May 7, 2026

[redacted]

RE: [redacted] v. WV DoHS/BFA
ACTION NO.: 26-BOR-1261

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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Paula Broschart, WV DoHS

WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 26-BOR-1261**

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 West Virginia Office of Inspector General Common Chapters Manual. This fair hearing was convened on April 29, 2026.

The matter before the Hearing Officer arises from the November 17, 2025, decision by the Respondent to deny Long-Term Care Medicaid benefits for May 2025 and June 2025.

At the hearing, the Respondent appeared by Paula Broschart, Long-Term Care Economic Service Worker, WV DoHS. The Appellant was represented by [redacted] authorized representative, [redacted] Application Supervisor, [redacted]. All witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Income Maintenance Manual Chapter 5.3.1.B
- D-2 West Virginia Income Maintenance Manual Chapter 24.4.1.C.10
- D-3 First page of Appellant's Long-Term Care Medicaid application received by Respondent on July 31, 2025
- D-4 First page of Appellant's Long-Term Care Medicaid application received by Respondent on October 29, 2025
- D-5 Notice of Decision dated October 8, 2025
- D-6 [redacted] checking statements dated April 7, 2025, May 7, 2025, June 6, 2025, and July 8, 2025, and copy of check written to [redacted] dated April 1, 2025

D-7 Notice of Decision dated November 17, 2025
D-8 West Virginia Income Maintenance Manual Chapter 24.31
D-9 West Virginia Income Maintenance Manual Chapter 24.8
D-10 West Virginia Income Maintenance Manual Chapter 5.4
D-11 Notice of Decision dated August 26, 2025

Appellant's Exhibits:

A-1 Calculations concerning Appellant's checking account balance as of April 30, 2025, [redacted] checking account statement dated May 7, 2025, copy of check written to [redacted] dated April 1, 2025, and payment receipt from [redacted] dated April 30, 2025
A-2 Copy of e-mail dated July 31, 2025 (date of Appellant's Long-Term Care Medicaid application)
A-3 West Virginia Income Maintenance Manual Chapter 5.3.1.B
A-4 Verification Checklist dated August 13, 2025
A-5 Copy of e-mail from [redacted] dated September 29, 2025
A-6 Copies of e-mail between [redacted] dated October 6, 2025, and October 10, 2025
A-7 Notice of Decision dated October 8, 2025
A-8 Copy of e-mail dated October 20, 2025
A-9 Notice of Decision dated October 22, 2025
A-10 Notice of Decision dated November 17, 2025

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 is a resident of [redacted] Healthcare.

2) The Appellant applied for Long-Term Care (LTC) Medicaid benefits with the Respondent on July 31 2025, requesting three-month backdated coverage to April 2025 (Exhibit D-3).

3) The Appellant was notified on August 26, 2025, that his application was denied effective April 1, 2025, based on failure to supply all requested verification (Exhibit D-11).

4) The Appellant sent two additional notices to the Appellant on October 8, 2025, and October 22, 2025, indicating that LTC benefits were denied effective April 2025 due to excessive assets (Exhibits D-5, A-7, and A-9).

5) The Appellant submitted a new LTC Medicaid application on October 29, 2025.

6) The Appellant was approved for Long-Term Care Medicaid effective July 2025 and receives ongoing coverage.

7) Upon the Appellant's request, the Respondent sent the Appellant a notice on November 17, 2025, indicating that his LTC Medicaid benefits were denied for May 2025 based on excessive assets (Exhibits D-7 and A-10).

8) The Appellant does not contest asset ineligibility for April 2025.

9) The Appellant is seeking backdated Long-Term Care Medicaid benefits for the months of May and June 2025 only.

10) The Appellant's checking account balance as of May 7, 2025, was $12,311.07 (Exhibits D-6 and A-1).

11) The Appellant's checking account balance as of June 6, 2025, was $10,901.72 (Exhibit D-6).

12) [redacted] who is listed as the representative on the Appellant's checking account, wrote a check to [redacted] Healthcare for $9,000 dated April 1, 2025 (Exhibits D-6 and A-1).

13) The April 1, 2025, check cleared the Appellant's bank account on June 27, 2025 (Exhibit D-6).

14) The Appellant's representatives contend that the $9,000 check to [redacted] Healthcare should be subtracted from the Appellant's account balances for May 1, 2025, and June 1, 2025, although the check did not clear the Appellant's bank account until June 27, 2025 (Exhibit D-6).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 24.8 states that applicants for nursing facility services must meet the asset test for their eligibility coverage groups, except for Modified Adjusted Gross Income (MAGI) groups.

West Virginia Income Maintenance Manual Chapter 5.4 states that the asset limit for a one-person Assistance Group for SSI Medicaid Groups is $2,000.

West Virginia Income Maintenance Manual Chapter 5.5.4 states that bank accounts are countable assets for SSI Medicaid groups.

West Virginia Income Maintenance Manual Chapter 5.3.1.B states that for SSI Medicaid Groups, the asset determination 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.

If the applicant's assets, as of the first moment of the month, are within the asset limit, and during the month his assets increase to above the asset limit, he is still eligible for that 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). When the applicant states that a check has not cleared the bank, the Worker may use any of the means listed above to verify that the funds are legally obligated.

SSI Medicaid Asset Eligibility Determination Example 2: Mr. Oak's bank statement shows a checking account balance of $1,350 as of May 1, which combined with other countable assets is $2,250 as of the first of the month. Mr. Oak states the statement balance includes his April rent check of $500 to his landlord, but his landlord has not cashed the check. The Worker finds an entry for check number 1345 for $500 written on April 25. He finds that check 1346 is cleared on the bank statement. The Worker also sees that Mr. Oak has written a $500 check for rent on the 25th of each month for the last six months. Because Mr. Oak wrote the check and legally obligated the funds in his account, and his records provide a complete and consistent picture of the account, the Worker deducts the amount of the uncashed check from the May 1 first-of-the-month balance as an encumbrance. The new checking account balance as of May 1 is $850 and Mr. Oak is asset eligible.

DISCUSSION

Policy states that the countable assets of a one-person Long-Term Care Medicaid Assistance Group must not exceed $2,000. If the applicant's assets, as of the first moment of the month, are within the asset limit, and during the month his assets increase to above the asset limit, he is still eligible for that month. The worker may determine first-of-the-month account balances by using bank statements, passbooks, check registers, other bank-issued documents, and account transaction history. When the applicant states that a check has not cleared the bank, the worker may use methods to verify that the funds are legally obligated.

The Respondent contended that the $9,000 check written to [redacted] did not clear the Appellant's bank account until June 27, 2025, and should be considered as the Appellant's asset for May and June 2025. Paula Broschart, Economic Service Worker for the Respondent, testified that there was no evidence that the Appellant made monthly payments to the nursing facility and that the check did not clear the Appellant's checking account for nearly three months

after April 1, 2025, for unknown reasons. Therefore, the money remained accessible to the Appellant.

The Appellant's representatives contended that they do not know what happened to the $9,000 check between April 1, 2025, and June 27, 2025. The nursing facility handles a large volume of checks, however, and a delay in processing would not be unusual. The Appellant's representatives indicated that the check could have gotten lost in the mailroom or was not immediately posted. They stated that the Appellant had written ongoing checks to the facility during the months when he paid privately, although the checks were for differing amounts. No evidence was provided to show a pattern of payments to the facility or of delays in processing those payments.

While the $9,000 check written to [redacted] was dated April 1, 2025, it, questionably, did not clear the Appellant's bank account until June 27, 2025. There is no evidence to confirm when the check was written or submitted for payment. Therefore, the Appellant's decision to include the $9,000 in the Appellant's asset calculation for May and June 2025 is correct.

CONCLUSIONS OF LAW

1) Policy states that the asset limit for Long-Term Care Medicaid for a one-person Assistance Group is $2,000.

2) The Appellant had at least $9,000 in his bank accounts as of May 1, 2025, and June 1, 2025.

3) The Respondent's decision to deny Long-Term Care Medicaid benefits for May 2025 and June 2025 is correct.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to deny the Appellant's Long-Term Care Medicaid benefits for May 2025 and June 2025.

ENTERED this 7th day of May 2026.

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Pamela L. Hinzman
State Hearing Officer