



October 16, 2024

[REDACTED]

RE: [REDACTED] v. WVDoHS
ACTION NO.: 24-BOR-3130

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 people 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: Carol McCauley, WVDoHS

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

[REDACTED]

Appellant,

v.

Action Number: 24-BOR-3130

**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 West Virginia Office of Inspector General Common Chapters Manual. This fair hearing was convened on October 8, 2024.

The matter before the Hearing Officer arises from the April 30, 2024, decision by the Respondent to terminate Long-Term Care Medicaid benefits.

At the hearing, the Respondent appeared by Carol McCauley, Economic Service Worker, WVDoHS. The Appellant, who is now deceased, was represented by his daughter, [REDACTED]. All witnesses were sworn, and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Income Maintenance Manual Chapter 5.4
- D-2 Bank statement from [REDACTED] (statement period February 8, 2024, through March 7, 2024)
- D-3 Bank statement from [REDACTED] dated June 18, 2024
- D-4 Burial contract with [REDACTED]
- D-5 Notice of Decision dated April 30, 2024
- D-6 Case Comments from Respondent's computer system
- D-7 Notice of Decision dated June 27, 2024
- D-8 Medicaid review form dated February 12, 2024
- D-9 Verification Checklist dated April 16, 2024
- D-10 Bank statement from [REDACTED] dated March 30, 2024

Appellant's Exhibits:

A-1 Electronic mail correspondence from February 2024 through September 2024

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 Long-Term Care Medicaid benefits.
- 2) The Appellant's Long-Term Care Medicaid case was due for redetermination by March 31, 2024 (Exhibit D-8).
- 3) The Respondent sent the Appellant a Medicaid redetermination form on February 12, 2024 (Exhibit D-8).
- 4) The redetermination form was submitted to the Respondent on March 1, 2024, and again on March 4, 2024 (Exhibits D-6 and D-8).
- 5) The Respondent issued a verification checklist to [REDACTED] the Appellant's daughter/representative, on April 16, 2024, requesting bank statements from [REDACTED], as well as the gross amount of the Appellant's Veterans Administration pension (Exhibit D-9).
- 6) The due date for the requested information was April 26, 2024 (Exhibit D-9).
- 7) The requested information was not submitted by April 26, 2024 (Exhibit D-6).
- 8) The Respondent sent the Appellant a Notice of Decision on April 30, 2024, indicating that Long-Term Care Medicaid benefits were terminated because the requested verification was not submitted. In addition, the Notice erroneously stated that benefits were denied because the Appellant no longer resided in a nursing facility (Exhibit D-5).
- 9) The Appellant's Long-Term Care Medicaid benefits were terminated effective May 2024.
- 10) On June 25, 2024, a portion of the requested documentation was received by the Respondent, including verification of the Appellant's Veterans Administration income and the [REDACTED] statement. The requested [REDACTED] statement was not received, and the Respondent contacted [REDACTED] about the missing statement (Exhibits D-2 and D-6).

- 11) [REDACTED] provided the [REDACTED] statement on June 26, 2024 (Exhibit D-10).
- 12) The Respondent determined the countable value of the [REDACTED] account to be \$546.26. This amount was determined by using the ending balance of \$3,273.26 and subtracting the Appellant's monthly Veterans Administration income (\$2,727) from the total. Veterans Administration income counted by the Respondent was the amount listed on the bank statement (Exhibits D-2 and D-6).
- 13) The Respondent determined the countable value of the [REDACTED] account to be \$7,764.31 by using the ending balance of \$10,043.98 and subtracting the Appellant's monthly Social Security payments of \$983 and \$1,395 (Exhibit D-10).
- 14) The Respondent made a mathematical error when calculating the countable value of the [REDACTED] account as the correct amount should be \$7,665.98 (Exhibit D-10).
- 15) The Appellant's total countable bank account assets were \$8,212.24.
- 16) The Respondent determined that the Appellant's assets exceeded the \$2,000 asset limit for a one-person Assistance Group and the case remained closed.
- 17) The Respondent sent the Appellant a Notice of Decision on June 27, 2024, indicating that the Appellant's assets were excessive for the Long-Term Care Medicaid Program (Exhibit D-7).
- 18) The Appellant passed away on July 15, 2024 (Exhibit D-4).
- 19) [REDACTED] corresponded with the Long-Term Care Unit and the nursing facility on several occasions between April and September 2024 relating issues that she encountered during the time period.
- 20) [REDACTED] is seeking payment of the Appellant's nursing facility services from May 1, 2024, through July 15, 2024, the date of the Appellant's death.
- 21) A [REDACTED] statement dated June 18, 2024, indicates that the Appellant's balance forward from May 15, 2024, was \$11,819.55 and his ending balance on June 18, 2024, was \$11,215.72 (Exhibit D-3).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 5.4 states that the asset limit for SSI Medicaid Groups for a one-person Assistance Group is \$2,000.

West Virginia Income Maintenance Manual Chapter 5.5.4 states that bank accounts are countable assets for SSI Medicaid Groups.

West Virginia Income Maintenance Manual Chapter 5.3.2 states that money counted as income when received becomes an asset if retained within the month after the month of receipt.

West Virginia Income Maintenance Manual Chapter 1.2.4 states that it is the client's responsibility to provide complete and accurate information about his circumstances so that the worker can make a correct determination about his eligibility.

DISCUSSION

Policy states that the asset limit for SSI Medicaid Groups is \$2,000 for a one-person Assistance Group. Bank accounts are countable assets for SSI Medicaid Groups, and money counted as income when received becomes an asset if retained within the month after the month of receipt. It is the client's responsibility to provide complete and accurate information about his circumstances so that the worker can make a correct determination about his eligibility.

██████████ seeks payment for nursing home services rendered from May 1, 2024, through the date of her father's death on July 15, 2024, indicating that she owes around \$16,000 to the facility. She testified that there was more money in her father's bank account than there should have been at the time of his review because her mother had become confused and cancelled the couple's Humana insurance policy. As a result, ██████████ stated that she was receiving medical bills for her father and was holding money in the bank account because she did not know whether to pay the medical bills or send money to the funeral home to make payments on his burial account. She contended that she had needed additional time to get the situation remedied, and also had difficulty obtaining income verification from the Veterans Administration. ██████████ testified that she was out of town around the time that the Respondent had requested the verification. ██████████ pointed out that the April 30, 2024 letter, which states that Medicaid benefits were denied because all requested information was not provided, also states that her father was no longer residing in a nursing facility. She stated that she did not understand why the notice said that her father was no longer in the nursing facility and had contacted the Respondent to inquire but received no response. ██████████ testified that she quit her job so that she could receive a pay out to hire an attorney to battle the Department.

The Respondent's representative conceded that information in the April 30, 2024 notice stating that the Appellant no longer resided in a nursing facility was incorrect. The notice does, however, correctly note that benefits were denied based on failure to submit requested verification.

While ██████████ frustrations are noted, she failed to provide verification to the Respondent, including the Appellant's bank statements, as requested in April 2024 during the Long-Term Care Medicaid review. Therefore, the Respondent acted correctly in terminating Long-Term Care Medicaid benefits. Once the information was supplied in June 2024, the Respondent correctly determined that the Appellant's assets were excessive for the Long-Term Care Medicaid Program.

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 can make a correct determination about his eligibility.
- 2) The Appellant's representative failed to supply information necessary for the Respondent to determine the Appellant's financial eligibility for Long-Term Care Medicaid benefits in April 2024 during a case redetermination.
- 3) The Respondent correctly terminated the Appellant's Long-Term Care Medicaid benefits effective May 2024 based on failure to supply requested verification.
- 4) The asset limit for Long-Term Care Medicaid benefits for a one-person Assistance Group is \$2,000.
- 5) Once the Appellant's bank account information was supplied to the Respondent in June 2024, the Respondent correctly determined that the Appellant's assets exceeded the \$2,000 asset limit.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Respondent's action to terminate Long-Term Care Medicaid benefits effective May 2024.

ENTERED this 16th day of October 2024

**Pamela L. Hinzman
State Hearing Officer**