



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
203 East Third Avenue
Williamson, WV 25661

Earl Ray Tomblin
Governor

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

June 11, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held May 9, 2012. Your hearing request was based on the Department of Health and Human Resources' action to deny your application for SSI-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 SSI-Related Medicaid Program is based on current policy and regulations. One of these regulations specifies that it is the responsibility of the applicant to provide any information needed to complete an application for benefits. Another regulation specifies that the worker who assists someone in applying for SSI-Related Medicaid must explain the spend-down process to the applicant. [West Virginia Income Maintenance Manual Section 1.2.E and 1.22.H]

Information submitted at your hearing reveals that you did not provide information necessary to complete your October 2011 application, but you provided it in December 2011.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your October 2011 SSI-Related Medicaid application.

Sincerely,

Stephen M. Baisden
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Henrietta Holman, WV DHHR, [REDACTED] County Office

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

-----,

Claimant,

v.

ACTION NO.: 12-BOR-882

**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 for ----- . This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Department of Health and Human Resources' Common Chapters Manual. This Fair Hearing was convened on May 9, 2012 on a timely appeal filed March 13, 2012. This hearing was originally scheduled for May 2, 2012, but was rescheduled at Claimant's request.

II. PROGRAM PURPOSE:

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

The SSI-Related Medicaid Program is a segment of the Medicaid Program available to individuals who meet the requirement of categorical relatedness by qualifying as aged, disabled or blind as those terms are defined by the Social Security Administration for purposes of eligibility for SSI.

III. PARTICIPANTS:

-----, Claimant

Henrietta Holman, Economic Services Supervisor, Department's Representative

Presiding at the hearing was Stephen M. Baisden, State Hearing Officer and a member of the State Board of Review.

The Hearings Officer placed participants under oath at the beginning of the hearing.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether the Agency was correct in its action to deny the Claimant's application for SSI-Related Medicaid based on her failure to verify the amount of her unpaid medical bills.

V. APPLICABLE POLICY:

West Virginia Income Maintenance Manual Chapter 10, Section 22.D

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Hearing Summary completed by Department's Representative
- D-2 Notice of Application Approval
- D-3 Notice of Application Approval for December 2011
- D-4 Notice of Application Approval for January 2012
- D-5 Notice of Application Approval for February 2012
- D-6 Notice of Application Approval for March 2012
- D-7 Notice of Application Approval for April 2012
- D-8 Notice of Application Approval for May 2012
- D-9 Notice of Application Denial for October 2011
- D-10 Notice of Application Denial for November 2011
- D-11 Medical Expenditures Tracking Screen from RAPIDS, for period of consideration October 2011 through March 2012
- D-12 Medical Expenditures Tracking Screen from RAPIDS, for period of consideration October 2011 through March 2012, page 2
- D-13 Medical Expenditures Tracking Screen from RAPIDS, for period of consideration October 2011 through March 2012, page 3

VII. FINDINGS OF FACT:

- 1) Department's Representative stated that Claimant applied for Medicaid and SNAP benefits on October 13, 2011, at the ----- County office of the WV DHHR. At the time of application, she did not have relevant information needed to complete her application. She returned with this information on October 20, 2011, and her household was approved for SNAP. Also, her husband was approved for QIA, a Medicaid program that assists a recipient in paying his or her Medicare premium.

- 2) Claimant testified that on October 20, 2011, when she returned to the ----- County office of the WV DHHR to complete the application, she inquired about Medicaid coverage for herself. She testified that she asked the worker whom she spoke with that day if she would qualify for spend-down medical coverage, and that she had a large number of unpaid medical bills with her. She testified that the worker told her the DHHR no longer has a spend-down program, but she could qualify for the “Blue Card,” a medical coverage program that is available through ----- Emergency Hospital, -----, WV. She said that this worker told her the “Blue Card” is only valid when used at ----- Emergency Hospital. She stated that she waited for the “Blue Card” to arrive at her home. She stated that when it did not arrive in the mail, she returned to the DHHR office on December 1, 2011, to ask why. She stated the worker she saw that day told her that she had to apply for the “Blue Card” at the hospital, not at the DHHR office. She stated the worker did not tell her this on October 20.
- 3) Department’s representative stated that the DHHR re-examined Claimant’s application for October 2011, and determined that she qualified for SSI-Related Medicaid, commonly referred to as “spend-down.” She stated that the application was taken in October 2011, and Claimant did not verify having the medical bills equal to the spend-down amount within thirty days, therefore the October 2011 request for Medicaid was denied. Department’s Representative stated a worker took a new application for SSI-Related Medicaid on Claimant’s behalf on December 1, and Claimant had enough unpaid medical bills at that time to meet the spend-down amount. She stated that Claimant’s SSI-Related Medicaid coverage began in December 2011 and extended through May 2012. She added that Claimant was informed of the approval of her application by a letter dated December 6, 2011. (Exhibits D-2 through D-10.)
- 4) Claimant testified that the entire process of applying for benefits left her feeling confused. She stated she was told conflicting information, she was not given information about how to apply for ----- Emergency Hospital’s “Blue Card” properly, and she was told that the DHHR no longer has a spend-down Medicaid program. She stated that because of this conflicting information, she was denied services for which she may have been eligible.
- 5) West Virginia Income Maintenance Manual Section 10.22.D.11.a states:

The Worker must determine the amount of the client’s spend-down at the time of application based on information provided by the client. The spend-down amount may have to be revised if the verified income amount differs from the client’s statement. He must also explain the spend-down process to the client.

West Virginia Income Maintenance Manual Section 1.2.E states that it is the applicant’s responsibility to provide all pertinent information required on an application for benefits. West Virginia Income Maintenance Manual Section 1.22.H states that for an application for SSI-Related Medicaid, an applicant has thirty days to provide requested verifications.

VIII. CONCLUSIONS OF LAW

- 1) WV DHHR Medicaid policy is clear that the Claimant had the responsibility to provide any information required in her application for services.
- 2) WV DHHR Medicaid policy is clear that the eligibility worker has the responsibility to explain to an applicant the spend-down process in an SSI-Related Medicaid application.
- 3) Because Claimant's eligibility worker did not explain the spend-down process to the Claimant, she did not have the information needed for her to complete the application properly. However, when she returned to the DHHR office in December 2011, a worker gave her the information she needed to complete her SSI-Related Medicaid application.
- 4) Claimant initially applied for SSI-Related Medicaid in October 2011, but this application was denied. Claimant reapplied for SSI-Related in December 2011, and was approved. Her period of eligibility ran from December 2011 through May 2011. Had she been successful in applying for SSI-Related Medicaid in October, she would have received SSI-Related Medicaid from October 2011 through March 2011.
- 5) Claimant received six months of Medicaid coverage in the SSI-Related Medicaid program.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the decision of the Department to deny Claimant's SSI-Related Medicaid application in October 2011.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 11th Day of June, 2012.

Stephen M. Baisden
State Hearing Officer