



August 20, 2026

[REDACTED]

RE: [REDACTED] v. WVDohS-BFA
ACTION NO.: 26-BOR-2388

Dear Ms. [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,

Eric L. Phillips
State Hearing Officer
Member, State Board of Review

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

cc: Pamela Weaver, BFA

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

[REDACTED]

Appellant,

v.

Action Number: 26-BOR-2388

**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 August 13, 2026, on an appeal filed with the Board of Review on July 28, 2026.

The matter before the Hearing Officer arises from the April 13, 2026, decision by the Respondent to terminate the Appellant's financial eligibility for the Home Community Based Waiver Medicaid program.

At the hearing, the Respondent appeared by Pamela Weaver, Economic Service Worker-Long-Term Care Unit. Appearing as a witness for the Respondent was Alicia Lyons, Long-Term Care Supervisor. The Appellant was represented by her conservator, [REDACTED]. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Case Comments February 2024-March 2024 and March 2026 to Present
- D-2 Verification Checklist March 12, 2024
- D-3 Bank Statement dated November 2023
- D-4 Inventory of Conservator-Illegible
- D-5 Notice of Approval dated January 4, 2026
- D-6 Asset List
- D-7a Verification Checklist dated March 19, 2026
- D-7b Written Statement dated March 30, 2026
- D-7c Verification Checklist dated March 31, 2026

- D-8 Notice of Decision dated April 13, 2026
D-9 Notice of Case Closure-Central West Virginia Aging Services dated June 16, 2026
D-10 West Virginia Income Maintenance Manual Chapter 7.2.3

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 Home Community Based Waiver Medicaid benefits.
- 2) On February 28, 2024, the Respondent discovered that the Appellant's original conservator had passed away and a new conservator, [REDACTED] was appointed.
- 3) On January 4, 2026, the Appellant's benefits were auto renewed and approved. (Exhibit D-5)
- 4) In March 2026, the Respondent completed case maintenance on the Appellant's Medicaid requesting verification of the liquid assets.
- 5) On March 19, 2026, the Respondent issued a Verification Checklist (Exhibit D-7a) requesting the Appellant provide her most recent bank statement beginning March 1, 2026. The requested information was due to the Respondent by March 29, 2026.
- 6) On March 30, 2026, the Appellant's representative provided a written statement documenting a \$6,000.00 withdrawal from the Appellant's checking account. (Exhibit D-7b)
- 7) On March 31, 2026, the Respondent issued an additional Verification Checklist (Exhibit D-7c) requesting the Appellant provide her bank statements from January 2026 through March 2026. The requested information was due to the Respondent by April 9, 2026.
- 8) The Appellant's representative failed to provide the bank statements.
- 9) On April 13, 2026, the Respondent issued a Notice of Decision (Exhibit D-8) informing the Appellant that her Medicaid benefits would be terminated effective April 30, 2026, because she failed to provide requested information.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 24.31 documents:

The determination of countable asset sources is the same as for Supplemental Security Income (SSI)-Related Medicaid. See Chapter 5. The SSI-Related Medicaid asset limit for one person is used. Assets are not deemed for clients of waiver services. SSI and Deemed SSI Medicaid coverage groups have no additional asset test at application for waiver services however must be evaluated for transfer resources, trust, and annuities. For transfers of resources and spousal assessment of assets, see Section 24.8, both apply to Aged and Disabled (ADW), Intellectual and Developmental Disabilities (I/DD), Children with Serious Emotional Disorder (CSED), and Traumatic Brain Injury (TBI) waiver services.

West Virginia Income Maintenance Manual Chapter 5.5.4 documents:

Savings accounts, Christmas Clubs, Checking Accounts and Certificates of Deposits are considered assets for SSI Related Medicaid Coverage Groups.

West Virginia Income Maintenance Manual Chapter 7.2.3 documents:

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

No case may be determined ineligible when a person outside the AG or income group (IG) fails to cooperate with verification. The following individuals are not considered part of the AG or IG but must provide verification:

- Ineligible student (SNAP – verification only required for student status)
- Non-qualified non-citizens (all programs)

DISCUSSION

On July 28, 2026, the Appellant, through her representative, requested this appeal contesting the termination of her financial eligibility for Home Community Based Waiver Medicaid benefits. The Respondent must prove by a preponderance of the evidence that it was correct in its decision to deny the Appellant's eligibility due to her failure to provide verification of her assets.

In January 2026, an auto renewal of the Appellant's Home Community Based Waiver Medicaid benefits was completed. In March 2026, the Respondent completed case maintenance on the benefits and addressed a change in the Appellant's conservator of finances. During the Appellant's prior recertification period, the Appellant's previous conservator passed away resulting in the appointment of a new conservator, [REDACTED]. Based on the change of circumstances, the Respondent requested verification of liquid assets as of March 1, 2026. Ms. [REDACTED] provided incomplete financial information including a bank receipt with a handwritten note denoting a \$6000.00 withdrawal from the account, with a ledger of the Appellant's expenses from December 2025 through February 2026. This information prompted the Respondent to request additional information concerning the Appellant's liquid assets consisting of bank statements from January 2026 through March 2026. The Respondent requested the information be provided by April 9, 2026. The Appellant's conservator failed to provide the information prior to the due date, resulting in a termination of Medicaid benefits effective May 1, 2026.

[REDACTED], the Appellant's conservator purported a change in the Appellant's bank account indicating that she and the Appellant now share an account. Ms. [REDACTED] indicated that the Appellant's income is deposited into this account and this is her only asset. Ms. [REDACTED] testified that she has attempted to obtain paper statements from the financial institution for the time period requested but has been unsuccessful. Ms. [REDACTED] has obtained bank statements from May 2026 through July 2026, and the Respondent indicated that those statements would be appropriate for a new application since the Appellant's Medicaid benefits have been terminated for a three-month period.

Policy requires the verification of bank accounts at redetermination of Medicaid benefits. The primary responsibility for providing verification rests with the client. Failure to provide the necessary verifications may result in the determination of ineligibility for Medicaid programs. The Appellant's change in conservatorship and accessibility to assets prompted the Respondent's request for additional verification of the liquid asset. The Respondent provided proper notification and allowed the Appellant an appropriate timeframe for submission of the additional information. Because the Appellant failed to provide the information concerning her liquid assets, the

Respondent was correct in its decision to terminate the Appellant's eligibility for Medicaid benefits.

CONCLUSIONS OF LAW

- 1) For Medicaid purposes, the verification of bank accounts and other liquid assets are required at application and redetermination.
- 2) The Appellant's redetermination of Medicaid benefits and a change in liquid assets required verification of assets.
- 3) Policy mandates that the primary responsibility of providing verifications rests with the client. Failure to provide necessary information may result in a determination of ineligibility for programs.
- 4) Because the Appellant failed to provide complete verification of her liquid assets, the Respondent's decision to terminate Medicaid benefits is affirmed.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to terminate Medicaid benefits.

ENTERED this ____ day of August 2026.

Eric L. Phillips
State Hearing Officer