



August 20, 2025



RE: [REDACTED] v. WVDohS-BFA
ACTION NO.: 25-BOR-2322

Dear Ms. [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,

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

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

cc: Carol McCauley, BFA

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

██████████,

Appellant,

v.

Action Number: 25-BOR-2322

**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 ██████████. 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 August 20, 2025, on an appeal filed with the Board of Review on June 25, 2025.

The matter before the Hearing Officer arises from the April 7, 2025 decision by the Respondent to deny the Appellant's application for Medicare Premium Assistance.

At the hearing, the Respondent appeared by Carol McCauley, Economic Service Worker. The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Request Notification
- D-2 Hearing Request dated June 22, 2025
- D-3 Notice of Decision dated April 7, 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) The Appellant applied for Medicare Premium Assistance (MPA) benefits.
- 2) The Appellant's household consists of herself.
- 3) The Respondent requested additional information to process the MPA benefits including verification of unearned income, life insurance cash surrender value and liquid assets.
- 4) The Appellant failed to provide the requested verifications.
- 5) On April 7, 2025, the Respondent issued a Notice of Decision informing the Appellant that her MPA application had been denied because she failed to provide the requested verifications.
- 6) The Appellant reapplied for MPA benefits and has a current application pending.

APPLICABLE POLICY

West Virginia Income Maintenance Manual 7.2.3 documents in pertinent part:

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

DISCUSSION

On April 7, 2025, the Respondent denied the Appellant's application for Medicare Premium Assistance benefits after the Appellant failed to provide verification of her income, life insurance and liquid assets. 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 and income information including a savings account, life insurance and unearned income. The Respondent requested verification of the information with which the Appellant failed to comply. The Appellant's failure to provide the verification resulted in the denial of her Medicare Premium Assistance application. Prior to the hearing, the Appellant reapplied for benefits and currently has an application pending with the Respondent.

Governing policy requires the verification of all income, life insurance, and liquid assets for programs which require an asset test. The Appellant failed to provide verifications by the established deadline; therefore, the Respondent was correct in its decision to deny the application.

CONCLUSIONS OF LAW

- 1) The primary responsibility of providing verifications rest with the client.
- 2) Failure to provide necessary information results in a denial of an application for assistance programs.
- 3) The Appellant failed to provide verification of income, life insurance and liquid assets.
- 4) The Appellant's failure to provide necessary verifications resulted in ineligibility and denial of her Medicare Premium Assistance application.

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 August 2025.

Eric L. Phillips
State Hearing Officer