



**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**

September 25, 2006

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Ms. \_\_\_\_\_:

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 18, 2006. Your hearing request was based on the Department of Health and Human Resources' action to terminate benefits under the AFDC-Related Medicaid Program.

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: In order to receive AFDC/U Related Medicaid as a dependant child the following requirements must be met: Children must be under age 18, whether or not they are attending school or training. A child who reaches age 18 on the first day of the month is not eligible for benefits for that month. In addition, the recipient must be notified in writing, and usually in advance, of any action resulting in a change in benefits. (Sections 15.2A and 6.1 of the West Virginia Income Maintenance Manual)

The information which was submitted at your hearing revealed that the only child in the assistance group was 18 at the time you came in for your review. The Department did not give you proper notification of the termination of your case.

It is the decision of the State Hearing Officer to reverse the proposal of the Department to terminate benefits under the AFDC-Related Medicaid Program pending proper notice.

Sincerely,

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

cc: Erika H. Young, Chairman, Board of Review  
Murriel Hylton, DHHR

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

\_\_\_\_\_,  
**Claimant,**

**v. Action Number: 06-BOR-1675**

**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 18, 2006 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 18, 2006 on a timely appeal, filed March 17, 2006. This hearing was originally scheduled for July 12, 2006. It was rescheduled for July 25, 2006 because the claimant had a medical appointment on July 12, 2006. The hearing was rescheduled a second time because the Department was evaluating the claimant's eligibility for Medicaid through the Medical Review Team.

It should be noted here that the claimant's benefits have been continued pending the hearing decision.

**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 Witness  
Murriel Hylton, Department Hearing Representative

Observing:  
Cheryl McKinney, State Hearing Officer

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 terminate the claimant's benefits for AFDC-Related Medicaid as the eligibility requirement of the child's age could not be met.

**V. APPLICABLE POLICY:**

Sections 15.2A, 1.2B #2, and 6.1 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 Hearing Request dated 03/17/06
- D-3 Closure Notice dated 03/17/06
- D-4 Section 1.2B #2 of the West Virginia Income Maintenance Manual
- D-5 Department's Summary

**Claimant's Exhibits:**

- C-1 Statement from Dr. [REDACTED] dated 06/20/06
- C-2 List of Medications
- C-3 Psychological Report by [REDACTED] MA

**VII. FINDINGS OF FACT:**

- 1) The claimant is a recipient of AFDC-Related Medicaid.
- 2) The case was due for review in March 2006. At the time the claimant came in for review on 03/17/06, the case was already showing as closed for no review and the RAPIDS system sent a letter of notification for that reason.

- 3) The notification letter dated 03/17/06 reads in part: Your AFDC Related Medicaid is being closed. You will receive your last benefit in March 2006. Reason: \_\_\_\_\_ did not complete an Eligibility Review on the date scheduled. (D-3)
- 4) The only child in the assistance group had turned 18 years of age. No letter was issued for closure of the case due to the child's age. The claimant requested a hearing.
- 5) The claimant was evaluated at the time for Medicaid eligibility based on disability. The Medical Review Team (MRT) did find her medically eligible. In the meantime, the claimant was approved for Social Security in the monthly amount of \$1550.
- 6) Testimony from the claimant revealed her child is over 18 years of age. The claimant has been approved for Social Security and has no bills to meet a spenddown for SSI-Related Medicaid.
- 7) **Section 15.2A of the West Virginia Income Maintenance Manual reads in part:**

In order to receive AFDC/U Related Medicaid as a dependant child the following requirements must be met: Children must be under age 18, whether or not they are attending school or training. A child who reaches age 18 on the first day of the month is not eligible for benefits for that month.
- 8) **Section 1.2B #2 of the West Virginia Maintenance Manual reads in part:**

Periodic reviews of total eligibility for recipients are mandated by law. These are redeterminations and take place at specific intervals, depending on the Program or coverage group. Failure by the client to complete a redetermination usually results in ineligibility.
- 9) **Section 6.1 of the West Virginia Income Maintenance Manual reads in part:**

The recipient must be notified in writing, and usually in advance, of any action resulting in a change in benefits.

## **VIII. CONCLUSIONS OF LAW:**

- 1) Policy dictates that in order to receive AFDC-Related Medicaid, children must be under the age of 18. A child who reaches age 18 on the first day of the month is not eligible for benefits for that month.
- 2) Recipients must be notified in writing, and usually in advance, of any action resulting in change in benefits.
- 3) The claimant did not come in timely for her Medicaid review in March 2006. When she did come in on 03/17/06, the RAPIDS system had already issued a letter proposing termination of case due to the claimant's failure to complete a review.
- 4) The only child in the case had turned age 18 at the time the claimant came in for review.

- 5) The claimant was not notified in writing of the closure due to the child turning 18 as the letter had been issued for case closure for not completing the review.

**IX. DECISION:**

Although the Department was correct in the decision to terminate the claimant's Medicaid case based on the age of the only child in the assistance group, the Department did not provide proper notice prior to the March termination. The proposed action to terminate the claimant's Medicaid case is reversed pending proper notification.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 25th Day of September, 2006.**

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**Margaret M. Mann  
State Hearing Officer**