



December 5, 2025



RE: [REDACTED] v. WV DoHS
ACTION NO.: 25-BOR-3242

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 people 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**

Appellant,

v.

Action Number: 25-BOR-3242

**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 25, 2025.

The matter before the Hearing Officer arises from the October 16, 2025, decision by the Respondent to close Medicaid Work Incentive (M-WIN) 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 was Daniel Rock, Economic Service Worker, DoHS. The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Notice from DoHS to [REDACTED] of Medical Assistance Redetermination dated September 19, 2025
- D-2 Case comments screen prints dated June 4 through October 6, 2025
- D-3 Medical Assistance Redetermination filled out by [REDACTED] and copy of an email from [REDACTED] to dohbsfav20@wv.gov on October 2, 2025
- D-4 List of documents entitled "Case File Search"
- D-5 Case comments screen prints dated June 4 through October 6, 2025
- D-6 Notice from DoHS to [REDACTED] dated October 6, 2025, indicating that information listed below is needed to establish eligibility and/or deductions for M-WIN
- D-7 Case comments screen prints dated October 16, 2025, to November 5, 2025

D-8 Notice from DoHS to [REDACTED] dated October 16, 2025, stating that M-WIN benefits will stop after October 31, 2025

D-9 Case comments screen prints dated October 16, 2025, to November 5, 2025

D-10 Pay stubs for [REDACTED] for pay period end dates: 09-19-2025 and 09-05-2025; Checking Account Summary for [REDACTED] dated August 22 through September 22, 2025; Checking Account Summary for [REDACTED] dated September 16 through October 15, 2025; and a copy of email from [REDACTED] to dohsbfav20@wv.gov

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 a recipient of Medicaid Work Incentive (M-WIN) benefits.
- 2) The Appellant is married to [REDACTED]
- 3) On September 19, 2025, the Respondent issued a notice to the Appellant, entitled "Medical Assistance Redetermination," that her M-WIN medical assistance was due for review on October 1, 2025. (Exhibit D-1)
- 4) The "Medical Assistance Redetermination" notice indicated that the form had to be returned to the worker by October 1, 2025. It stated, "Failure to complete the review and return it by the date due will result in closure of the individual's medical assistance case." (Exhibit D-1)
- 5) The Appellant emailed the completed "Medical Assistance Redetermination" form to the Respondent on October 2, 2025. In her email, she indicated that she did not receive the form in the mail until October 1, 2025. (Exhibit D-3)
- 6) On October 6, 2025, the Respondent's worker processed the "Medical Assistance Redetermination" form dated October 2, 2025. (Exhibit D-5)
- 7) On October 6, 2025, the Respondent issued notice requesting income and asset verification for the period of consideration from September 2 through October 1, 2025, due November 1, 2025. (Exhibit D-6)
- 8) The October 6, 2025 notice requested proof of the Appellant's income with paystubs dated September 2 through October 1, 2025; and proof of bank account balances as of October 1, 2025, for both [REDACTED] and [REDACTED]. (Exhibit D-6)

- 9) The October 6, 2025 request for information indicated that failure to provide the information by November 1, 2025, would result in the benefit being stopped or decreased. (Exhibit D-6)
- 10) On October 16, 2025, the Appellant had not yet returned verifications which were due on November 1, 2025. (Exhibit D-7)
- 11) On October 16, 2025, the Respondent issued a notice to the Appellant that stated, "Your MWIN benefits will stop. Your last benefits will be received in 2025-10-31." (Exhibit D-8)
- 12) On October 20, 2025, at 7:10 pm, the Appellant emailed the Respondent copies of two paystubs for [REDACTED]. One was for check date 09-19-2025 and the other was for check date 10-03-2025. Also included were a checking account summary for [REDACTED] dated August 22 through September 22, 2025, and a checking account summary for [REDACTED] dated September 16 through October 15, 2025. (Exhibit D-10)
- 13) The Appellant failed to turn in all paystubs requested by the Respondent. She also failed to turn in proof of bank account balances as of October 1, 2025, for [REDACTED] (Exhibit D-10)

APPLICABLE POLICY

The Code of Federal Regulations, Title 42, Chapter IV, Section 431, Subpart E, describes when Advance Notice must be sent to recipients of Medical Assistance. Specifically, Section § 416.211 *Advance notice* provides, in pertinent part:

The State or local agency must send a notice at least 10 days before the date of action, except as permitted under §§ 431.213 and 431.214.

West Virginia Income Maintenance Manual, Chapter 26 describes the requirements for the Medicaid Work Incentive (M-WIN) Program, in pertinent part (emphasis added):

26.2 Specific M-WIN Requirements

26.2.1 Financial

Income: 250% of the Federal Poverty Level (FPL) – When Unearned Income is at or below the Supplemental Security Income (SSI) Payment Level.

No spenddown provision.

Assets: \$2,000 – Individual; \$3,000 – Individual with Spouse.

26.7.1 Asset Limit

The asset limit for Medicaid Work Incentive (M-WIN) is:

- \$2,000 for a single individual.
- \$3,000 for an individual who lives with his legal spouse. Total countable assets of the couple are combined to determine asset eligibility.

26.7.2 List of Assets

Assets are treated according to the policy in Chapter 5 for Supplemental Security Income (SSI)-Related Medicaid **with the following exceptions.**

26.7.3.B Liquid Asset Exclusion

Liquid assets in the amount of \$5,000 for an individual or \$10,000 for a legally married couple are excluded when determining total countable assets. Liquid assets are cash or those payable in cash on demand. This includes checking or savings accounts and financial instruments such as, but not limited to, Certificates of Deposit (CD) or stocks and bonds that can be converted to cash within 20 work days. Federal, state, and local holidays are not work days.

26.3.10 Redetermination

- **M-WIN AGs are redetermined every six months, in the sixth month of eligibility.**
- The Worker must set an alert and schedule the redetermination.
- The Worker is responsible for sending the appropriate review form so the redetermination is completed prior to or during the month in which it is due.
- When the redetermination is completed and the AG remains eligible, the new eligibility period begins the month immediately following the month of the redetermination.
- The Worker must set an alert for the next redetermination.

26.6.3 Budgeting Method

The method used to anticipate monthly countable income is the same as in Section 4.6.

West Virginia Income Maintenance Manual, Section 4.6 describes the General Income Information for Medicaid Coverage Groups, in pertinent part:

4.6.1.A Methods for Reasonably Anticipating Income

There are two methods for reasonably anticipating the income the client expects to receive. One method uses past income and the other method uses future income. Both methods may be used for the same AG for the same certification period. The method used depends on the circumstances of each source of income.

Use past income only when both of the following conditions exist for a source of income:

- Income from the source is expected to continue into the certification period or POC.
- The amount of income from the same source is expected to be more or less the same.

For these purposes, the same source of earned income means income from the same employer, not just the continued receipt of earned income.

4.6.1.B Consideration of Past Income

If the income source is expected to continue, the worker must determine the income received by all persons at a minimum of 30 calendar days prior to the date of redetermination. All pay periods during the appropriate time period must be considered and consecutive.

West Virginia Income Maintenance Manual, Section 5 describes Assets, in pertinent part:

5.3.1.B Supplemental Security Income (SSI) Medicaid Groups

The SSI Medicaid Groups include: SSI-Related Medicaid, CDCSP, PAC, QDWI, QMB, SLIMB, and QI1.

The asset eligibility determination for these applications must be made as of the first moment (defined as 12:00 a.m. of the first day) of the month of eligibility.

The client is not eligible for any month in which countable assets are in excess of the limit, as of the first moment of the month. Increases in countable assets during one month do not affect eligibility unless retained into the first moment of the following month.

The Worker may use any of the following items to determine first-of-the-month account balances:

- Printed or online bank statements and passbooks;
- The applicant's check register or any bank-issued document. This includes, but is not limited to, ATM transaction receipts and/or deposit and/or withdrawal receipts; and/or
- The account transaction history on a bank's automated telephone customer service line that provides complete transaction information, (i.e., deposits, withdrawals, cleared checks, and transfers to/from the account with transaction dates).

West Virginia Income Maintenance Manual, Section 7.2.3 describes Client Responsibilities for all programs, in pertinent part:

7.2.3 Client Responsibilities

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

West Virginia Income Maintenance Manual, Section 26.11 describes the Case Maintenance Process for M-WIN Recipients, in pertinent part (emphasis added):

26.11.1 Closure

When the assistance group (AG) is closed for any reason, including voluntary disenrollment, advance notice is required. See Section 9.3.1.B for when advance notice requirements are waived. Any notice must inform the client of the last month for which a premium is due. The M-WIN Worker must notify the contract agency of the termination and the effective date of closure, i.e., the last day of the last month for which the premium is due.

West Virginia Income Maintenance Manual, Section 9 describes the Advance Notice Requirements, in pertinent part:

9.2.1 DFA-6, Notice of Information Needed

The DFA-6 may be used during any phase of the eligibility determination process. At the time of application, it is given or mailed to the applicant to notify him of information or verification he must supply to establish eligibility. When the DFA-6 is mailed at the time of application, the client must receive the DFA-6 within five working days of the date of application.

If the client fails to adhere to the requirements detailed on the DFA-6, the application is denied or the deduction disallowed, as appropriate. The client must be notified of the subsequent denial by form DFA-NL-A.

This form also notifies the client that his application will be denied, or a deduction disallowed, if he fails to provide the requested information by the date specified on the form. The Worker determines the date to enter to complete the sentence, "If this information is not made available to this office by ..." as follows.

9.3.1 Advance notice requirements

A client must receive advance notice in all situations involving adverse actions except those described in the Adverse Actions Not Requiring Advance Notice section below.

The advance notice requirement is that notification be mailed to the client at least 13 days prior to the first day of the month in which the benefits are affected.

NOTE: The date on the notice must be the date it is mailed.

9.3.1.A Adverse Actions Requiring Advance Notice

Adverse actions are defined by program as follows. Use the DFA-NL-C in these situations.

Program	Adverse Actions	Notes
Medicaid and WVCHIP	AG closure Removal of a client from the AG	

9.3.1.C Beginning and Ending of the Advance Notice Period

The 13-day advance notice period begins with the date shown on the notification letter. It ends after the 13th calendar day has elapsed. If the 13-day notice period ends on a weekend or holiday, the action is taken on the first subsequent workday.

Advance Notice Period Example: A DFA-NL-C is dated and mailed on October 18. The 13-day advance notice period begins October 18. The 13-day advance notice period ends at the close of the business day on October 31. The action is effective no earlier than November 1.

9.3.1.D Date Adverse Action May Be Taken

9.3.1.D.1 Advance Notice Period Expires Before the First of the Following Month

Usually the Worker will take the action in the eligibility system before the 13-day advance notice begins, in order to be effective, the first day of the following month.

Advance Notice Expires Before the First of the Following Month Example:

Ms. Dahlia reports a change that requires advance notice. The Worker makes the change in the eligibility system on October 9. A DFA-NL-C is dated and mailed by the eligibility system on October 10. The 13-day advance notice period starts on October 10 and ends October 22. Since the advance notice period ends before November 1, the change is effective November 1.

9.3.1.D.2 Advance Notice Period Expires the First of the Following Month or Later

If the 13-day advance notice period does not expire until the first day of the following month or later, the change is not effective until the month following the end of the 13-day advance notice period.

Advance Notice Expires the First of the Following Month or Later Example:

A DFA-NL-C is dated and mailed on December 27. The 13-day advance notice period expires January 8. The change is effective February 1. The client is eligible to receive January benefits at the previous level.

9.3.5 DFA-6, Notice of information needed; DFA-6A, Spenddown Explanation

If, at redetermination, or the time of any other change in client circumstances, it becomes clear that additional information or verification is needed, the DFA-6 is used to notify the client in writing of the needed information and the date by which the information must be received.

The DFA-6A is used in addition to the DFA-6 when it is necessary to explain the spenddown process to the client.

9.3.5.A Case Maintenance for All Programs

The date entered in the DFA-6 must be at least 10 days from the date the DFA-6 is completed. If the client fails, without good cause, to provide the information by the established date, a DFA-NL-C must be sent to notify the client of the failure and the resulting case action.

DISCUSSION

The Medicaid Work Incentive (M-WIN) is a full coverage Medicaid group that assists individuals with disabilities in becoming independent of public assistance by enabling them to enter the workforce without losing essential medical care. Chapter 26 of the West Virginia Income Maintenance Manual outlines specific guidelines for determining eligibility for the M-WIN group.

Eligibility requirements for M-WIN include financial eligibility, age, disability, employment, and enrollment fee and premium payment requirements. Financial eligibility includes both an income limit and an asset limit. Although policy states that the Assistance Group (AG) is “Only the disabled individual,” in the section describing Assets, it states, “The asset limit for Medicaid work Incentive (M-WIN) is: \$2,000 for a single individual; \$3,000 for an individual who lives with his legal spouse. Total countable assets of the couple are combined to determine asset eligibility.” Additionally, there is a special asset exclusion for liquid assets “in the amount of \$5,000 for an individual or \$10,000 for a legally married couple.” After initial eligibility is determined, policy states that “M-WIN AGs are redetermined every six months, in the sixth month of eligibility.”

On September 19, 2025, the Respondent issued a notice to the Appellant that she was due for a six-month redetermination. After the Appellant submitted the completed redetermination form on October 2, 2025, the Respondent issued a notice, dated October 6, 2025, to inform her that additional information was needed to establish her eligibility for M-WIN. The additional information needed included her husband’s bank account balance as of October 1, 2025.

The Appellant testified that she has had M-WIN since 2023 and has not had to participate in redetermination reviews every six months until this year. She also testified that her husband, [REDACTED] had income that was not accessible to her and should not be counted against her.

The Respondent’s witness Daniel Rock (hereinafter Mr. Rock) testified that the M-WIN program was previously being administered by a different DoHS unit, that there was a huge backlog of cases, and that six-month reviews were previously not being completed as required. He testified that the DoHS local office resumed administration of the M-WIN program in February of 2025. He also testified that previous reviews had errors, including the exclusion of spouses in the case. When the local office took over administration of the program, they began correcting the issues.

Because policy states that the asset limit for M-WIN is different for a single individual than for an individual who lives with his legal spouse, documentation regarding the assets of the Appellant's spouse was necessary to verify her financial eligibility. Further, the liquid asset exclusion differs between a married couple and an individual, making it essential that the correct assets are received for the Appellant and her spouse. Additionally, policy states that M-WIN AGs are redetermined every six months.

Based on the policy, the Respondent correctly concluded that a redetermination must be completed every six months. The Respondent also correctly determined that the assets of the Appellant's legal spouse must be ascertained to establish if the Appellant is asset eligible for the M-WIN program.

The Respondent notified the Appellant on September 19, 2025, that her redetermination was due for review on October 1, 2025. The Appellant testified that she did not receive this notice until October 1, 2025. She also testified that there are problems receiving the mail in [REDACTED] West Virginia. The Appellant submitted the review form via email to the Respondent on October 2, 2025. The Respondent accepted and processed the redetermination form submitted on October 2, 2025. The Board of Review does not have the authority to grant the Appellant relief on issues related to delays with the postal service.

Policy requires that notification be mailed to the client at least 13 days prior to the first day of the month in which the benefits are affected. It also states that the date on the notice must be the date it is mailed. The Appellant's redetermination was due on October 1, 2025, so it would have had to be dated and mailed on or before September 19, 2025. Because the notice of redetermination was dated September 19, 2025, the Respondent met its notification timeframe requirements.

The Respondent's notice to the Appellant that additional information was needed was dated October 6, 2025. The due date indicated on the notice was November 1, 2025. This notice was sent 25 days prior to the first day of the month that the benefits would be affected, so the Respondent met its notification timeframe requirements. The Appellant testified that she received this notice on October 30, 2025. It was unfortunate that the Appellant did not receive the mailed notices quickly. However, the 25-day timeframe for the document submission is reasonable and exceeds the 13-day minimum notice required by policy.

Policy also requires that if the client fails, without good cause, to provide the information requested at redetermination by the established date, a new notice must be sent to notify the client of the failure and the resulting case action. The notice dated October 16, 2025, notified the Appellant that her benefits would stop because she did not turn in requested verification by the due date of November 1, 2025. This notice is deficient, because it both requests information to be submitted by a due date and notifies the Appellant of a failure to submit requested information before the due date. The Appellant's M-WIN was closed on October 31, 2025. The Respondent did not submit any evidence that it adequately notified the Appellant of closure.

The Appellant submitted additional information at 7:10 pm, on October 20, 2025, via email. The Respondent received the information on October 21, 2025. Mr. Rock testified that the information

submitted did not meet the requirements for a redetermination of the Appellant's financial eligibility.

Policy states that the appropriate time period is determined by counting back 30 days beginning with the calendar day prior to the date of application/redetermination. The income from this 30-day period is the minimum amount of income that must be considered. Mr. Rock testified that the information which was required was for the period of consideration (POC) of September 2 through October 1, 2025. The verification of the liquid assets is based on the first day of the month in the month the review is received. The review was received October 2, 2025, so the account balance as of October 1, 2025, was necessary. The notice informing the Appellant that additional information was needed requested that the Appellant provide proof of income with paystubs dated September 2 through October 1, 2025; and proof of bank account balances as of October 1, 2025, for both [REDACTED].

The Appellant submitted two paystubs which were for checks dated September 19, 2025, and October 3, 2025. The Respondent contends that these were not "*All paystubs received between 09/02/2025 and 10/01/2025*" (emphasis added) because the Appellant would have been paid on September 5, 2025, and that paystub was missing. The Respondent contends that the checking account summary submitted for [REDACTED] was not proof of his bank account balance as of October 1, 2025, because it was for the period August 22 through September 22, 2025.

Evidence shows that two of the four requested documents were correct, therefore the Appellant did not submit all the required documentation. A paystub received on September 5, 2025, was missing. The checking account summary for [REDACTED] did not show proof of his bank account balance as of October 1, 2025.

The Appellant had the opportunity to present evidence at the fair hearing. Up to the date of the fair hearing, the Appellant still has not provided the necessary documentation. Had she provided the necessary documentation at the fair hearing, a *de novo* review of the case might have resulted in a finding that she was eligible for M-WIN.

The Appellant contends that the Respondent should have called her to tell her the documentation she submitted was not correct, and had the Respondent notified her via phone, she may have been able to supply the correct information. Policy does not state that the Respondent must notify clients via phone. Notifications are to be made by mail within prescribed timeframes.

The Appellant did not submit documentation which was required by the Respondent to prove the income and liquid assets which could be excluded by the due date. Policy states that failure to provide necessary information may result in closure of the AG. However, the notice dated October 6, 2025, is not a proper notice of closure because it is a request for additional information. The notice dated October 16, 2025, is not a proper notice of closure because it was issued before the due date of additional information.

Separate timely and adequate notice of adverse action must be provided by the Respondent.

CONCLUSIONS OF LAW

- 1) Eligibility for Medicaid Work Incentive (M-WIN) must be redetermined every six months and the Respondent notified the Appellant of a redetermination on September 19, 2025.
- 2) For the M-WIN program, the asset limit for an individual living with a legal spouse is \$3,000, and there is a liquid asset exclusion of \$10,000 for a legally married couple.
- 3) To determine the amount of the Appellant's assets, the Respondent requested checking account summaries for the Appellant and her spouse which reflected the amount of cash or those assets payable in cash on demand as of October 1, 2025, because that was the calendar day before the day of redetermination. To determine the amount of the Appellant's income, the Respondent requested proof of income via paystubs dated September 2 through October 1, 2025.
- 4) The Appellant did not submit the requested documentation to verify her spouse's liquid assets and her income during the necessary timeframe by the due date and still has not submitted them.
- 5) The notices sent by the Respondent were not separate, timely and adequate notices of adverse action.
- 6) The Appellant must be notified adequately of any adverse action.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the decision of the Respondent to close the Appellant's M-WIN benefits because proper advance notice was not given and to **REMAND** for proper notice. Any decision regarding M-WIN eligibility issued by the Respondent is subject to all fair hearing rights.

ENTERED this 5th day of December 2025.

**Amy Hayes
State Hearing Officer**