented himself. The Respondent Representative and Appellant were placed under oath and the following documents were admitted into evidence.

**Department's Exhibits:**

D-1 Case Comments, dated March 28, 2024 through June 24, 2025

**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) On May 22, 2024, the Appellant was found eligible for continued Qualified Medicare Beneficiary (QMB) Medicare Premium Assistance (Exhibit D-1).
- 2) On April 14, 2025, the Respondent mailed an eligibility review form to the Appellant. The Appellant was required to complete the review form and return it to the Respondent by May 1, 2025.
- 3) On April 17, 2025, the Appellant submitted his completed review form to the Respondent via mail.
- 4) On May 19, 2025, the Respondent mailed a notice to the Appellant advising his QMB eligibility would end after May 2025 because he failed to return his completed review form.
- 5) On June 10, 2025, the Appellant submitted written correspondence to the Respondent in response to the May 19, 2025 notice. The Appellant's June 10, 2025 correspondence was scanned into the Respondent's record on June 24, 2025.
- 6) The Appellant's June 10, 2025 correspondence advised the Respondent his review was submitted before the due date, that he had called and left messages "several times," and requested the Respondent call him.
- 7) On June 23, 2025, the Appellant's written hearing request — dated June 10, 2025 — was scanned into the Respondent's record.
- 8) The Appellant's written hearing request asserted that the Appellant submitted the paperwork before the due date and that he tried to contact his worker three times, left messages, and received no response.
- 9) On June 24, 2025, Respondent Worker EW24DM recorded a case comment indicating the worker called the Appellant about his fair hearing request.
- 10) The Respondent's record does not contain any case comments between May 22, 2024 and June 24, 2025 (Exhibit D-1).
- 11) On June 27, 2025, the Respondent filed a *Hearing Request Notification* (IG-BR-29) form with the Board of Review that explained the reason for the hearing request was, "Client states he did turn the review in. It appears a review was received 3/11/25 from 2/16/24. However [,] a new review went out 4/14/25. This review was not received."
- 12) On the day of the scheduled hearing, the [REDACTED] County DoHS office was unreachable via telephone or computer, and the Respondent's representative could not be located to participate in the hearing until more than twenty minutes after the scheduled time for the hearing to begin.

## **APPLICABLE POLICY**

**West Virginia Income Maintenance Manual (WVIMM) § 1.2.2.B Redetermination Process** provides that periodic reviews of total eligibility for recipients are mandated by federal law and failure by the client to complete a redetermination will result in termination of benefits.

**WVIMM § 1.2.12.B.1 Redeterminations** provides that the client may choose to complete the redetermination by mail, online using WV People's Access To Help (PATH), or in person.

**WVIMM § 1.2.3.A Worker Responsibilities — General** provides that the worker must ensure that copies of all pertinent information are placed in the client's case record and ensure that proper case recordings are made to document the Worker's actions and the reason for such actions.

**WVIMM § 1.16.10.A Redetermination Process** provides that the redetermination may be submitted by mail or online by using WV PATH.

**WVIMM § 1.16.10.B Redetermination Schedule** provides that QMB cases are redetermined annually, scheduled in the 12<sup>th</sup> month of eligibility.

**WVIMM § 1.16.10.C Redetermination Date** provides that when the redetermination process cannot be completed automatically, a pre-populated form and letter of explanation is generated by the eligibility system and sent to the client. The redetermination form is due by the first day of the 12<sup>th</sup> month of the certification period. If the redetermination form is not received by the adverse action date, the AG is issued a notice of closure.

## **DISCUSSION**

On May 19, 2025, the Respondent advised the Appellant his QMB coverage would end after May 2025 because he did not submit a review. The Appellant argued he submitted his review as required and refuted the decision to terminate his benefits.

The Respondent bears the burden of proof and had to prove by a preponderance of evidence that the Appellant's QMB coverage was correctly terminated because he failed to complete his eligibility review by the required date.

During the hearing, testimony by the parties affirmed the Respondent mailed the Appellant a review form on April 14, 2025. During the hearing, the Appellant maintained that he kept records about his case activity and referred to those records during his testimony. A copy of the Respondent's April 14, 2025 notice was not provided for review; however, during the hearing, the Appellant reviewed his copy of the notice and testified that the review form instructed that the form must be completed and returned by May 1, 2025. The Respondent did not dispute that the review form was due by May 1, 2025.

The Appellant reliably testified that he mailed the Appellant a completed review form on April 17, 2025, and attempted to follow-up with his case worker via telephone on multiple occasions. Across

his testimony, hearing request form, and written June 10, 2025 correspondence, the Appellant has consistently maintained he attempted to reach his worker via telephone, left messages, and received no response. The Respondent's representative did not dispute that the Appellant had historic issues reaching his worker. On the day of the hearing, the [REDACTED] County DoHS office was unreachable by telephone and computer, and the Respondent's representative could not be located to participate in the hearing until more than twenty minutes after the scheduled time for the hearing to begin.

The Respondent did not dispute that the Appellant mailed his completed review form but did not have a record of the returned form. During the hearing, the Respondent's representative provided confusing testimony about late-submitted review forms from March 2025. However, when requested to provide case comments from March through May 2025, the submitted records revealed that case actions referenced by the Respondent's testimony occurred in 2024, not 2025, and were irrelevant to the Respondent's May 19, 2025 decision to terminate the Appellant's QMB eligibility.

During the hearing, the Respondent's representative was unclear about the Appellant's benefit termination and coverage dates. The Respondent's representative testified that she should have researched more and testified that she was confused about the Appellant's income eligibility for QMB in June 2025. As income ineligibility was not the basis for termination reflected on the May 19, 2025 notice, testimony about this issue was given no weight in this *Decision*.

The Respondent has a responsibility to make accurate case recordings to explain actions taken in the Appellant's case. The Respondent's case comments reflected no records of any case actions taken between May 22, 2024 and June 24, 2025. Issuance of the April 2025 review form was not reflected in the case comments.

The information submitted to the Board of Review with the Appellant's written hearing request contained a copy of written correspondence from the Appellant to the Respondent's worker, Ms. Villers. While the correspondence was dated June 10, 2025, it was not scanned into the Respondent's record or reflected in case comments until June 24, 2025. Although this communication occurred after the May 19, 2025 decision to terminate the Appellant's QMB eligibility, the Respondent's failure to document receiving the communication is consistent with the Appellant's assertion that Respondent failed to act on previously submitted documents and communication.

The Respondent's representative's testimony regarding the case record was unreliable. Submitted comments revealed a historically incomplete record of the Respondent's case actions and no other corroborating records were submitted for review; therefore, the preponderance of submitted evidence failed to establish that the Appellant did not return his completed eligibility review form by the required date.

Because the preponderance of evidence failed to prove the Appellant did not return his completed review by the required date, the Respondent's decision to terminate his QMB eligibility cannot be affirmed. According to the policy, QMB eligibility must be redetermined in the 12<sup>th</sup> month of eligibility. The submitted evidence did not demonstrate that the Appellant's submitted

redetermination form was properly processed at twelve months of eligibility; therefore, the matter must be remanded for completion of a new eligibility review, as required by policy to determine the Appellant's ongoing QMB eligibility.

### **CONCLUSIONS OF LAW**

- 1) Medicare Premium Assistance benefit eligibility must be redetermined in the 12<sup>th</sup> month of eligibility.
- 2) The Respondent may terminate a client's QMB coverage when a redetermination form is not received by the adverse action date.
- 3) The Respondent must ensure that copies of all pertinent information are placed in the client's case record and ensure that proper case recordings are made to document the Worker's actions and the reason for such actions.
- 4) The preponderance of evidence revealed that the Respondent did not record or act on the Appellant's communication or document other actions in the Appellant's case during his QMB eligibility review period.
- 5) The preponderance of evidence did not reveal that the Appellant failed to submit his completed redetermination form by the required date.
- 6) Because QMB eligibility must be redetermined, the Respondent must complete a new eligibility review to determine the Appellant's continued QMB eligibility.

### **DECISION**

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's decision to terminate the Appellant's QMB eligibility. The matter is hereby **REMANDED** for proper completion of the Appellant's Medicare Premium Assistance eligibility review.

**ENTERED this 5<sup>th</sup> day of August 2025.**

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**Tara B. Thompson, MLS**  
**Certified State Hearing Officer**