



June 6, 2024

[REDACTED]

RE: [REDACTED] v. WV DOHS
ACTION NO.: 24-BOR-2054

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 assure 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: Noelle Moore, WVDHHS/BFA

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

██████████,

Appellant,

v.

Action Number: 24-BOR-2054

**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 ██████████. 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 June 4, 2024.

The matter before the Hearing Officer arises from the April 5, 2024 decision by the Respondent to deny the Appellant's Medicare Premium Assistance (MPA) application.

At the hearing, the Respondent appeared by Noelle Moore, Family Support Specialist. The Appellant appeared *pro se*. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Completed Medicaid / WV CHIP review form, signed November 25, 2023
- D-3 ██████████ Bank Checking Account Statement (██████████) dated November 9, 2023
- D-4 Verification request (DFA-6) dated March 21, 2024
- D-5 ██████████ Bank Savings Account Statement (██████████) dated October 31, 2023
- D-6 ██████████ Bank Checking Account Statement (██████████) dated March 24, 2024
- D-7 Notice of Denial for Medicare Premium Assistance dated April 5, 2024
- D-8 Closure Notice for Qualified Individual I dated April 5, 2024
- D-9 Screen print from eRAPIDS case comments from April 8, 2023 to April 25, 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 was a recipient of Medicare Premium Assistance (MPA) benefits under the Qualified Individual (QI-1) category, in a single-person assistance group (AG).
- 2) On November 30, 2023, the Appellant submitted a renewal form for his MPA benefits. (Exhibit D-2)
- 3) The Respondent did not process the Appellant's application until March 21, 2024. (Exhibit D-1)
- 4) On March 21, 2024, the Respondent requested that the Appellant verify the gross monthly amount of his pension/retirement income and copies of current bank statements, all due back by March 31, 2024. (Exhibit D-4)
- 5) The Appellant provided a copy of one out of three listed bank accounts in response to the March 21, 2024 verification request. (Exhibits D-6, D-9)
- 6) The Appellant failed to provide a copy of his pension/retirement income. (Exhibits D-1, D-9)
- 7) On April 5, 2024, the Respondent sent notification (EDC1) to the Appellant that his QI-1 benefits would be terminated effective April 30, 2024. (Exhibit D-8)
- 8) On April 5, 2024, the Respondent sent notification to the Appellant that his application for MPA benefits had been denied due to his failure to return proof of his unearned income and proof of the value of his checking account. (Exhibit D-7)

APPLICABLE POLICY

Code of Federal Regulations, 42 CFR §435.125, explains individuals eligible as qualifying individuals:

- (a) **Basis**. This section implements sections 1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) of the Act.

(b) **Eligibility.** The agency must provide medical assistance to individuals who meet the eligibility requirements in [§435.123\(b\)](#), except that income is at least 120 percent, but is less than 135 percent of the Federal poverty level.

(c) **Scope.** Medical assistance included in [paragraph \(b\)](#) of this section includes the following:

(1) For individuals entitled to Medicare Part A as described in [paragraph \(b\)\(1\)](#) of this section, coverage for the Part B premium.

(2) For individuals enrolled under Medicare Part B for coverage of immunosuppressive drugs as described in [paragraph \(b\)\(1\)](#) of this section, only payment of the Part B premium related to enrollment in Medicare Part B for coverage of immunosuppressive drugs.

WV IMM, Chapter 7, §7.2.1, When Verification Is Required, in part: Verification of a client's statement is required when: • Policy requires routine verification of specific information.

WV IMM, Chapter 7, §7.3, Verification Requirements:

9. Bank Accounts, Certificates of Deposit (CDs), and Other Liquid Assets – applies to all programs and coverage groups subject to an asset test must be verified at application and redetermination; or when client reports an increase. Bank statements; the CD; stock market prices; whole life insurance policies; statement of stockbroker; Asset Verification System (AVS).

42. Unearned Income – verification of the source amount is required for all programs prior to approval; at redetermination; when a change in the source or amount is reported.

WV IMM, Chapter 7, §7.2.3, Client Responsibilities, in part: The primary responsibility for providing verification rests with the client

...

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

DISCUSSION

The Appellant received QI-1 benefits as a single-person assistance group (AG). The Appellant submitted his annual review form on November 30, 2023. The Respondent did not process his review until March 21, 2024, when it determined that the Appellant needed to submit verification of his current bank accounts and the gross amount of his retirement/pension income. These verifications were due by March 31, 2024.

On April 5, 2024, the Respondent determined that the Appellant only submitted one out of his three listed bank accounts and failed to submit verification of his retirement/pension income. The Respondent sent the Appellant notification that his QI-1 benefits were closing as of April 30, 2024 because he was being evaluated for another type of assistance. On the same date, notification of the denial of MPA benefits was sent to the Appellant indicating the reason as his failure to verify his checking account and unearned income.

Specifically, policy requires that at application and redeterminations bank accounts and unearned income must be verified prior to approval. Generally, the responsibility rests on the client to provide these. Because the Appellant had indicated he had retirement/pension income and three separate bank accounts, verification was requested to process the Appellant's QI-1 review. It is undisputed that these verifications were not returned.

The Appellant stated that he appealed the Respondent's decision because he needed the assistance. His testimony revealed that he was confused as to why his MPA benefits had stopped and thought it was due to being over the allowable assets for eligibility. Although the Respondent's representative, Noelle Moore, testified that attempts had been made to contact the Appellant prior to the April 5, 2024 closure/denial, his phone was out of service. The Appellant explained that he just recently got a new phone and provided his new number.

Because the Appellant failed to return the requested verifications, the Respondent's decision to close the Appellant's QI-1 benefits and deny the MPA application is affirmed.

CONCLUSIONS OF LAW

- 1) Policy requires verification of bank statements and income at all applications and redeterminations.
- 2) Because the Appellant reported on his QI-1 November 2023 review form that he receives retirement/pension income in addition to having three separate bank accounts, the Respondent correctly requested verification.
- 3) Because the Appellant did not return all of the requested verifications, the Respondent correctly denied MPA benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's April 5, 2024 decision to deny the Appellant's application for MPA. This decision does not preclude the Appellant from reapplying for benefits.

ENTERED this 6th day of June 2024.

Lori Woodward, Certified State Hearing Officer