



**State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
150 Maplewood Avenue
Lewisburg, WV 24901**

**Joe Manchin III
Governor**

**Martha Yeager Walker
Secretary**

February 14, 2006

Dear Mr. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 29, 2005. Your hearing request was based on the Department of Health and Human Resources' action to deny your application for AFDC-Related Medicaid.

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 Health and Human Resources. These same laws and regulations are used in all cases to assure that all persons are treated alike.

Eligibility for the AFDC-Related Medicaid Program is based on current policy and regulations. Some of these regulations state as follows: If the countable monthly income is equal to or less than the appropriate MNIL, the AG is eligible without a spenddown. If it is excess of the appropriate MNIL, the AG must meet a spenddown. (Section 10.21C of the West Virginia Income Maintenance Manual) if the client does not submit sufficient medical bills by the application processing deadline, the application is denied. (Section 10.21D #11 of the West Virginia Income Maintenance Manual)

The information which was submitted at your hearing revealed that you had a spenddown and did not submit bills to meet the spenddown.

It is the decision of the State Hearing Officer to uphold the action of the Department to deny your application for the AFDC-Related Medicaid Program.

Sincerely,

Margaret M. Mann
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Susan Godby, DHHR

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
BOARD OF REVIEW**

_____,

Claimant,

v.

Action Number: 06-BOR-1084

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on September 29, 2005 for _____. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on September 29, 2005 on a timely appeal, filed July 20, 2005.

It should be noted here that the claimant's benefits have been denied.

II. PROGRAM PURPOSE:

The Program entitled AFDC-Related Medicaid is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

The Medicaid categorically related to Aid to Families with Dependent Children Program is designed to provide medical assistance to eligible families with children from the fetal stage to age 18. These dependent children must be deprived of parental support due to the death, continued absence, incapacity, or unemployment of the parents. In addition, the family must meet financial eligibility criteria.

III. PARTICIPANTS:

_____, Claimant

_____, Claimant's Spouse

Susan Godby, Department Hearing Representative

Presiding at the Hearing was Margaret M. Mann, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question to be decided is whether the Department is correct in the decision to deny the claimant's medical card under AFDC-Related Medicaid as the eligibility requirement of spenddown could not be met.

V. APPLICABLE POLICY:

Section 10.21C, 10.21D #11 and Appendix A of the West Virginia Income Maintenance Manual

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Form IG-BR-29 Hearing/Grievance Record Information
- D-2 Notification Letter dated 07/06/05
- D-3 Section 10.21D of the West Virginia Income Maintenance Manual
- D-4 Department's Summary

Claimants' Exhibits:

- C-1 Copy of check for _____ dated 09/23/05
- C-2 List of Medication

VII. FINDINGS OF FACT:

- 1) The claimant applied for Medicaid 06/06/05 based on his incapacity.
- 2) It is a 3 person household. The only income in the home is Mrs. _____'s. Her gross income is \$334.88 per week. $\$334.88 \times 4.3 = \$1,439.98$ per month. After deductions, the spenddown for one month is \$1059.98. The total (six-month) spenddown is \$6,360.
- 3) The claimant did not send bills into the office to meet a spenddown.
- 4) A notice was sent to the claimant dated 07/06/05 informing him that his application for Medicaid dated 06/03/05 has been denied. Reason: You failed to meet your spenddown within 30 days from application date. (D-2) The claimant requested a hearing on 07/20/05.
- 5) The claimant cannot afford his medication for Lupus and rheumatoid arthritis. The only

income in the home is Mrs. _____'s. She makes \$9.00 per hour for a 40 hour week. Their church has been helping out with the medical bills.

- 6) Appendix A, Chapter 10 of the West Virginia Income Maintenance Manual reads:

The MNIL for a three person assistance group is \$290.00.

- 7) Section 10.21C of the West Virginia Income Maintenance Manual reads in part:

For AFDC-Related Medicaid, countable income is determined as follows:

Step 1: Determine the Income Group's non-excluded gross earned income. Do not count the income of a child's sibling or count any child's income for his parent(s).

Step 2: Subtract the AFDC Medicaid Standard Work Deduction for each working person.

Step 3: Subtract the AFDC Medicaid Dependent Care Deduction for each working person.

Step 4: Add the non-excluded gross unearned income of the Income Group to the amount remaining from Step 3. This includes the child's countable child support. Do not count the income of a child's sibling or count any child's income for his parent(s).

Step 5: Determine the appropriate MNIL for the Needs Group.

Step 6: Compare the result of Step 4 to the amount in Step 5.

If the net countable monthly income is equal to or less than the appropriate MNIL, the AG is eligible without a spenddown. If it is in excess of the appropriate MNIL, the AG must meet a spenddown.

- 8) Section 10.21D #11 of the West Virginia Income Maintenance Manual reads in part that if the client does not submit sufficient medical bills by the application processing deadline, the application is denied. There is a 30 day application period.

VIII. CONCLUSIONS OF LAW:

- 1) Policy is clear that if net countable monthly income is equal to or less than the appropriate MNIL, the AG is eligible without a spenddown. If it is in excess of the appropriate MNIL, the AG must meet a spenddown. The MNIL for this case is \$290.
- 2) The AG had a spenddown of \$6360.
- 3) Policy also dictates that if the client does not submit sufficient bills by the application deadline, the application is denied.

- 4) Un-refuted testimony shows no bills were submitted for spenddown.

IX. DECISION:

It is the finding of the State Hearing Officer that the claimant would be required to meet a spenddown in order to qualify for a medical card. No bills were submitted to meet a spenddown. The Department is upheld in the decision to deny the claimant's application for the AFDC-Related Medicaid Program.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 14th Day of February, 2006.

**Margaret M. Mann
State Hearing Officer**