



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
P.O. Box 970
Danville, WV 25053

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

October 7, 2008

Dear _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 5, 2008. Your hearing request was based on the Department of Health and Human Resources' proposal to deny benefits under the SSI-Related Medicaid Program.

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. Some of these regulations state as follows: The client is requested to provide proof of his medical expense, date incurred, type of expense and amount and to submit them to the Worker by the application processing deadline. If the client does not submit sufficient medical bills by the application processing deadline, the application is denied (WV Income Maintenance Manual Section 10.22.D.11)

The information which was submitted at your hearing revealed you failed to provide proof of medical expenses by the processing deadline of July 5, 2008.

It is the decision of the State Hearing Officer to **uphold** the proposal of the Department to deny benefits under the SSI-Related Medicaid Program.

Sincerely,

Cheryl Henson
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Brenda Bailey, [REDACTED] DHHR

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

_____,
Claimant,

Action Number: 08-BOR-1921

**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 September 5, 2008 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 5, 2008 on a timely appeal, filed August 7, 2008.

II. PROGRAM PURPOSE:

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

SSI Related Medicaid 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
_____, Claimant's spouse

Brenda Bailey, Department Representative [REDACTED] DHHR

Presiding at the hearing was Cheryl Henson, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is whether the Department is correct in the decision to deny the Claimant's medical application due to failure to meet the spenddown within the processing timeframe.

V. APPLICABLE POLICY:

Section 10.22.D.11 of the West Virginia Income Maintenance Manual

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-A Summary
- D-B Copy of Notification letter dated June 6, 2008
- D-C Verification Checklist dated June 6, 2008
- D-D Denial Notification letter dated July 8, 2008
- D-E WV Income Maintenance Manual Section 10.22, 1.22, and Appendix A

Claimant's Exhibits:

- C-1 Medical Physician's statement dated August 21, 2008
- C-2 List of Medication with cost added
- C-3 List of Medications and dosage

VII. FINDINGS OF FACT:

- 1) The Claimant applied for SSI-related Medicaid on June 5, 2008 with income of \$915.40 monthly social security benefits received by her husband. The Claimant was approved for Medicaid with a spenddown as the Department determined the Claimant's countable income was more than the income limit (MNIL) of \$275.00 for a two person benefit group. The Department sent the Claimant a Verification Checklist letter (D-C) dated June 6, 2008 which stated the following pertinent information:

This is to inform you that the information listed below is needed to establish your eligibility for: SSI Related Medicaid for the Aged, Blind and Disabled. If this information is not made available to this office by 07-07-08 your eligibility for benefits and/or deductions cannot be established or continued.

HOUSEHOLD INFORMATION NEEDED:

Medical bills must be provided in the amount of the spenddown.

The amount of your spenddown is \$3722.40. The amount of medical bill you presented is \$0.00. You should have presented additional medical bills in the amount of \$3722.40 in order to meet your spenddown.

- 2) The Claimant testified that she does not dispute the amount of income used to determine eligibility, and that she understands the spenddown process. She testified that she “needs a doctor card real bad due to my conditions.” She indicated she needs surgery (C-1) and has to buy a lot of medicine (C-3) totaling approximately \$1065.00 per month without insurance. She sees several different doctors, has a bad foot with two metal plates and seven screws, blisters in her stomach, and has swelling in the back of her eyes.
- 3) The Department’s position is that because the Claimant’s countable income is in excess of the income limit (MNIL) of \$275.00 monthly, her household must meet a spenddown, which has nothing to do with her medical condition or needs. No policy is in place to allow the Department to overlook the spenddown procedure due to an individual’s medical condition or needs. The Claimant did not present expenses to meet the spenddown within the application timeframe and therefore the Department was unable to approve the Medicaid.
- 3) Section 10.22.H.11 of the West Virginia Income Maintenance Manual reads in part:

Spenddown

To receive a Medicaid card, the monthly countable income of the Needs Group must not exceed the amount of the MNIL. If the income of the Needs Group exceeds the MNIL, the client has an opportunity to spend his income down to the MNIL by incurring medical expenses. These expenses are subtracted from the client’s income for the 6-month Period of Consideration (POC), until his income is at or below the MNIL for the Needs Group until the POC expires. The spenddown process applies only to AFDC-Related and SSI-Related Medicaid.

If the client does not submit sufficient medical bills by the application processing deadline, the application is denied.

VIII. CONCLUSIONS OF LAW:

- 1) The Claimant applied for SSI-Related Medicaid on June 5, 2008 and provided verification of household income in the form of social security for the Claimant’s spouse of \$915.40. A Verification Checklist was provided to the Claimant on June 5, 2008 giving the Claimant until July 5, 2008 to provide verification of medical expenses

in the amount of \$3722.40 in order to meet the spenddown requirements for approval. The Claimant failed to provide any verification by the deadline.

- 2) Policy requires that the claimant must meet a spenddown when their countable income exceeds the MNIL allowable income for SSI-Related Medicaid. In this case the MNIL was \$275.00. The Claimant failed to meet the spenddown as required.
- 3) The Department correctly denied the application.

IX. DECISION:

It is the finding of the State Hearing Officer that the Department is **upheld** in their action to deny the Claimant's application for a medical card under the SSI-Related Medicaid Program.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 7th Day of October, 2008.

**Cheryl Henson
State Hearing Officer**