January 13, 2026

[redacted]

RE: [redacted] v. WV DoHS/BFA
ACTION NO.: 25-BOR-2705

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 (DoHS). 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: Chaelynn Casteel, Assistant Attorney General
Drema Berry, DoHS
Randi Gray, DoHS

WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 25-BOR-2705**

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 December 2, 2025, and reconvened on January 7, 2026.

The matter before the Hearing Officer arises from the Respondent's decision on June 16, 2025, to deny the Appellant financial eligibility for Medicaid benefits.

At the hearing, the Respondent appeared by Chaelyn Casteel, Assistant Attorney General. Appearing as witnesses for the Respondent were Randi Gray and Drema Berry, DoHS. The Appellant appeared by her attorney [redacted] Appearing as witnesses for the Appellant were [redacted], the Appellant's son, and [redacted] assistant to the Appellant's counsel. All witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:

D-1 DoHS Notice by Joyce Batten, dated June 16, 2025
D-2 Case Comments by Respondent Workers EW54BS, ESS54G, and HW2051 Dated May 8 through July 9, 2025
D-3 West Virginia Income Maintenance Manual Chapter 24 excerpts
D-4 Email Correspondence to Randi Gray, dated June 6, 2025
D-5 Payee/Representative screen print
D-6 Deed, made February 24, 2025
D-7 Comment Notice, by Randi Gray, dated December 3, 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 February 20, 2025, the Appellant was admitted to a long-term care facility.

2) The Appellant's spouse, [redacted] (hereafter Mr. [redacted] was not institutionalized at the time the Appellant was admitted to the long-term care facility.

3) On April 24, 2025, the Respondent received the Appellant's Medicaid application submitted by the Appellant's counsel (Exhibit D-2).

4) The Appellant's Medicaid application identified an authorized representative for the Appellant.

5) The Appellant requested backdated Medicaid coverage on her application.

6) The Respondent did not reflect the presence of the Appellant's authorized representative in her case record (Exhibit D-2).

7) On May 3, 2025, the Appellant's spouse, Mr. [redacted] died.

8) On May 8, 2025, Respondent Worker EW54BS recorded assets for the Appellant in a case comment:

> LIQUID ASSETS: joint checking at [redacted] with balance of $0; checking for [redacted] at [redacted] with balance of $4,6334.31
> VEHICLES: 2018 Ford F-150, 2014 Polaris ATV, 2016 trailer; requesting verification of value and anything owed on Polaris and trailer
> REAL PROPERTY: home
> PERSONAL PROPERTY: none
> LIFE INSURANCE: [redacted] group policy# [redacted] for [redacted] with CSV of $419.18, policy # [redacted] for [redacted] with CSV of $1947.70; [redacted] policy # [redacted] for [redacted] with CSV of $330.93, transferred to irrevocable trust
> BURIAL ASSETS: Irrevocable Burial Trust
> ASSET TRANSFER: 2017 Toyota Camry FMV $1200 verified with NADA, sold to [redacted] WV for $10000; requesting verification of why vehicle was sold and what money was used for

OUTCOME: Pending bank statements for 4/2025 x2, Polaris, trailer, asset transfer
VERIFICAITONS DUE 5/18/2025 (Exhibit D-2)

9) During the hearing, Ms. Gray testified that the Respondent's Worker who recorded the comment on May 8, 2025, was a new worker at the time and is no longer employed by the Respondent.

10) Verification request notification issued by Respondent Worker EW54BS was not sent to the Appellant's authorized representative.

11) On May 30, 2025, Respondent Worker EW54BS added the Appellant's authorized representative to the Appellant's case (Exhibits D-2 and D-5).

12) On June 16, 2025, the Respondent, by Joyce Batten (hereafter Ms. Batten), issued a notice to the Appellant advising that her Medicaid eligibility was denied effective March 1, 2025, because her assets exceeded the eligibility limit (Exhibit D-1).

13) Ms. Batten is no longer employed with the Respondent and did not appear at the hearing.

14) The notice issued on June 16, 2025, was mailed to the Appellant at the nursing facility, not to her authorized representative (Exhibit D-1).

15) The *Statement Calculation* portion of the notice issued on June 16, 2025, reflected two sections, both titled *Medicaid and/or WVCHIP* (Exhibit D-1).

16) The first section under *Statement Calculation* considered an asset limit of $2,000 when determining the Appellant's Medicaid eligibility. This asset limit was compared to $117,661.31 liquid assets, $7,685 personal property assets, and $1,947.70 life insurance assets, for a combined total of $127,294.01 countable assets for the Appellant (Exhibit D-1).

17) The first section under *Statement Calculation* reflected $0 vehicle assets, real property assets, lump sum assets, burial assets, and deemed assets (Exhibit D-1).

18) The second section under *Statement Calculation* considered an asset limit of $9,660 when determining the Appellant's Medicaid eligibility. This asset limit was compared to $1,266.68 liquid assets and no other asset amounts, for a combined total of $1,266.68 countable assets for the Appellant (Exhibit D-1).

19) The second section under *Statement Calculation* considered $0 vehicle assets, real property assets, personal property assets, life insurance assets, lump sum assets, burial assets, and deemed assets (Exhibit D-1).

20) During the hearing, Ms. Gray testified that the Appellant's $127,294.01 countable assets were compared to a $31,584 asset limit.

21) On July 9, 2025, the Appellant's counsel informed the Respondent that a denial letter was not received by the Appellant's authorized representative or counsel (Exhibit D-2).

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) § 24.8 *Assets* provides that applicants for nursing facility services must meet the asset test for their eligibility coverage groups. The asset level for those eligible in the Nursing Facility coverage group and Supplemental Security Income (SSI)-related/monthly Spenddown is the same as SSI-Related Medicaid. When both spouses are institutionalized and both apply for nursing facility services, the SSI-Related Medicaid asset limit for a couple is used to determine eligibility.

WVIMM § 24.8.1 *Asset Assessments* through § 24.8.1.A *When to Conduct an Asset Assesment* provides that when an institutionalized person has a spouse in the community, once the Worker determines the value of the assets as governed by Chapter 5, he completes an asset assessment. The purpose of the asset assessment is to allow the spouse of an institutionalized individual to retain a reasonable portion of the couple's assets and to prevent the impoverishment of the community spouse.

When determining eligibility for nursing facility services for an individual who has a community spouse, the Worker must complete a one-time assessment of the couple's combined countable assets, called an Asset Assessment …. An Asset Assessment must be completed as of the first continuous period of institutionalization. The first continuous period of institutionalization is the date when the client first enters the nursing facility and remains for at least 30 days or is expected to remain for 30 days at the time the individual enters the facility. The spousal limits in effect at the time the assessment is completed are used. If requested by the client or authorized representative, the assessment may be completed before application as of the first continuous period of institutionalization.

DISCUSSION

The Respondent denied the Appellant's eligibility for Medicaid benefits because her assets exceeded the eligibility limit. During the hearing, the Appellant disputed the Respondent's decision and contested the amount of assets used to determine her eligibility.

The Board of Review must determine whether the Respondent correctly followed the policy and cannot pass judgement on the policy itself. The Respondent bears the burden of proof and must demonstrate by a preponderance of evidence that the Appellant's assets exceeded the Medicaid eligibility limit for the coverage groups for which she was applying.

Applicants for nursing facility services must meet the asset test for their eligibility coverage groups. Before an asset assessment can be conducted, the Respondent must determine the value of assets as governed by Chapter 5. To prove that the Appellant's assets exceeded the eligibility limit,

the evidence had to establish an amount of verified assets used to determine the Appellant's Medicaid eligibility.

During the hearing, witnesses for the parties testified that the Appellant was admitted to a long-term care facility on February 20, 2025. According to the testimonial evidence presented, the Appellant's spouse was not institutionalized as of March 1, 2025. Evidence was presented regarding changes to the Appellant's assets after March 1, 2025. The testimonial evidence indicated that as of March 1, 2025, the Appellant's community spouse was still living, and she had not yet been excluded from his will. The Appellant requested backdated Medicaid coverage.

Before the hearing, each party was granted an opportunity to submit documentary evidence to be considered during the hearing. The Appellant's April 2025 Medicaid application was not supplied for review; however, witnesses for the parties provided uncontested testimony regarding the identification of an authorized representative on the Appellant's application. According to the evidence, the Respondent failed to record the Appellant's authorized representative in the Appellant's record after her April 2025 Medicaid application. Ms. Gray testified that the initial verification request and May 2025 Medicaid denial notice were erroneously sent to the Appellant instead of her authorized representative. Although the Appellant's authorized representative was added to the case by Respondent Worker EW54BS on May 30, 2025, the notice issued on June 16, 2025, reflected the Appellant's address at the long-term care facility. During the hearing, Ms. Gray could not affirm that the notice issued on June 16, 2025, was mailed to the Appellant's authorized representative.

Under *Statement Calculations* sections, liquid asset amounts of $1,266.68 and $117,661.31 are conflicting amounts. Further, the $7,685 personal property assets and $1,947.70 life insurance assets listed under the first section conflict with the $0 amounts listed for these assets in the second section. The personal property amounts considered under *Statement Calculations* are not consistent with the record by Respondent Worker EW54BS, which indicates that the Appellant did not possess personal property. The $1,947,70 life insurance amount considered under the first section of *Statement Calculations* corresponds to the amount listed by Respondent Worker EW54BS for the Appellant's spouse; however, no information was provided to explain why this amount was considered and the other life insurance amounts listed for the Appellant and her spouse were disregarded. Further, this amount of life insurance asset was not considered under the second section of *Statement Calculations*. The notation made by Respondent Worker EW54BS does not indicate that verification was requested for the Appellant's life insurance policies.

Notation provided by Respondent Worker EW54BS indicated possession of vehicles and a vehicle asset transfer for which verification was requested; however, the *Statement Calculations* reveal that $0 was considered for the Appellant's vehicle assets when determining her Medicaid eligibility.

As each program is subject to its own asset limit, the differing asset limit amounts reflected on the notice are reasonable; however, neither of these asset limits correspond with the $31,584 asset limit amount provided by Ms. Gray during her testimony of what asset limit was considered when determining the Appellant's Medicaid eligibility.

As the calculations provided on the notice are conflicting, no documentary evidence was presented to establish what verifications the Respondent relied upon, and the offered testimonial evidence could not explain how the countable asset amounts were determined, the Respondent's calculation of the Appellant's assets cannot be affirmed. The Respondent's failure to accurately reflect the Appellant's authorized representative information in the case record combined with asset amount inconsistencies between the case comments, notices issued, and provided testimony largely render the asset calculation information supplied by the Respondent as unreliable.

The policy states that an assessment must be completed when the client first enters the long-term care facility and remains for thirty consecutive days. It is unclear if an asset assessment was completed since the submitted information did not verify the amount of the Appellant's assets. Because the Appellant's spouse was still living, the asset assessment must reflect their joint assets as of the date she entered the facility.

CONCLUSIONS OF LAW

1) Applicants for nursing facility services must meet the asset test for their eligibility coverage groups.

2) The preponderance of evidence failed to establish the amount of the Appellant's verified assets.

3) Because the evidence failed to establish the amount of the Appellant's assets, the Respondent's decision to deny the Appellant financial eligibility for Medicaid benefits cannot be affirmed.

4) The matter must be remanded for verification of the Appellant's assets and a new determination of her Medicaid eligibility based on the information received.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's decision on June 16, 2025, to deny her Medicaid eligibility. The matter is **REMANDED** for issuance of a new asset verification request and decision regarding the Appellant's Medicaid eligibility based on the information supplied. The Appellant retains the right to appeal anew any subsequent eligibility decisions made by the Respondent.

ENTERED this 13th day of January 2026.

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Tara B. Thompson, MLS
Certified State Hearing Officer