STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH
Office of the Inspector General
Board of Review

Sherri A. Young, DO, MBA, FAAFP
Interim Cabinet Secretary

Ann Vincent-Urling
Interim Inspector General

March 6, 2024

[redacted]

RE: [redacted] v. WVDoHS
ACTION NO.: 24-BOR-1374

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,

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

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

cc: Jennifer Barker, WVDoHS

BEFORE THE OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted],

Appellant,

v. **Action Number: 24-BOR-1374**

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES
BUREAU OF 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 March 5, 2024.

The matter before the Hearing Officer arises from the October 19, 2023, and November 17, 2023, decisions by the Respondent to terminate Medicaid benefits.

At the hearing, the Respondent appeared by Jennifer Barker, Economic Services Supervisor, WVDoHS. Representing the Appellant was [redacted], the Appellant's husband. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Fair Hearing Request received by the Respondent on February 5, 2024
- D-2 Notices of Decision dated October 19, 2023, and November 17, 2023
- D-3 West Virginia Income Maintenance Manual Chapter 7.2.3
- D-4 Case Comments from Respondent's computer system
- D-5 Verification Checklist dated October 24, 2023
- D-6 Medicaid review form submitted to Respondent on September 22, 2023
- D-7 Letter and documentation from [redacted] received by Respondent on February 5, 2024

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's household's Adult and Child Medicaid benefits were due for redetermination by October 31, 2023 (Exhibit D-6).

2) The Appellant submitted a Medicaid review form to the Respondent on September 22, 2023 (Exhibit D-6).

3) The Respondent sent the Appellant a Verification Checklist on October 24, 2023, requesting documentation of household income by November 2, 2023 (Exhibit D-5).

4) The Appellant failed to provide the income verification and Medicaid benefits were terminated (Exhibit D-2).

5) The Appellant submitted documentation to the Respondent on February 5, 2024, requesting to reapply for Medicaid benefits; however, the income verification provided was insufficient to make an eligibility determination.

APPLICABLE POLICY

Code of Federal Regulations 42 CFR 435.916 states:

> (a) ***Renewal of individuals whose Medicaid eligibility is based on modified adjusted gross income methods (MAGI).***
>
> (1) Except as provided in paragraph (d) of this section, the eligibility of Medicaid beneficiaries whose financial eligibility is determined using MAGI-based income must be renewed once every 12 months, and no more frequently than once every 12 months.

West Virginia Income Maintenance Manual Chapter 1.2.2.B states that periodic reviews of total eligibility for recipients are mandated by federal law. These are redeterminations and take place at specific intervals, depending on the program or Medicaid coverage group. Failure by the client to complete a redetermination will result in termination of benefits. If the client completes the redetermination process by the specified program deadline(s) and remains eligible, benefits must be uninterrupted and received at approximately the same time. The redetermination process involves basically the same activities described in the application process. Eligibility system changes and client notification of any changes resulting from the redetermination conclude the process.

West Virginia Income Maintenance Manual Chapters 1.7.7.A and 1.8.6.A address redetermination procedures for Modified Adjusted Gross Income (MAGI) Adult and Child Medicaid benefits. MAGI cases are redetermined annually. The client must be given 30 days from the date of the letter to return requested information. The information may be submitted by mail, phone, electronically, via internet, or in person. Failure to respond and provide the necessary information will result in closure of the benefit. If the client responds and provides the information within 90 days of the effective date of closure, the agency will determine eligibility in a timely manner without requiring a new application. If the client is found eligible, the coverage must be backdated up to three months.

West Virginia Income Maintenance Manual Chapter 7.2.3 (Exhibit D-3) states that the primary responsibility for providing verification rests with the client… The client is expected to provide information to which he has access and 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.

DISCUSSION

Policy states that periodic reviews of total eligibility for Medicaid recipients are mandated by federal law. Failure to respond and provide the necessary information will result in closure of the benefit.

The Appellant testified that he did not receive his Medicaid denial/termination letters until about mid-December. He indicated that his address has not changed for 14 years; however, he periodically has problems with mail delivery. The Appellant stated that he would like to reapply for Medicaid benefits. The Respondent's witness addressed the type of income verification required to determine financial eligibility for Medicaid benefits.

As the Appellant did not provide the income verification requested on a Verification Checklist and the Respondent was unable to determine the household's financial eligibility for Medicaid benefits, the Respondent's decision to terminate Medicaid benefits is affirmed.

CONCLUSIONS OF LAW

1) The Appellant's household Medicaid benefits were due for redetermination by October 31, 2023.

2) The Respondent requested income verification to determine the household's financial eligibility for Medicaid.

3) The Appellant did not supply the requested income verification.

4) 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 action to terminate Adult and Child Medicaid benefits.

ENTERED this 6th day of March, 2024.

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Pamela L. Hinzman
State Hearing Officer