



November 14, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS
ACTION NO.: 25-BOR-2952

Dear [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,

Amy Hayes
State Hearing Officer
Member, State Board of Review

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

cc: Kristyne Hoskins, Department Representative

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

[REDACTED]

Appellant,

v.

Action Number: 25-BOR-2952

**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 November 6, 2025.

The matter before the Hearing Officer arises from the August 19, 2025, decision by the Respondent to close Supplemental Security Income (SSI) Medicaid benefits.

At the hearing, the Respondent appeared by Kristyne Hoskins, Economic Service Worker Senior, West Virginia Department of Human Services (DoHS). Appearing as witnesses for the Respondent were Jodie Jobes, Economic Service Worker Senior, DoHS, and Amanda Bowman, Economic Service Worker Senior, DoHS. The Appellant was self-represented. Appearing as a witness for the Appellant was [REDACTED], her husband. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

None

Appellant's Exhibits:

A-1 Copy of an email from the Respondent to the Appellant listing witnesses for the fair hearing and a letter from the Appellant describing her grievance

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 and continues to be an eligible recipient of federal Supplemental Security Income (SSI) benefits.
- 2) The Appellant has been a recipient of SSI Medicaid benefits through the West Virginia Department of Human Services since 2017.
- 3) On May 10, 2025, the Appellant and her husband visited the [REDACTED] County Department of Human Services (DoHS) office and spoke with Amanda Bowman and Kristyne Hoskins.
- 4) The Respondent notified the Appellant in writing on August 19, 2025, that her SSI Medicaid benefits would stop after August 31, 2025.
- 5) The Appellant did not receive SSI Medicaid for the month of September 2025.
- 6) The Appellant's SSI Medicaid benefits were reinstated on October 1, 2025.

APPLICABLE POLICY

The Code of Federal Regulations, Title 20, Chapter III, Section 416, Subpart M, describes Suspensions and Terminations of Supplemental Security Income for the Aged, Blind, and Disabled. Specifically, Section § 416.1333 *Termination at the request of the recipient provides*, in pertinent part:

A recipient, his legal guardian, or his representative payee, may terminate his eligibility for benefits under this part **by filing a written request for termination which shows an understanding that such termination may extend to other benefits resulting from eligibility under this part**. In the case of a representative payee there must also be a showing which establishes that no hardship would result if an eligible recipient were not covered by the supplemental security income program. When such a request is filed, the recipient ceases to be an eligible individual, or eligible spouse, effective with the month following the month the request is filed with the Social Security Administration unless the recipient specifies some other month. However, the Social Security Administration will not effectuate the request for any month for which payment has been or will be made unless there is repayment, or assurance of repayment, of any amounts paid for those months (e.g., from special payments which would be payable for such months under section 228 of the Act). When the Social Security Administration effectuates a termination of eligibility at the request of the recipient, his legal guardian, or his representative payee, notice of the determination will be sent in accordance with § 416.1404, and eligibility, once terminated,

can be reestablished, except as provided by § 416.1408, only upon the filing of a new application.

West Virginia Income Maintenance Manual, Section 23 describes the Medicaid Requirements for SSI Recipients, in pertinent part (emphasis added):

23.1 Introduction

The West Virginia Medicaid Program provides payment for covered medical services to certified medical providers for eligible individuals, including adults, eligible members of families with dependent children, and those who are aged, blind, or disabled.

The determination of which medical services are covered under Medicaid and which medical providers are certified to accept Medicaid patients is the responsibility of the Bureau for Medical Services (BMS) and is not addressed in this Manual. Unless otherwise specified, the coverage group receives all services covered under Medicaid and is considered “full Medicaid.”

23.11.1 SSI Recipients

Supplemental Security Income (SSI) is a public assistance program administered by the Social Security Administration (SSA), which provides cash benefits to eligible aged, disabled, or blind individuals. There is no spenddown provision.

States have some options regarding Medicaid coverage for SSI recipients. **West Virginia elected to cover all SSI recipients and to accept SSA's determination of eligibility for SSI as the sole eligibility determination for Medicaid.** West Virginia is referred to as a “1634 state,” based on the section of the Social Security Act that permits this.

Consequently, there is no application or eligibility determination process for SSI Medicaid. **The Department depends upon SSA for the information needed to open, evaluate, and close continuing eligibility for SSI Medicaid cases. SSI Medicaid eligibility ends when SSI ends in most situations. See Section 10.14 for exceptions and closure procedures.**

The Worker uses information from a data exchange between Department of Human Services (DOHS) and SSA to open the SSI Medicaid benefit.

Trust provisions apply to SSI Medicaid and must be explored prior to SSI Medicaid approval and at redetermination. Chapter 24 contains provisions related to an SSI recipient entering a nursing facility.

West Virginia Income Maintenance Manual, Section 10.14 describes the Case Maintenance Process for SSI Recipients and Deemed SSI Recipients, in pertinent part (emphasis added):

10.14 AG Closure

The Worker closes the Supplemental Security Insurance (SSI) Medicaid assistance group (AG) after advance notice when:

- The Worker receives a system alert and determines the individual is no longer eligible for SSI Medicaid.
- The Worker receives information from the Bureau for Medical Services (BMS) Buy-in Unit.
- The Worker receives information the client moved to another state.
 - o If the Worker receives information the client moved to another state and he has not received an alert, the Worker must notify the Social Security Administration (SSA) of the new address and indicate the Medicaid AG is being closed because the individual moved to another state.
- The Worker obtains information the client receives Medicaid in another state.
- The client reports, prior to Worker's receipt of system alert, he no longer receives an SSI payment because SSA determined he is no longer eligible. This does not include a temporary suspension of SSI payments to recover an overpayment.
- Information from Social Security's State On-line Query (SOLQ) shows the individual's SSI payment was terminated.
- The individual is eligible to enroll in Medicare and fails to do so.

When the closure of SSI Medicaid is for a reason other than a move to another state or death, the Worker must evaluate the individual for all other Medicaid coverage groups, including Deemed SSI Medicaid coverage and Medicare Premium Assistance.

West Virginia Income Maintenance Manual, Section 3.13 describes the Eligibility for Supplemental security Income (SSI) Recipients:

3.13.1 The Assistance Group (AG)

Only the Supplemental Security Income (SSI) recipient, or an individual who is otherwise entitled to SSI, is included in the AG. This includes an individual who is otherwise entitled to an SSI payment, but does not receive it due to a repayment.

When the SSI recipient has an essential spouse, see Section 23.11.2.C.

For SSI recipients who are children in foster care, or whose adoptive parents receive adoption assistance, see Section 23.10.8.B.

3.13.2 The Income Group (IG)

The Social Security Administration (SSA) determines the income and assets that are counted for SSI. No additional income or asset test is made for Medicaid. For SSI recipients who apply for Long Term Care, see Section 24.4.1.B.3.

3.13.3 The Needs Group (NG)

The SSA makes the determination of need for SSI. Receipt of or entitlement to SSI is the only eligibility factor.

Bureau for Medical Services Provider Manual Chapter 100 General Administration provides an overview of the policy:

POLICY

Congress established the Medicaid Program under Title XIX of the Social Security Act of 1965. Title XVIII of the Social Security Act of 1965 created Medicare. Title XIX created the Medicaid Program to provide access to health care for certain low-income individuals and families. Medicaid is funded and administered through a cooperative state-federal partnership. Nationally, the Centers for Medicare & Medicaid Services (CMS), operating within the U.S. Department of Health and Human Services (DHHS), provide federal financial assistance to the states, establishes minimal program requirements, and provides regulatory oversight. Although there are broad federal requirements for Medicaid, states have a wide degree of flexibility to design and administer their programs within federal guidelines. These guidelines are in the Code of Federal Regulations, Title 42, Sub-part C.

The West Virginia Medicaid Program is administered pursuant to regulations promulgated under Title XIX of the Social Security Act, as amended. State administrative authority for the Medicaid Program is provided pursuant to Chapter 9 of the West Virginia Code. The Bureau for Medical Services (BMS) in the Department of Human Services (DoHS) is the single state agency responsible for administering the Medicaid Program in West Virginia.

The mission of the West Virginia Medicaid Program is to provide access to appropriate health care for Medicaid-eligible individuals. In its administration of the program, BMS strives to assure access to appropriate, medically necessary and quality health care services for all members while maintaining accountability for the use of resources.

BMS establishes eligibility standards for Medicaid providers, determines benefits, sets payment rates, and reimburses providers. BMS also coordinates with other entities in DoHS to develop and implement Medicaid-related programs and services. BMS contracts with the Bureau for Families Assistance and the Bureau for Social Services to determine eligibility for Medicaid. BMS monitors and tracks program information related to member eligibility, service utilization, program expenditures, fraud, waste, abuse, and financial management.

BMS maintains the West Virginia Medicaid State Plan and files amendments to the plan with the appropriate regulatory authorities. If BMS identifies the need for major change to the Medicaid State Plan

DISCUSSION

The Social Security Act authorizes and structures the Medicaid program as a joint federal-state partnership. States must comply with federal law (specifically Title XIX of the Social Security Act) in Medicaid administration because Medicaid is a joint federal-state program, and federal law mandates certain requirements for states to receive federal matching funds. Federal law sets the

basic framework for the programs, including mandatory eligibility groups and services, while giving states flexibility to design their programs within those rules.

West Virginia Medicaid Programs provide payment for covered medical services to certified medical providers for eligible individuals, including adults, eligible members of families with dependent children, and those who are aged, blind, or disabled. The Bureau for Medical Services (BMS) is the specific agency within the West Virginia Department of Human Services (DoHS) that directly administers the state's Medicaid program. The BMS contracts with the Bureau for Family Assistance and the Bureau for Social Services to determine eligibility for Medicaid.

The DoHS documents and communicates its policies and procedures through the West Virginia Income Maintenance Manual (WVIMM). These policies state that the DoHS accepts the Social Security Administration's (SSA's) determination of eligibility for Supplemental Security Income (SSI) as the sole eligibility determination for SSI Medicaid. The Appellant testified that she is a recipient of SSI. There was no evidence presented that indicated that there had been any change in her eligibility for SSI. Thus, because the Appellant was and continues to be eligible for SSI, she is also eligible for SSI Medicaid.

The Appellant and the witness for the Appellant, [REDACTED] both testified that they visited the [REDACTED] County DoHS office in person on May 10, 2025, and requested a new "medical card number." They both testified that the Appellant did not verbally request to cancel her SSI Medicaid benefits. The Respondent's representative, Kristyne Hoskins, testified that, during that same visit, the Appellant verbally stated that she "did not want 'Medical' anymore." The Respondent failed to provide any evidence regarding the office visit on May 10, 2025, including case comments. On August 19, 2025, the Respondent notified the Appellant in writing that SSI Medicaid would stop after August 31, 2025. This notice letter was submitted as a part of the administrative record when the hearing referral was received by the Board of Review.

Pursuant to the Federal Code of Regulations, a recipient of Supplemental Security Income (SSI) may terminate his eligibility for benefits by filing a written request for termination, which shows an understanding that such termination may extend to other benefits resulting from eligibility.

There was no documentary or testimonial evidence that the Appellant filed a written request for termination of SSI. Policy states that the DoHS "depends upon SSA for the information needed to...close continuing eligibility for SSI Medicaid cases." There was no evidence presented that the Respondent received information from Social Security's State On-line Query (SOLQ) showing that the individual's SSI payment was terminated. Further, there was no evidence that any of the other situations listed in WVIMM Section 10.14, for closure of the Appellant's SSI Medicaid, occurred. A verbal request for cancellation is not one of the situations listed in the policy which describes when a Worker may close an SSI AG. Therefore, the Appellant's SSI Medicaid should not have been closed.

During the hearing, the Appellant testified that she is not satisfied with the type of care and services she has received through the SSI Medicaid program. The BMS determines which medical services are covered under Medicaid and which medical providers are certified to accept Medicaid patients.

The BMS also establishes eligibility standards for Medicaid providers, determines benefits, sets payment rates, and reimburses providers.

Medical services which are covered by specific Medicaid programs are outlined in the BMS Provider Manual Chapter 100. The Medicaid program pays for medically necessary, covered health services, as well as certain waiver services that are provided to eligible members by Medicaid providers. Certain services and items are not covered regardless of medical necessity.

No documentary or testimonial evidence was presented regarding specific medical services requested or performed on specific dates which should have been covered but were not. Therefore, a finding cannot be made on this issue due to lack of information.

CONCLUSIONS OF LAW

- 1) Eligibility for Supplemental Security Income (SSI) is the sole eligibility determination for SSI Medicaid. The Appellant was and continues to be eligible for SSI, so she is eligible for SSI Medicaid.
- 2) DoHS depends upon Social Security Administration for the information needed to close continuing eligibility for SSI Medicaid cases. SSI Medicaid eligibility ends when SSI ends unless one of the exceptions and closure procedures listed in WVIMM Section 10.14 applies.
- 3) WVIMM Section 10.14 does not list a verbal request to cancel or close SSI Medicaid as an approved exception or procedure for closure. The Appellant did not submit a written request to close SSI.
- 4) The closure of the Appellant's SSI Medicaid benefits was not correct.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the decision of the Respondent to close the Appellant's SSI Medicaid benefits. It is hereby **ORDERED** that the Respondent shall restore any months of coverage that were lost.

ENTERED this 14th day of November 2025.

**Amy Hayes
State Hearing Officer**