WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 26-BOR-2566**

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 September 16, 2026, on an appeal filed with the Board of Review on August 24, 2026.

The matter before the Hearing Officer arises from the Respondent's delay in processing the Appellant's Medicaid Work Incentive application.

At the hearing, the Respondent appeared by Leslie Gilbert, [redacted] County DoHS. Appearing as a witness for the Respondent was Barbara Price, [redacted] County DoHS. The Appellant was self-represented. All witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:

D-1 Hearing Request Notification Form
D-2 Medicaid Application received May 8, 2026
D-3 Notice of Medicaid Termination dated March 12, 2026
D-4 Verification Checklist dated July 28, 2026
D-5 Notice of Medicaid Approval dated August 25, 2026
D-6 Email Correspondence with Medical Review Team
D-7 Medical Review Team Decision dated August 24, 2026

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 had been receiving Medicaid Work Incentive (MWIN) benefits.

2) The Appellant did not pay the MWIN premium for February 2026.

3) On March 12, 2026, the Respondent sent a notice to the Appellant advising that MWIN benefits would close after March 31, 2026, for failure to pay the MWIN premium (Exhibit D-3).

4) The Appellant contacted the Respondent's Constituent Services on April 13, 2026, regarding the MWIN closure.

5) Constituent Services advised the Appellant to contact the Respondent to arrange payment of the premium and reinstatement of MWIN.

6) On May 8, 2026, the Appellant reapplied for MWIN benefits.

7) The Respondent processed the Appellant's application on July 26, 2026, and requested verification of the Appellant's income and assets (Exhibit D-4).

8) On July 27, 2026, the Appellant visited the Fayette County DoHS at which time the Social Summary was completed for the referral to the Medical Review Team (MRT).

9) The Appellant did not have the requested income or asset verification during the July 27 office visit.

10) On July 29, 2026, the Appellant contacted the Respondent about the status of her MWIN application and was advised that her medical records had not been received yet to submit the referral to MRT.

11) The Respondent contacted the Appellant on July 30, 2026, to advise that the submitted paystubs were illegible and requested clearer copies.

12) The Appellant provided the requested paystubs to the Respondent on July 31, 2026, and signed medical release forms to obtain her records.

13) Medical records for the Appellant were received by the Respondent on August 4, 2026.

14) The Respondent sent the medical records to MRT on August 13, 2026, for a disability determination (Exhibit D-6).

15) The Respondent received a disability determination from MRT for the Appellant on August 24, 2026, and contacted the Appellant to notify her of the MRT decision and approval of MWIN would be dependent upon payment of the enrollment fee (Exhibit D-7).

16) The enrollment fee was received on August 31, 2026, and MWIN benefits were approved effective September 1, 2026.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 26 explains eligibility for MWIN:

26.2.3 Disability
The applicant must be disabled as defined by the Social Security Administration (SSA). The SSA or the State Medical Review Team (MRT) may determine the disability. Disability, for this coverage group, is defined as a medically determined physical or mental condition that has lasted, or is expected to last, a year or more, or is expected to result in death.

26.2.5 Enrollment Fee and Premium Payment
Each eligible applicant must pay a $50 enrollment fee. Once the assistance group (AG) is approved, an ongoing monthly premium payment will be required. Upon payment of the enrollment fee, the first month's premium is waived. In the following months, the client must make the premium payment by the premium due date for continued enrollment. Except in the case of agency error, the enrollment fee must be paid each time the client loses coverage under this program for any reason. This includes, but is not limited to, non-payment of the monthly premium, failure to complete a redetermination of eligibility, or voluntary disenrollment. When an enrollment fee payment is returned for insufficient funds, this is considered as non-payment.

26.2.5.A Enrollment Fee Notification
After eligibility is established, the applicant is notified that he meets all program requirements, except payment of the enrollment fee. The notice includes the following information:

- The amount of the enrollment fee
- The requirement that the enrollment fee must be received within 60 days of the date of the notice or the application will be denied
- The amount of the ongoing monthly premium
- Instructions to mail a check or money order for the enrollment fee made payable to the State of West Virginia with the enclosed enrollment fee payment stub to: West Virginia Department of Human Services (DOHS) P. O. Box 40288 Charleston, WV 25364
- The Worker's name
- Notice that the first month of coverage will be the month following the month the enrollment fee is received

- The applicant's personal identification number (PIN). This appears on the enrollment fee payment stub, which is attached to the applicant's method of payment and returned to the DOHS address above for proper payment credit.

The contract agency is notified the same day it is issued to the applicant. See Appendix B of this chapter for the contact information of the contract agency.

26.2.5.A.2 Payment

It is the responsibility of the contract agency to notify the Department when the enrollment fee is paid, not paid, or returned for insufficient funds. If the Department does not receive notice of the enrollment fee payment within 60 days of the date of the eligibility notice, the AG is automatically denied, and the appropriate notice is generated by the system. If the Department receives notice of the enrollment fee payment within 60 days of the date of the eligibility notice, the AG is automatically approved, and the appropriate notice is generated by the system. The contract agency does not accept advance payments for anticipated enrollment fees. The contract agency must return any advance payments received to the applicant.

26.3.2 Date of Application

The date of application is the date the applicant submits an application—in person, by fax or other electronic transmission, or by mail—that contains, at a minimum, his name, address, and signature. When the application is submitted by mail or fax, the date of application is the date that the form with the name, address, and signature is received in the local office.

26.3.5.A Application Processing Limits

The Worker must process an M-WIN applicant's Medicaid application as soon as possible rather than within the maximum allowable time because the benefit is delayed until the month after the enrollment fee is received. Agency time limits for this AG differ depending on how the disability was determined: by the Social Security Administration (SSA) prior to application or by the Medicaid Review Team (MRT).

Required Action	Disability Established by SSA	Disability Established by MRT
When the client meets all requirements except payment of the enrollment fee, the Worker must process the application in the eligibility system:	Within 30 days of the date of application	**Within 90 days of the date of application**
When the client withdraws or is denied for a reason other than non-payment of the enrollment fee, the Worker must take eligibility system action:	Within 30 days of the date of application	Within 90 days of the date of application
The Worker must deny the application if the applicant failed to submit the enrollment fee:	Within 60 days of the date of the initial eligibility and notification sent	Within 60 days of the date of the initial eligibility and notification sent
The Worker must approve the eligibility the day he is notified that the client has paid the enrollment fee, if the enrollment fee is paid:	Within 60 days	Within 60 days

26.3.5.B MRT Processing Time Limits

To ensure the 90-day limit is met for MRT cases, the following time limits apply to the MRT process:

Request medical records and reports	By the 7th calendar day after application
Follow-up request(s) for medical records or reports	By 30 days after initial request, and each 30 days thereafter
Submission to the MRT	By 7 days after initial request, and each 30 days thereafter
Receipt of file and logged in by the MRT	By 2 days after receipt by the MRT
Initial review by the MRT staff	By 7th day after receipt
Physician's initial review	By 14th day after receipt
Additional medical information requested, if required, by physician	By 7th day after initial physician review
Physician's final review	By 7th day after receipt of additional medical information
Final decision and completion of ES-RT-3	By 7th day after final physicians' review
File returned to county office	By 3rd day after final review decision
Notice to the client	By 7th day after receipt of final decision at county office.

26.3.6 Agency Delays

If the Department of Human Services (DOHS) failed to request necessary verification, the Worker must immediately send a verification checklist or form DFA-6 to the applicant and note that the application is pending. If the Department delayed requesting necessary verification or acting on the information already received, benefits are retroactive to the date eligibility would have been established had the DOHS acted in a timely manner. If an application has not been acted on within a reasonable period of time, unless the delay is due to factors beyond the control of the DOHS, the client is eligible to receive direct reimbursement for out-of-pocket medical expenses. See Section 10.6.6.

26.3.8 Beginning Date of Eligibility

The beginning date of eligibility is the first day of the month following the date the enrollment fee is received.

DISCUSSION

The MWIN program is available to eligible individuals who have been determined disabled by the Social Security Administration or the Medical Review Team. The effective date of MWIN is the first month after the enrollment fee has been paid.

The Appellant's MWIN benefits were terminated effective April 1, 2026, for nonpayment of the monthly premium. The Appellant reapplied for MWIN on May 8, 2026, and the application was

processed by the Respondent on July 26, 2026. After receiving the Appellant's medical records, a referral was submitted to MRT on August 13, 2026, to evaluate for disability. MRT determined the Appellant was disabled on August 24, 2026. MWIN benefits were opened effective September 1, 2026, upon receipt of the Appellant's enrollment fee.

The Appellant testified that she did not receive notice of the premium due which resulted in the termination of WMIN in March 2026. The Appellant contended she has placed numerous phone calls to the Respondent and has waited for months for the reinstatement of MWIN. The Appellant expressed dissatisfaction with the treatment of her case and the Respondent's delay in processing the May 2026 application.

Policy stipulates that when the applicant meets all requirements for MWIN, except payment of the enrollment fee, the Respondent must process the application in the eligibility system within 90 days of the date of the application. There is no dispute that the Respondent did not process the Appellant's MWIN application until July 26, 2026, over two months from the date of submission. However, the Respondent processed the application within the 90-day time frame established by policy.

Whereas the Respondent acted in accordance with policy by processing the Appellant's May 8, 2026, MWIN application within 90 days, the decision by the Respondent to reinstate MWIN benefits effective September 1, 2026, is hereby affirmed.

CONCLUSIONS OF LAW

1) The time limit to process a MWIN application is 90 days from the date of application.

2) The Appellant reapplied for MWIN on May 8, 2026.

3) The Respondent processed the Appellant's application on July 26, 2026.

4) MRT determined that the Appellant was disabled on August 24, 2026.

5) The effective date of MWIN is the first month after the enrollment fee is paid.

6) The Appellant paid the enrollment fee on August 31, 2026.

7) MWIN benefits were approved effective September 1, 2026.

8) The Respondent acted in accordance with the time frames set forth in policy.

DECISION

It is the decision of the State Hearing Officer to **uphold** the action of the Respondent to approve Medicaid Work Incentive benefits effective September 1, 2026.

ENTERED this 16th day of September 2026.

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Kristi Logan
Certified State Hearing Officer