



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

Jim Justice
Governor

BOARD OF REVIEW
416 Adams St.
Suite 307
Fairmont, WV 26554
304-368-4420 ext. 79326

Bill J. Crouch
Cabinet Secretary

January 25, 2018

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 17-BOR-3024

Dear Ms. [REDACTED]

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the Board of Review is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources (DHHR). 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 that may be taken if you disagree with the decision reached in this matter.

Sincerely,

Tara B. Thompson
State Hearing Officer
State Board of Review

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

cc: David Griffin, [REDACTED] County DHHR

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BOARD OF REVIEW

██████████,

Appellant,

v.

ACTION NO.: 17-BOR-3024

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 January 17, 2018, on an appeal filed December 21, 2017.

The matter before the Hearing Officer arises from the December 19, 2017 decision by the Department to deny Medicaid eligibility due to client failure to submit verification of income.

At the hearing, the Respondent appeared by David Griffin, Economic Service Supervisor. The Appellant appeared *pro se*. All witnesses were sworn, and the following documents were admitted into evidence.

EXHIBITS

Department's Exhibits:

None

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 following Findings of Fact are set forth.

FINDINGS OF FACT

- 1) The Appellant's Assistance Group (AG) was a recipient of Medicaid benefits.
- 2) The Respondent conducted an eligibility review of the Appellant's AG. On December 19, 2017, the Respondent issued a notice advising the Appellant that her AG was denied Medicaid eligibility because the Appellant did not submit required income verification documentation. No additional reasons for eligibility denial were reflected in the notice.
- 3) In December 2017, the Appellant provided paystubs to the Respondent verifying the AG's earned income.
- 4) During the hearing, the Respondent testified that the Appellant's AG was denied Medicaid eligibility due to the AG's income exceeding the Medicaid income eligibility guidelines. The Respondent's reason for the Appellant's Medicaid eligibility denial was not consistent with reason outlined in the December 19, 2017 notice.
- 5) No evidence was provided demonstrating that the Respondent advised the Appellant that Medicaid eligibility was denied because the AG's income exceeded the Medicaid income eligibility guidelines.

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) §7.2.3 Client Responsibilities provides in part:

The primary responsibility for providing verification rests with the client.

It is an eligibility requirement that the client cooperate in obtaining necessary verifications... The client is expected to provide information to which he has access and to sign authorizations needed to obtain other information.

Failure of the client to provide necessary information or to sign authorizations for release of information results in denial of the application or closure of the active case, provided the client has access to such information and is physically and mentally able to provide it...

DISCUSSION

During the hearing, the Respondent testified that the Appellant's Assistance Group (AG) was a recipient of Medicaid benefits and that a review was conducted to determine the AG's continued Medicaid eligibility. On December 19, 2017, a notice was issued by the Respondent advising the Appellant that the AG's Medicaid eligibility was denied because the Appellant did not submit

required income verification documentation. The Appellant contested the Respondent's denial of Medicaid eligibility.

The Respondent bears the burden of proof. To prove that the Respondent properly denied Medicaid eligibility for the Appellant's AG as outlined in the December 19, 2017 notice, the Respondent had to demonstrate by a preponderance of evidence that the Appellant failed to provide required income verification to the Respondent. The Appellant provided credible testimony that in December 2017 she submitted the AG's earned income verification to the Respondent. The Respondent did not contest that it had received the AG's earned income verification.

The Respondent testified that the Appellant's AG was denied Medicaid eligibility due to the AG's income exceeding the Medicaid income eligibility guidelines. No evidence was entered to indicate that the Respondent had issued a notice advising the Appellant that Medicaid eligibility was denied based on the AG's income exceeding the eligibility limit. During the hearing, the Appellant testified that approval for Medicaid was needed to assist with medical expenses related to her daughter's medical diagnoses. The Respondent argued that Medicaid eligibility is income-based and that the diagnoses of an AG member cannot be considered for eligibility determination. Because Medicaid type was not specified during the hearing and is not clear on the notice, eligibility requirements could not be confirmed.

During the hearing, the Appellant testified that the AG's earned income fluctuates and that paystubs provided to the Respondent in December 2017 were not an accurate reflection of the AG's future income. Because needed income verification records were not provided, the Hearing Officer is unable to determine if the income verification supplied by the Appellant was used by the Respondent in determining the AG's Medicaid eligibility. The Respondent testified during the hearing that if the Appellant provides additional verification of income fluctuation to the Respondent that the Respondent can reassess Medicaid eligibility for the Appellant's AG.

CONCLUSIONS OF LAW

- 1) Policy provides that failure of the client to provide necessary income verification will result in denial of the application or closure of the active case.
- 2) The Respondent failed to demonstrate by a preponderance of evidence that the Appellant failed to provide required income verification to the Respondent.
- 3) The Respondent was incorrect to deny Medicaid eligibility for the Appellant's AG based on the client's failure to provide required income verification to the Respondent.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Department's decision to deny the Appellant's Assistance Group Medicaid eligibility due to client failure to submit required verification of income as outlined in the December 19, 2017 notice. The matter is **REMANDED** for re-calculation of eligibility based on the income verification provided by the Appellant. If the

Respondent is unable to locate the verification information provided by the Appellant, it is hereby **ORDERED** that the Respondent issue a notice to the Appellant requesting verification as required by policy. Subsequent determinations of Medicaid eligibility will be subject to appeal from the Appellant.

ENTERED this 25th day of January 2018.

Tara B. Thompson
State Hearing Officer