



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
P. O. Box 2590  
Fairmont, WV 26555-2590

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

October 6, 2006

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

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

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 19, 2006. Your hearing request was based on the Department of Health and Human Resources' action to deny your application for Medicaid.

In arriving at a decision, the State Hearings 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 in order to be considered disabled, an individual over 18 must be unable to engage in any substantial gainful employment by reason of any medically determined physical or mental impairment which can be expected to result in death or which can be expected to result in death or which can be expected to last for a continuous period of not less than twelve months. [WV Income Maintenance Manual Section 12.2(A)]

The information submitted at your hearing reveals that you do not meet the criteria necessary to qualify for Medicaid. As a single adult without dependent children, Medicaid eligibility is limited to the specialized programs like the Breast and Cervical Cancer (BCC) Program, Long-Term Care (LTC) Programs and the SSI-Related Medicaid Program based on a disability. Because you do not meet preliminary eligibility criteria for the BCC or LTC or other specialized Medicaid Programs, the only program for which you can qualify is SSI-Related Medicaid based on a disability. Whereas you indicated that you are not disabled, eligibility for SSI-Related Medicaid cannot be established.

It is the decision of the State Hearings Officer to **uphold** the action of the Department in denying your application for benefits and services through the Medicaid Program.

Sincerely,

Thomas E. Arnett  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Lisa Perkins, ESW, DHHR

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

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

**v.**

**Action Number: 05-BOR-2465**

**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 October 6, 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 19, 2006 on a timely appeal filed June 12, 2006.

**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 either aged disabled, or blind as those terms are defined by the Social Security Administration for purposes of eligibility for SSI.

**III. PARTICIPANTS:**

\_\_\_\_\_, Claimant  
Lisa Perkins, ESW, DHHR

Presiding at the Hearing was Thomas E. Arnett, 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 agency was correct in its action to deny the Claimant's application for SSI-Related Medicaid based on a disability.

#### **V. APPLICABLE POLICY:**

West Virginia Income Maintenance Manual Section 12.2(A) & 16.6

#### **VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

##### **Department's Exhibits:**

- D-1 Department's Hearing Summary
- D-2 Notice of Denial dated 7/13/06
- D-3 WVIMM, Chapter 16
- D-4 Case Comments from 7/12/06

#### **VII. FINDINGS OF FACT:**

- 1) The Claimant completed an application for Medicaid on July 11, 2006. The Claimant was evaluated for Medicaid eligibility under all available Medicaid Program for a single adult without dependent children as well as specialized Medicaid Programs (i.e. Breast and Cervical Cancer, Transplant, Long-Term Care, etc. . . )
- 2) The determination was made that the Claimant fails to meet the preliminary eligibility criteria for any of the specialized Medicaid Programs as she does not present an eligible diagnosis. The only Medicaid Program for which the Claimant could qualify is SSI-Related Medicaid.
- 3) On or about July 13, 2006, the Department notified the Claimant via a Notice of Decision that her 7/11/06 application for medical assistance has been denied. This notice goes on to say that "This individual is not Aged, Blind, or Disabled which is a requirement for this Medicaid coverage."
- 4) The Department presented evidence to indicate that the Claimant was erroneously approved for Medicaid through the Breast and Cervical Cancer (BCC) Program effective 3/1/06, however, when it was determined that the Claimant no longer presented an eligible diagnosis, the Claimant's Medicaid coverage through the BCC Program was terminated effective 6/30/06.
- 5) The Claimant testified that she is not disabled and does not have Breast or Cervical Cancer. She stated that she has Human Papilloma Virus (HPV) and that she will continue to need medical treatment from her physician for this condition.

- 6) West Virginia Income Maintenance Manual, Chapter 16.1 states that the West Virginia Medicaid Program provides payment for covered medical services to certified medical providers for eligible individuals who are aged, blind or disabled and to eligible members of families with dependent children.
- 7) Policy found in the West Virginia Income Maintenance Manual, Chapter 12.2 (A), states:  
The definition of disability for Medicaid purposes is the same as the definitions used by SSA in determining eligibility for SSI or RSDI based on disability.  
An individual who is age 18 or over is considered to be disabled if he is unable to engage in any substantial gainful activity due to any medically determined physical or mental impairment which has lasted or can be expected to last for a continuous period of not less than 12 months or can be expected to result in death.

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

- 1) The evidence submitted at the hearing reveals that the Claimant was evaluated for Medicaid coverage under all available Medicaid Programs for a single adult without children.
- 2) The Claimant fails to qualify for any of the specialized Medicaid Programs as she does not present an eligible diagnosis and she is not aged, blind or disabled.
- 3) Based on the evidence, the Department has followed proper procedure in determining that the Claimant did not qualify for Medicaid at the time of the application.

#### **IX. DECISION:**

It is the ruling of this Hearing Officer to **uphold** the action of the Department in denying your application for Medicaid benefits.

#### **X. RIGHT OF APPEAL:**

See Attachment

#### **XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 6<sup>th</sup> Day of October 2006.**

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**Thomas E. Arnett  
State Hearing Officer**