

Dear

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,

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

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

cc: Jennifer Barker, WVDoHS

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

Appellant,

v.

Action Number: 24-BOR-3956

### 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 **Contract of**. 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 January 28, 2025.

The matter before the Hearing Officer arises from the December 26, 2024, decision by the Respondent to terminate Supplemental Security Income (SSI) Medicaid benefits.

At the hearing, the Respondent appeared by Jennifer Barker, Economic Services Supervisor, WVDoHS. The Appellant was represented by her brother-in-law, All witnesses were sworn, and the following documents were admitted into evidence.

#### **Department's Exhibits**:

- D-1 Notice of Decision dated December 26, 2024
- D-2 Case Comments from Respondent's computer system
- D-3 West Virginia Income Maintenance Manual Chapters 10.14.1 and 23.11.1
- D-4 Notice of Decision dated December 26, 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 Supplemental Security Income (SSI) Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits.
- 2) The Appellant completed a SNAP benefit redetermination on December 23, 2024 (Exhibit D-2).
- 3) During the review, the Respondent's worker discovered that the Appellant no longer receives SSI benefits and had begun receiving Social Security Retirement, Survivors, and Disability Insurance (RSDI) payments in 2020 (Exhibit D-2).
- 4) The Appellant began receiving Medicare benefits in May 2022.
- 5) The Respondent determined that the Appellant is no longer eligible for SSI Medicaid benefits due to the termination of SSI (Exhibit D-2).
- 6) The Appellant was evaluated for Medicare Premium Assistance Program benefits and was approved for the Qualified Medicare Beneficiary (QMB) Program effective January 2025.
- 7) The Respondent sent the Appellant a Notice of Decision on December 26, 2024, indicating that her SSI Medicaid benefits would be terminated effective February 2025 because she no longer receives SSI (Exhibit D-1).
- 8) The Respondent sent the Appellant a second Notice of Decision on December 26, 2024, indicating that she did not meet the eligibility requirements for SSI-Related Medicaid benefits since she owed no outstanding medical bills with which to meet a spenddown (Exhibit D-4).

# APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 23.11.1 indicates that states have options regarding Medicaid coverage for SSI recipients. West Virginia elected to cover all SSI recipients and to accept the Social Security Administration's (SSA's) determination of eligibility for SSI as the sole eligibility determination for Medicaid. Consequently, there is no eligibility determination process for SSI Medicaid and 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.

West Virginia Income Maintenance Manual Chapter 10.14.1 states:

The Worker closes SSI Medicaid Assistance Groups 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 for Medical Services (BMS) Buy-in Unit.
- The Worker receives information the client 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.

West Virginia Income Maintenance Manual Chapter 1.15 states that Deemed SSI Recipients include the following:

- Disabled Adult Children (DAC)
- Blind, Disabled Substantial Gainful Activity (SGA)
- Essential Spouses of SSI Recipients
- Pass-Through
- Pickle Amendment Coverage (PAC)
- Disabled Widows and Widowers
- Drug Addicts and Alcoholics

West Virginia Income Maintenance Manual Chapter 1.15.1 states that when SSI benefits are terminated, eligibility as a Deemed SSI Recipient must be evaluated. SDX alerts indicate potential eligibility.

• SGAs, Essential Spouses and Pass-Throughs do not require a Worker determination.

• PAC AG cases require a financial determination by the Worker and a PAC evaluation is completed for any Medicaid applicant or client who may meet the eligibility requirements. When the Worker determines that the client is a Deemed SSI Recipient, he must enter the appropriate code in the eligibility system.

West Virginia Income Maintenance Manual Chapter 23.11.2.E addresses Pickle Amendment Coverage and states:

An individual is eligible for Medicaid coverage under PAC if all of the following conditions are met:

• He was eligible for and received RSDI and SSI at the same time, for at least one month after April 1977. An individual who received SSI and was found retroactively eligible for RSDI for a month in which SSI was received, is considered to have received SSI and RSDI concurrently. RSDI payments are received the month following the month of entitlement. For example, the RSDI entitlement for December is received in January.

• He lost SSI for any reason but would currently be eligible if the total amount of all RSDI Cost of Living Adjustments (COLAs) since the loss of SSI were deducted from his RSDI. This includes a COLA that results in the loss of SSI.

• The individual currently receives RSDI benefits. When determining the COLAs to be deducted, include the increases received by the individual and his financially responsible spouse or parent. The procedure used is detailed in Section 4.11.

### DISCUSSION

Policy states that SSI Medicaid ends when SSI eligibility ends in most situations. However, when SSI benefits are terminated, eligibility as a Deemed SSI Recipient must be evaluated. An individual can be eligible for PAC Medicaid benefits if he received RSDI and SSI at the same time for at least one month, lost SSI, but would currently be eligible for SSI if the total amount of RSDI COLAs since the loss of SSI were deducted from his RSDI.

The Appellant's representative, and the testified that the Appellant will soon undergo a double lung transplant in a state of the will accompany the Appellant during the procedure and that they will be required to stay in a state of for six months after the transplant. Without Medicaid coverage, the Appellant will be unable to receive housing/travel reimbursement for her time in a state of the the the Appellant lost her SSI benefits when her income increased due to cost-of-living adjustments.

The Respondent's representative, Economic Services Supervisor Jennifer Barker, testified that the Appellant was evaluated and approved for Qualified Medicare Beneficiary benefits after the Department learned that her SSI payments had stopped. The Respondent also evaluated the Appellant for SSI-Related Medicaid with a spenddown; however, the Appellant indicated that she had no outstanding medical bills with which to meet a spenddown.

Testimony provided during the hearing indicated that the Appellant's SSI payments may have been terminated due to a COLA increase. While the Respondent approved the Appellant for QMB coverage and evaluated her for SSI-Related Medicaid with a spenddown, the circumstances surrounding the termination of the Appellant's SSI payments in 2020 are unclear. Therefore, her potential eligibility for PAC Medicaid cannot be determined by the Hearing Officer.

The Respondent's decision to terminate SSI Medicaid based on loss of SSI benefits is affirmed. However, based on information provided during the hearing, the Appellant must be evaluated to determine whether she meets eligibility requirements of the PAC Program.

## **CONCLUSIONS OF LAW**

- 1) The Appellant's SSI Medicaid benefits were terminated effective February 2025 after the Respondent determined that she no longer receives SSI.
- 2) Policy requires that an individual be evaluated for Deemed SSI Medicaid benefits, including Pickle Amendment Coverage, when SSI ends.
- 3) Based on testimony provided during the hearing, it is unclear if the Appellant meets PAC eligibility requirements.
- 4) The Appellant must be evaluated for PAC benefits as required by policy.

#### DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to terminate the Appellant's SSI Medicaid benefits. The case is **REMANDED** to the Respondent to evaluate the Appellant for PAC Medicaid as required by policy.

### ENTERED this <u>30th</u> day of January 2025.

Pamela L. Hinzman State Hearing Officer