



August 25, 2026

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 26-BOR-2307

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 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,

Lori Woodward, J.D.
Certified State Hearing Officer
Member, State Board of Review

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

cc: Cynthia Brown, WV DoHS/BFA

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

[REDACTED]

Appellant,

v.

Action Number: 26-BOR-2307

**WV 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 12, 2026.

The matter before the Hearing Officer arises from the March 11 and April 22, 2026 decisions by the Respondent to deny the Appellant's application for Long-Term Care (LTC) benefits.

At the hearing, the Respondent appeared by Cynthia Brown, Economic Service Worker, LTC unit. Appearing as a witness for the Respondent was Alicia Lyons, Economic Service Supervisor, LTC unit. The Appellant was not present but was represented by counsel, [REDACTED]. The witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Case Overview
- D-2 West Virginia Department of Health and Human Services Application for Long Term Care Medicaid and Children with Disabilities Community Service Program, signed and dated by [REDACTED] on February 1, 2026
- D-3 Verification Checklist (DFA-6), dated February 26, 2026
- D-4 Screen print of case comments from September 23, 2024 to March 10, 2026, from PATH IE Production
- D-5 Notice of denial, dated March 11, 2026
- D-6 Screen print of case comments from March 23 to June 7, 2026, from PATH IE Production

- D-7 Screen print of email exchanges between Tracey A. Grassi and [REDACTED] from April 3, April 6, and June 2, 2026
- D-8 Notice of denial, dated April 22, 2026
- D-9 Screen print of email exchanges between Cynthia Brown and [REDACTED] from June 23, 2026; Copy of [REDACTED] Group Life Insurance Certificate and application
- D-10 Screen print of email exchanges between Cynthia Brown and [REDACTED] from June 22 and July 7, 2026 and between Cynthia Brown and [REDACTED] from July 8 and 9, 2026 (Odd pages only)
- D-11 Summary
- D-12 WV Income Maintenance Manual (IMM), Chapter 1, §1.2.10.B
- D-13 Screen print Case Summary from [REDACTED], household address, auth. rep/payee address

Appellant's Exhibits:

- A-1 Fair Hearing Request and Memo – April 22, 2026 denial notice; memo re request for hearing;
- A-2 Request for Information – February 26, 2026 Verification checklist (DFA-6); Letter from Veterans Affairs regarding VA survivors benefits; [REDACTED] Federal Credit Union account statements for December 2025, January 2026, February 2026, March 2026; processed checks #134, #138 – 140, #143, #145; [REDACTED] February and March 2026 receipts; undated signed statement from [REDACTED] copy of [REDACTED] life insurance policy, issuance date January 20, 2026; Preneed Funeral Contract & Trust Agreement [REDACTED] contract date January 12, 2026; processed check #145
- A-3 Email Correspondence between Traci Grassi and [REDACTED] from April 3, April 6, June 2, July 8, 2026; email correspondence between Cynthia Brown and [REDACTED] from June 23, July 9, 2026, ; email correspondence between Cynthia Brown and [REDACTED] from June 22, July 7, July 8, 2026; email correspondence between [REDACTED] and [REDACTED] from July 7, 2026; email from [REDACTED] to DoHSBFAV28@wv.gov dated April 6, 2026; email from [REDACTED] to [REDACTED] from March 27, 2026.

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 has been a resident at [REDACTED] a complete nursing facility, since October 2025.
- 2) On February 25, 2026, an application for Long-Term Care (LTC) was submitted on behalf of the Appellant by her attorney and authorized representative, [REDACTED] (Exhibit D-2)

- 3) [REDACTED] indicated that by signing the application he certified that the information contained therein was true and correct. (Exhibit D-2)
- 4) The February 2026 application under the asset question indicated that the Appellant did not have any life insurance policies. (Exhibit D-2)
- 5) The February 2026 application requested a 3-month backdate. (Exhibit D-2)
- 6) On February 26, 2026, the Respondent's worker, Tracey Grassi (Worker Grassi), issued to the Appellant's daughter, [REDACTED] who also has power of attorney, a Request for Verification (DFA-6) for: Checking Account, Other Pension/Retirement/ Proof of unearned income gross payment amount, proof of intent to return to the homestead property, Savings Account, and verification of medical need for nursing home care, with a due date of March 7, 2026. The DFA-6 included the physical address, the mailing address, fax number, and email address for submission of the requested verifications. (Exhibit D-3)
- 7) On March 11, 2026, Worker Grassi issued [REDACTED] a denial of the February 2026 application based on the Appellant's failure to return all requested information. (Exhibit D-5)
- 8) On March 23, 2026, Worker Grassi spoke with [REDACTED] regarding the denial of the February 2026 application. (Exhibit D-6)
- 9) On April 3, 2026, [REDACTED] emailed Worker Grassi the requested documents. (Exhibit D-7)
- 10) On April 6, 2026, Worker Grassi replied to [REDACTED] April 3, 2026 email, explaining that those documents needed to be sent to a different email address (as noted on the DFA-6), which was then forwarded to the correct email account by Worker Grassi.
- 11) Prior to forwarding the documents, Worker Grassi reviewed them and noted a cancelled check to "[REDACTED]" which prompted her to inform [REDACTED] in the April 6, 2026 email, that he may want to provide a copy of the [REDACTED] policy. (Exhibits D-7 and A-3)
- 12) On April 22, 2026, the Respondent's Worker, Cynthia Brown (Worker Brown) issued to [REDACTED] a notice of denial of Medicaid and/or WVCHIP application beginning December 2025. The reason for the denial was cited as being over the allowable asset limit for LTC eligibility at \$33,838.33. (Exhibit D-8)
- 13) On June 23, 2026, [REDACTED] emailed a copy of the [REDACTED] life insurance policy to the Respondent. (Exhibit D-9)
- 14) [REDACTED] asserted he was unaware of the need for [REDACTED] policy verification.

- 15) [REDACTED] asserted the February 26, 2026 Verification Checklist was postmarked March 11, 2026.
- 16) The Appellant applied for the [REDACTED] life insurance policy on December 31, 2025, which was subsequently accepted with a date of issue of January 20, 2026, prior to the Appellant's February 25, 2026 application. (Exhibits D-9 and A-2)
- 17) The Appellant failed to notify the Respondent of the error that was made in the February 2026 application.
- 18) [REDACTED] asserted that because the cancelled check to [REDACTED] was included in the documents submitted on April 6, 2026, the Respondent's worker should have been on notice and was required to issue a DFA-6 for the policy.
- 19) [REDACTED] asserted that the Respondent's worker should have considered the [REDACTED] cancelled check for the life insurance policy purchase in determining the denial of the Appellant's February 2026 application.
- 20) The use of the Appellant's other timely submitted verifications in calculating assets for eligibility determination were not in dispute.

APPLICABLE POLICY

WV IMM, Chapter 1, §1.2.4 Client Responsibility: The client's responsibility is to provide complete and accurate information about his circumstances so that the Worker is able to make a correct determination about his eligibility.

WV IMM, Chapter 1, §1.2.8 Completion of the Application Process: The application process is completed when the following have occurred:

- 1) The Worker has:
 - Approved the application when all eligibility requirements are met; or
 - **Denied the application when at least one eligibility requirement is not met, or the client has failed to establish eligibility.** [Emphasis added]

- 2) The client is notified of the action taken.

The client receives his initial benefit, if eligible.

WV IMM, Chapter 1, §1.2.10.B WV WORKS and Medicaid:

If an applicant AG fails to provide the verifications requested on the DFA-6 or 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. If the application is approved, WV WORKS benefits are not retroactive to the date of application because the approval delay was the fault of the client. Benefits are issued from the date the client provides the verification. The Worker provides benefits using information reported during the original application and any other pertinent information provided prior to approval when the following conditions are met:

- The reapplication occurs no later than the end of the second month following the month of the most recent AG closure;
- The AG was closed for reasons other than failure to complete a redetermination, and a redetermination was not due the effective month of closure;
- The AG, Needs Group, Income Group composition, income, and other eligibility factors have not changed significantly;
- The category of relatedness has not changed (not applicable for WV WORKS);
- The information provided by the client is not questionable; and,
- The latest application form contains the appropriate signatures.

WV IMM, Chapter 1, §1.3.1.A.3 Related Forms, in part:

➤ Request for Information and/or Verification Checklist DFA-6

When the Worker does not have sufficient information to make a decision, it is necessary to complete form DFA-6 or verification checklist to inform the applicant of the additional information needed. All requests for verification must be made using the DFA-6 form and/or verification checklist. The Worker must clearly state on the form what items must be returned by the applicant, as well as the date by which the information must be returned. The applicant's failure to return information or the return of incomplete or incorrect information that prevents a decision from being made on the application will be considered failure to provide verification and will result in a denial of the application.

WV IMM, Chapter 1, §1.6.4 Due Date Of Additional Information:

When the client visits the office and an interview is conducted, the Worker and client decide on a reasonable time for the client to return the information. When the client mails the application or completes the application in WV PATH or the Marketplace, the Worker then uses the verification checklist or form DFA-6 to inform the client of additional information needed. The client must be given at least 10 days after the date the verification checklist or DFA-6 is mailed to return the information.

WV IMM, Chapter 7, §7.2.3 Client Responsibilities, in part:

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.

WV IMM, Chapter 7, §7.2.4 Worker Responsibilities, in part:

The Worker has the following responsibilities in the verification process:

- At application, redetermination, and anytime a DFA-6 is used, the Worker must list all required verification known at the time. The Worker should only request additional verification if information provided is incomplete or additional information is necessary to determine eligibility.

WV IMM, Chapter 9, §9.2.1 DFA-6, Notice Of Information Needed, in part:

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.

WV IMM, Chapter 9, §9.2.1.C Medicaid and WVCHIP: The date entered in the DFA-6 must be at least 10 days from the date of issuance or a time agreed upon with the applicant. See Due Date of Additional Information in Section 1.6.4.

WV IMM, Chapter 24, §24.4.1.C.6 Agency Time Limits: The Worker must give the applicant at least 10 days for any requested information to be returned. The Worker must take eligibility system action to approve, deny, or withdraw the application within 30 days of the date of application.

WV IMM, Chapter 24, §24.4.1.C.10 Beginning Date of Eligibility, in part:

➤ Medicaid Eligibility

Medicaid eligibility begins on the first day of the month in which eligibility is established. Eligibility may be backdated up to three months prior to the month of application, when all eligibility requirements were met, and the client has medical expenses for which he seeks payment.

DISCUSSION

On February 25, 2026, the Respondent received the Appellant's application for Long-Term Care Medicaid. The application was submitted by the Appellant's authorized representative and attorney, [REDACTED]. On February 26, 2026, the Respondent's worker, Traci Grassi, issued a Verification Checklist (DFA-6) requesting the following verifications: Checking Account, Other

Pension/Retirement/ Proof of unearned income gross payment amount, proof of intent to return to the homestead property, Savings Account, and verification of medical need for nursing home care, with a due date of March 7, 2026. The DFA-6 included the physical address, the mailing address, fax number, and email address for submission of the requested verifications.

Because Worker Grassi did not receive the requested verifications, on March 11, 2026, a denial notice was issued. On March 23, 2026, Worker Grassi spoke with [REDACTED] regarding the denial and informed her that she had a 60-day window from the date of the application to submit the requested verifications. On April 6, 2026, Worker Grassi emailed [REDACTED] notifying him that the verifications were sent to the incorrect email account, but that she would forward those documents to the correct account. Additionally, Worker Grassi noticed a submitted December 30, 2025 cancelled check to [REDACTED] Life with a notation in the memo "Life Policy" which was included in the verifications. This prompted Worker Grassi to notify [REDACTED] in the April 6, 2026 email that he may want to submit a copy of the policy.

The Respondent's worker, Cynthia Brown, processed the received verifications. Worker Brown added the submitted verifications and issued another denial letter regarding the February 2026 application on April 22, 2026. The Respondent's denial was based on its finding that the Appellant was over the allowable asset limit for program eligibility with countable assets totaling \$33,838.33.

The Appellant appeals the Respondent's decision asserting that the Appellant "diligently complied with the Department's requests, and the denial appears to have resulted from deficiencies in notice and communication rather than any failure to cooperate." The Respondent must show by a preponderance of evidence that it correctly denied the Appellant's February 25, 2026 LTC Medicaid application.

[REDACTED] stated that the basis for the appeal is that the original Request for Information (verification request) was not received until after the stated response deadline had already expired, depriving the applicant of a reasonable opportunity to comply. (See Exhibit A-1) The testimony and documentary evidence showed that the Appellant was given 60 days from the date of the application to provide any verifications or documents for consideration. The Appellant was given a reasonable opportunity to comply with the verification request and to submit any additional documents regarding the February 25, 2026 application.

Although the original worker, Ms. Grassi, did not appear for the hearing, the documentary evidence showed that the verification request (DFA-6), was mailed to [REDACTED] the Appellant's daughter and listed Power of Attorney, on February 26, 2026. [REDACTED] testified that the DFA-6 was postmarked March 11, 2026; however, no documentary evidence was presented to corroborate his assertion.

Policy instructs that the DFA-6 must allow for at least 10 days for the production of the requested verification. The due date noted on the DFA-6 fell short of that 10-day timeframe. However, Worker Grassi did not issue a denial notice until March 11, 2026, allowing over the 10-day timeframe. Moreover, per policy, an applicant has up to 60 days to provide additional information for eligibility consideration without requiring the submission of a new application even though the case is considered closed due to the denial. The incorrect due date noted on the DFA-6 did not

affect the right of the Appellant to submit the requested verifications or any other documentation for eligibility consideration. The requested verifications were received by the Respondent on April 6, 2026. Included in the submitted documentation, was a copy of the cancelled check to [REDACTED] Life dated December 30, 2025, with a notation in the memo section "Life Policy". This prompted Worker Grassi to notify [REDACTED] in an email on April 6, 2026, that he may want to provide a copy of the [REDACTED] policy. During the hearing, [REDACTED] did not deny this fact and the email exchange was a part of the Appellant's exhibits (see Exhibit A-3).

[REDACTED] asserted that "The policy [REDACTED] life insurance policy] was not identified as a required verification in the written Request for Information received by our office." However, the February 2026 application indicated "no" under question #2 Assets of Household Members, Life Insurance. Because the February 2026 application failed to indicate that there was a life insurance policy, the verification request would not have indicated the need to submit life insurance policy for eligibility consideration.

[REDACTED] also asserted that because the April 3, 2026 packet of verification documents included a cancelled check to [REDACTED] Life, it should have put the Respondent on notice and therefore there was a duty to issue a formal request for verification. [REDACTED] contends that he was not made aware that he needed to submit the life insurance policy until June 23, 2026. Worker Brown testified that although additional information is allowed to be submitted for eligibility consideration within a 60-day timeframe from the date of application, once the case is denied, the burden is on the applicant to provide any and all documents to be considered for eligibility. It is also noted that neither [REDACTED] nor [REDACTED] disclosed that the Appellant had a life insurance policy which was omitted on the February 2026 application. [REDACTED] was made aware that he may want to submit the [REDACTED] policy in Worker Grassi's April 6, 2026 email to him. [REDACTED] had until April 26, 2026, to submit the policy; he did not. Policy requires the issuance of a DFA-6 for information needed for eligibility determination. The Appellant's eligibility had already been determined on March 11, 2026, when no requested verifications were submitted. Thus, policy does not require a DFA-6 to be issued once eligibility has been determined but may be used by the worker.

The Appellant was not prejudiced in the date error contained within the DFA-6 because the denial was not entered until March 11, 2026, and she was given an additional 60 days from the date of the application to submit verifications. Worker Brown entered the submitted verifications into the Respondent's computer system. On April 22, 2026, Worker Brown issued a denial notice finding that the Appellant was over the asset limit for program eligibility. The NSS policy was not submitted to the Respondent until June 23, 2026. The 60-day time allowance expired on April 26, 2026. (It is noted that during the hearing, the issue of other assets other than the purchase of the NSS life insurance policy in the amount of \$13,000, was not disputed.)

[REDACTED] also asserted that he was not made aware of the April 22, 2026 denial notice. However, Worker Brown testified that all notices are sent to the nursing facility, the listed Attorney-in-Fact, and authorized representative. These notices are system-generated by the Respondent's computer system. It is implausible that three notices would not be mailed or received by the addressees.

April 26, 2026, was the last day of the 60-day timeframe allowed by policy to submit information pertaining to the February 26, 2026 application. The February 26, 2026 application failed to disclose that there was a life insurance policy -- it was specifically marked as "no" under the asset section of the application. Policy states that it is the client's responsibility to provide complete and accurate information about his circumstances so that the worker is able to make a correct determination about his eligibility. There was no attempt by the Appellant to affirmatively correct that error or bring it to the attention of the Respondents workers prior to the April 22, 2026 denial. The Appellant had 60 days to present the requested verifications or other documents for consideration prior to the April 26, 2026 deadline.

Although the Respondent incorrectly dated the due date on the February 26, 2026 DFA-6, the error did not prejudice the Appellant as the Appellant's LTC application was not denied until March 11, 2026, after the 10-day policy-required period nor did it preclude her from submitting the requested verifications for 60 days after the date of application. After reviewing and evaluating the evidence presented, the Respondent is found to have shown by a preponderance of evidence that it correctly followed the policy in denying the Appellant's February 25, 2026 LTC Medicaid application.

CONCLUSIONS OF LAW

- 1) Policy states that it is the client's responsibility to provide complete and accurate information about his circumstances so that the worker is able to make a correct determination about his eligibility.
- 2) Policy states that a worker has the responsibility in the verification process at application, redetermination, and anytime a DFA-6 is used, to list all required verification known at the time.
- 3) The Appellant failed to accurately state that there was a life insurance policy on her February 25, 2026 LTC application or to affirmatively correct the error.
- 4) Because the Appellant failed to disclose the life insurance policy on her February 25, 2026 LTC application, the worker did not err by not requesting the verification of the policy on the February 26, 2026 DFA-6.
- 5) Policy requires that when a DFA-6 is issued, the due date must be at least 10-days from the date of the notice.
- 6) The evidence showed that although the February 26, 2026 DFA-6 incorrectly stated the due date of the verifications was March 7, 2026, less than the 10-day due date required by policy, the application denial for failing to return the requested verifications was not issued until March 11, 2026, which allowed the Appellant over 10 days to return the requested verifications.
- 7) Because the policy allows up to 60 days from the date of application to submit requested verifications or other documents for eligibility consideration without the need to file a

new application, the Appellant was not prejudiced by the incorrect due date on the February 26, 2026 DFA-6 and had ample opportunity for the submission of additional documentation for consideration.

- 8) Policy states a DFA-6 may be used during any phase of the eligibility determination process verification. However, once the eligibility determination is made, there is no requirement that a new DFA-6 be issued.
- 9) On March 11, 2026, a determination of the Appellant's February 25, 2026 LTC application was issued.
- 10) The Respondent's worker was not required by policy to issue a subsequent DFA-6 after the March 11, 2026 denial.
- 11) [REDACTED] was notified via an April 6, 2026 email from Worker Grassi that he may want to submit the Appellant's life insurance policy for consideration, which he failed to do until June 23, 2026.
- 12) The Respondent processed the April 3, 2026 submitted verifications and issued a denial letter on April 22, 2026.
- 13) The Respondent's March 11 and April 22, 2026 denials of the Appellant's February 25, 2026 LTC Medicaid application is affirmed.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to deny the Appellant's February 25, 2026 LTC Medicaid application.

ENTERED this 25th day of August 2026.

Lori Woodward, Certified State Hearing Officer