



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF INSPECTOR GENERAL

Bill J. Crouch  
Cabinet Secretary

BOARD OF REVIEW  
4190 Washington Street, West  
Charleston, West Virginia 25313  
304-746-2360  
Fax – 304-558-0851

Jolynn Marra  
Interim Inspector General

September 28, 2018

[REDACTED]

RE: [REDACTED] v. WVDHHR  
ACTION NO.:18-BOR-2303

Dear Mr. [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 Health and Human Resources. 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,

Danielle C. Jarrett  
State Hearing Officer  
Member, State Board of Review

Encl: Appellant's Recourse to Hearing Decision  
Form IG-BR-29  
cc: Robert Meade, Department Representative

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

██████████,

**Appellant,**

v.

**Action Number: 18-BOR-2303**

**WEST VIRGINIA DEPARTMENT OF  
HEALTH AND HUMAN RESOURCES,**

**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 West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on September 27, 2018, on an appeal filed August 28, 2018.

The matter before the Hearing Officer arises from the August 17, 2018 decision by the Respondent to terminate Adult Medicaid benefits due to failure of the Appellant to complete an Eligibility Review.

At the hearing, the Respondent appeared by Robert Meade, Family Support Specialist, WVDHHR. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Medical Assistance (MA) Closure Notice, dated August 18, 2018
- D-2 West Virginia Income Maintenance Manual (WV IMM) § 1.2.2.B
- D-3 eRAPIDS system generated Case Summary and Case Benefit Summary screen printouts
- D-4 Medicaid Review form, dated July 16, 2018

**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 Adult Medicaid.
- 2) On July 16, 2018, the Respondent issued a notice advising the Appellant that he must complete a Medicaid redetermination form by August 30, 2018 and return it to the Department by August 1, 2018. Failure to submit the redetermination by the deadline would result in termination of benefits after August 30, 2018. (Exhibit D-4)
- 3) During the hearing, the Appellant verified his address of [REDACTED] [REDACTED].
- 4) The Appellant came into the local office to get assistance in filing out the Medicaid redetermination form that was mailed to him on July 16, 2018.
- 5) The local office OnBase log does not show that the Appellant submitted a redetermination form.
- 6) The Medicaid redetermination form that was mailed to the Appellant was not completed and returned.
- 7) On August 17, 2018, the Respondent notified the Appellant of Medicaid termination based on the lack of a redetermination by the set deadline. (Exhibit D-1)

## **APPLICABLE POLICY**

West Virginia Income Maintenance Manual (WV IMM) § 1.2.2.B reads that periodic review 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.

WV IMM § 1.7.7.A reads that Medicaid redeterminations occur annually, that the Department will mail “a pre-populated form containing case information” and the recipient is required “to provide additional information necessary to determine continuing eligibility.” This policy also notes “Failure to respond and provide the necessary information will result in closure of the benefit.”

WV IMM § 9.3.2.C.3 reads that the notice must include the action being taken, the date the action is effective, the reason for the action, the WV IMM section on which the decision was based. The notice must also include for a closure the fact that Medicaid Assistance Group (AG) is being closed.

## DISCUSSION

The Respondent terminated the Appellant's Medicaid and the Appellant requested this hearing to contest this action.

Policy states that periodic reviews of total eligibility for recipients are mandated by law. These are determinations which take place at specific intervals, depending on the program or coverage group. Failure by the client to complete a redetermination usually results in ineligibility.

The Respondent must show by a preponderance of evidence that the Appellant did not complete and return a required Medicaid redetermination form by the established deadline. The Respondent clearly proved this in the hearing.

The Appellant was mailed a Medicaid redetermination form dated July 16, 2018, which set the headline for returning the form as August 1, 2018. The effective date of the Appellant's Medicaid closure was August 31, 2018. The Appellant testified that he did receive the redetermination notice that was mailed to him on July 16, 2018. At that time, the Appellant testified that he came into the local office to get assistance with filling out the form and that he turned the form into a worker. The Appellant indicated that a second redetermination notice was mailed to his home and he neglected to fill out the form and return it to the local office because he was staying at [REDACTED] [REDACTED] from September 3-8, 2018 due to not having water or electric in his household. The representative for the Respondent testified to reviewing the OnBase log for documents from the Appellant and no forms were listed.

The Appellant failed to complete an eligibility redetermination of his Adult Medicaid benefits. Therefore, the Respondent acted correctly in terminating Medicaid benefits.

## CONCLUSION OF LAW

Because the Appellant did not complete a required review of Medicaid eligibility by the set deadline, the Respondent must terminate his Medicaid benefits.

## DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's termination of Adult Medicaid benefits.

**ENTERED this \_\_\_\_ day of 2018.**

\_\_\_\_\_  
**Danielle C. Jarrett**  
**State Hearing Officer**