



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

Bill J. Crouch  
Cabinet Secretary

BOARD OF REVIEW  
Berkeley County DHHR  
PO Box 1247  
Martinsburg, WV 25402

Jolynn Marra  
Interim Inspector General

December 6, 2018

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 18-BOR-2667

Dear [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,

Lori Woodward  
State Hearing Officer  
Member, State Board of Review

Encl: Appellant's Recourse to Hearing Decision  
Form IG-BR-29

cc: Peter VanKleeck, BCF, [REDACTED] Co. DHHR

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BOARD OF REVIEW

██████████,

Appellant,

v.

Action Number: 18-BOR-2667

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 convened on December 4, 2018, on appeal filed October 29, 2018.

The matter before the Hearing Officer arises from the October 19, 2018, decision by the Respondent to close the Appellant's Qualified Medicare Beneficiary Coverage (QMB) benefits.

At the hearing, the Respondent appeared by Peter VanKleeck, Family Support Service Supervisor. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Hearing Summary
- D-2 Medicaid Review form (MREV) dated September 17, 2018
- D-3 Closure Notice (CMC2), dated October 19, 2018
- D-4 WV Income Maintenance Manual (WV IMM), Chapter 1, §1.2.2.B

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 Qualified Medicare Beneficiary Coverage (QMB) benefits.
- 2) On September 17, 2018, the Respondent sent the Appellant a QMB review form notifying him that he should complete and return the form before October 31, 2018. (Exhibit D-2)
- 3) On October 19, 2018, the Respondent sent the Appellant a letter informing him that his QMB Medicaid would be discontinued after October 31, 2018, because he had not completed a benefit review. (Exhibit D-3)
- 4) The Appellant's QMB benefits were reopened pending the results of this fair hearing.

## **APPLICABLE POLICY**

QMB cases are redetermined annually and are scheduled in the 12<sup>th</sup> month of eligibility. (WV IMM, Chapter 1, §1.16.10.A) The redetermination process for QMB is initiated by the eligibility system which generates a pre-populated form and letter of explanation to the client. The redetermination form is due by the first day of the 12<sup>th</sup> month of the certification. If the redetermination form is not received by the adverse action date, the assistance group is issued a notice of closure (WV IMM, Chapter 1, §1.16.10.C)

WV IMM, Chapter 1, §1.16.11.C explains that the ending date of QMB eligibility is the last day of the month of the effective date of closure. When QMB eligibility ends, it ends effective the month following the month in which ineligibility occurs, or whenever the advanced notice period ends.

## **DISCUSSION**

The Appellant was a recipient of QMB benefits. On September 17, 2018, the Appellant was sent a review form notifying him that his QMB would be discontinued if he did not return his review form by October 1, 2018, and no later than October 31, 2018. Because the Appellant had not returned his QMB review form as of October 19, 2018, the Respondent sent him a notice of closure, informing him that his QMB would be discontinued effective October 31, 2018.

Although the Appellant did not assert he had returned the review form prior to the end of October, he stated that nothing has changed, and he needed the medical coverage. No QMB review has been completed as of the date of the hearing. Because the Appellant had not completed his QMB review, the Respondent correctly closed his QMB benefits.

## **CONCLUSIONS OF LAW**

- 1) Policy requires that QMB eligibility be reviewed annually. If the redetermination form is not received by the adverse action date, the assistance group is issued a notice of closure.

- 2) The Appellant was sent a QMB review form which was required to be returned to the Respondent by October 1, 2018, but no later than October 31, 2018.
- 3) The Appellant did not complete his QMB eligibility review by October 31, 2018.
- 4) The Respondent was correct in closing the Appellant's QMB benefits beginning November 1, 2018.

**DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's closure of the Appellant's QMB benefits.

**ENTERED this 6<sup>th</sup> day of December 2018.**

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**Lori Woodward, State Hearing Officer**