May 5, 2026

[redacted]

RE: [redacted] v. WV DoHS/BFA
ACTION NO.: 26-BOR-1297

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: Haley Cosner, DoHS

WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 26-BOR-1297**

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 April 15, 2026.

The matter before the Hearing Officer arises from the Respondent's July 22, 2025 decision to deny the Appellant's eligibility for Medicare Premium Assistance.

At the hearing, the Respondent appeared by Haley Cosner, DoHS. The Appellant appeared and was self-represented. All witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:
None

Appellant's Exhibits:
A-1 Email Correspondence, dated January 27, 2026
DoHS Notices, dated November 5, 2025
A-2 Email Correspondence, dated November 7, 2025
DoHS Verification Checklist, dated October 24, 2025
A-3 Appellant Typed Summary, dated October 7, 2024
[redacted] Paystubs, dated March 21, March 28, March 29, and April 5, 2025
[redacted] Estimated Income Statement
A-4 2024 U.S. Individual Income Tax Return form 1040 and Schedule C
A-5 Email Correspondence, dated February 12, 2026
2023 U.S. Individual Income Tax Return form 1040 and Schedule C

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 Medicaid eligibility in April 2025 and requested three-months backdated Medicaid coverage for himself and his wife, [redacted]. On June 16, 2025, the Respondent issued notices to the Appellant advising that his Medicaid Parent/Caretaker benefits would stop after June 30, 2025, and eligibility for Adult Medicaid for [redacted] was denied. The Respondent's decisions were adjudicated in Board of Review Action No.: 25-BOR-2840. On October 17, 2025 the Respondent's decisions were reversed, and the matter was remanded for verification of the household's income and a new determination of eligibility from the date of application.

2) On October 24, 2025, the Respondent issued a verification checklist instructing that the Appellant must provide listed documentation by November 2, 2025, and advised that benefits may be denied if verification was not received. The verification requested for [redacted] included "proof of gross earned income, such as paystubs/employer statement/[redacted] 03-21-2025; 03-28-2025; 04-04-2025; 04-11-2025" (Exhibit A-2).

3) On November 5, 2025, the Respondent issued notices advising that the Appellant was ineligible for Parent/ Caretaker Medicaid benefits and [redacted] was ineligible for Adult Medicaid because the Appellant did not turn in all requested information (Exhibit A-1).

4) On November 7, 2025, the Appellant sent the requested paystub verification and a self-employment income statement to the Respondent via email (Exhibits A-2 and A-3).

5) The Respondent did not evaluate Medicaid eligibility for the Appellant or [redacted] based on the verification he submitted.

6) On December 1, 2025, the Appellant began receiving Medicare benefits.

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) § 1.2.10.B *Reapplication, Medicaid* provides that if an applicant AG fails to provide the verifications requested on the verification checklist within the specified time limit and the application is denied, the AG must be given an opportunity to have its eligibility established for up to 60 days from the date of application without completion of a new form.

If the client brings in the verifications before the 60 day period has expired, the Worker determines the AG's eligibility based on the original application, noting in Case Comments any changes which have occurred since the form was completed.

DISCUSSION

The initial denial of the Appellant's application for Medicaid was reversed and remanded by the Board of Review so that the Respondent could verify the AG's income and conduct a new evaluation of the AG's Medicaid eligibility. Subsequently, the Respondent denied the AG's Medicaid eligibility because the Appellant did not submit the requested information by the due date. The Appellant contested the denial and argued that he submitted the requested information within thirty days of the due date.

According to the policy, when an applicant AG fails to provide requested information within the specified time limit on the verification checklist and the application is denied, the AG must be given an opportunity to have its eligibility established for up to 60 days from the date of application without completing a new form. Pursuant to the evidence, the Appellant supplied paystubs for [redacted] and a self-employment income statement within five days of the listed due date. As the Respondent's initial error prevented verification of the AG's income within 60 days of the application date, it is reasonable that he should have been permitted to establish eligibility within sixty days of the remand date.

During the hearing, the Respondent's representative testified that the Respondent did not review the Appellant's Medicaid eligibility after his submission of the requested verification. The Respondent's representative testified that the Respondent should have evaluated his eligibility based on the submitted verification because it was submitted within thirty days. During the hearing, the Respondent's representative testified that she would be happy to re-evaluate the Appellant's eligibility based on the information provided.

According to the policy, if the client brings in verifications before the 60-day period has expired, the Worker determines the AG's eligibility based on the original application, noting in Case Comments any changes which have occurred since form was completed. The application was not submitted for evidentiary review during the hearing. As the preponderance of evidence did not prove that the Respondent followed the policy after the Appellant's income verifications were submitted, the matter must be remanded. The Appellant reserves the right to protest anew any subsequent eligibility decision by the Respondent.

CONCLUSIONS OF LAW

1) Whan an applicant AG fails to provide requested verification within the specified time limit on the verification checklist and the application is denied, the AG must be given an opportunity to have its eligibility established for up to 60 days from the date of application without completing a new form.

2) The preponderance of evidence revealed that the Appellant submitted the requested information five days after the due date indicated on the verification checklist.

3) As the Appellant's AG was not given the opportunity to have its eligibility established based on the submitted information, the matter must be remanded for an evaluation of the AG's

eligibility with consideration of the submitted income verification and information supplied on the application.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's decision to deny the Appellant's AG Medicaid eligibility. The matter is **REMANDED** for a new determination of the AG's Medicaid eligibility based on the submitted income verification and information supplied on the application.

ENTERED this 5th day of May 2026.

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Tara B. Thompson, MLS
Certified State Hearing Officer