



December 3, 2024

[REDACTED]

RE: [REDACTED] v. DoHS/BFA
ACTION NO.: 24-BOR-3343

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,

Kristi Logan
Certified State Hearing Officer
Member, State Board of Review

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

cc: [REDACTED]
Laurette Mincey, [REDACTED] DoHS

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

████████████████████

Appellant,

v.

Action Number: 24-BOR-3343

**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 November 19, 2024.

The matter before the Hearing Officer arises from the September 18, 2024, decision by the Respondent to terminate Supplemental Security Income (SSI) Medicaid benefits.

At the hearing, the Respondent appeared by Jennifer Wickline, ██████████ DoHS. The Appellant appeared by her daughter, ██████████. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

None

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 SSI Medicaid benefits.
- 2) The Respondent received a notification from its State Online Query (SOLQ) data exchange with the Social Security Administration that the Appellant was longer eligible for SSI payments as the non-excluded resources exceeded the allowable limit.
- 3) The Respondent sent a notice on September 18, 2024, advising the Appellant that her SSI Medicaid benefits would be terminated effective September 30, 2024, as she no longer received SSI.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 23 explains Medicaid eligibility requirements:

23.11.1 SSI Recipients

Supplemental Security Income (SSI) is a public assistance program administered by the Social Security Administration (SSA), which provides cash benefits to eligible aged, disabled, or blind individuals. There is no spenddown provision. States have some options regarding Medicaid coverage for SSI recipients. West Virginia elected to cover all SSI recipients and to accept SSA's determination of eligibility for SSI as the sole eligibility determination for Medicaid. West Virginia is referred to as a "1634 state," based on the section of the Social Security Act that permits this. Consequently, there is no application or eligibility determination process for SSI Medicaid. The Department depends upon SSA for the information needed to open, evaluate, and close continuing eligibility for SSI Medicaid cases.

SSI Medicaid eligibility ends when SSI ends in most situations. See Section 10.14 for exceptions and closure procedures. The Worker uses information from a data exchange between the Department of Human Services (DOHS) and SSA to open the SSI Medicaid benefit.

West Virginia Income Maintenance Manual Chapter 10 explains case maintenance procedures:

10.14.1 Assistance Group (AG) Closure for SSI Recipients and Deemed SSI Recipients

The Worker closes the Supplemental Security Insurance (SSI) Medicaid assistance group (AG) after advance notice when:

- The Worker receives a system alert and determines the individual is no longer eligible for SSI Medicaid.
- The Worker receives information from the Bureau of Medical Services (BMS) Buy-in Unit.
- The Worker receives information the client moved to another state.

- If the Worker receives information the client moved to another state and he has not received an alert, the Worker must notify the Social Security Administration (SSA) of the new address and indicate the Medicaid AG is being closed because the individual moved to another state.
- The Worker obtains information the client receives Medicaid in another state.
- The client reports, prior to Worker's receipt of system alert, he no longer receives an SSI payment because SSA determined he is no longer eligible. ***This does not include a temporary suspension of SSI payments to recover an overpayment.***
- Information from Social Security's State On-line Query (SOLQ) shows the individual's SSI payment was terminated.
- The individual is eligible to enroll in Medicare and fails to do so.

When the closure of SSI Medicaid is for a reason other than a move to another state or death, the Worker must evaluate the individual for all other Medicaid coverage groups, including Deemed SSI Medicaid coverage and Medicare Premium Assistance.

10.14.2 Special Procedure: Continued Medicaid

When an individual no longer receives SSI because SSA determines he is no longer disabled, SSI Medicaid must be continued for 60 days from the date of the SSA notification that SSI will be stopped. It is continued after the 60-day period when:

- The individual is not eligible under any other full-coverage Medicaid group without a spenddown; and
- The individual has requested an appeal of the decision in a timely manner, as determined by SSA.

The SSI Medicaid continues until a decision is made after the SSA hearing, regardless of whether or not the individual continues to receive an SSI payment. A decision after the hearing occurs when the SSI Medicaid client has no right to further administrative appeal.

West Virginia Income Maintenance Manual Chapter 3 explains eligibility determination groups:

3.13 SSI Recipients

3.13.1 The Assistance Group

Only the Supplemental Security Income (SSI) recipient, ***or an individual who is otherwise entitled to SSI, is included in the AG. This includes an individual who is otherwise entitled to an SSI payment but does not receive it due to a repayment.***

DISCUSSION

West Virginia elected to cover all SSI recipients and to accept the Social Security Administration's determination of eligibility for SSI as the sole eligibility determination for Medicaid. There is no application or eligibility determination process for SSI Medicaid and the Respondent depends upon the Social Security Administration for the information needed to open, evaluate, and close continuing eligibility for SSI Medicaid cases.

The Respondent received information from its online data exchange with the Social Security Administration that the Appellant's SSI payment had been terminated. The Respondent terminated the Appellant's SSI Medicaid benefits based on this information.

The Appellant's daughter, [REDACTED], testified that the Social Security Administration failed to consider her father's Veterans income when determining the Appellant's eligibility for SSI. [REDACTED] contended that her mother is currently in repayment with the Social Security Administration for the next two years and once the repayment has been satisfied, her mother will be eligible for an SSI payment again.

Pursuant to policy, the SSI Medicaid assistance group includes the SSI recipient or an individual who is otherwise entitled to receive SSI, including an individual who is otherwise entitled to an SSI payment but does not receive it due to repayment. There was no evidence submitted by either party to confirm the Appellant's repayment status with the Social Security Administration or to confirm [REDACTED] contention that the Appellant's SSI payment was temporarily suspended due to the repayment.

The Respondent relies on information from the Social Security Administration to open, close and evaluate SSI Medicaid eligibility. However, the information provided by the Respondent was insufficient to determine if the Appellant is currently entitled to an SSI payment, but not receiving it due to the repayment.

CONCLUSIONS OF LAW

- 1) The Respondent relies on information from the Social Security Administration to open, close and evaluate SSI Medicaid eligibility.
- 2) The Respondent received information from its online data exchange with the Social Security Administration that the Appellant's SSI payment had ended.
- 3) An individual who is otherwise entitled to an SSI payment but does not receive it due to a repayment is included in the SSI Medicaid assistance group.
- 4) There was no evidence presented to determine the Appellant's repayment status with the Social Security Administration.

DECISION

It is the decision of the State Hearing Officer to **reverse** the decision of the Respondent to terminate the Appellant's SSI Medicaid benefits. The matter is **remanded** for a determination of the Appellant's temporary suspension due to repayment.

ENTERED this 3rd day of December 2024.

Kristi Logan
Certified State Hearing Officer