

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

February 25, 2008

Dear Ms. ____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held January 31, 2008. Your hearing request was based on the Department of Health and Human Resources' proposal to terminate 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: Spenddown AG's are not redetermined and are closed at the end of the 6th month of the POC. The client must reapply for a new POC. The last month of the 6-month POC is coded in the system. (WV Income Maintenance Manual Section 1.22.N)

The information which was submitted at your hearing revealed your spenddown period ended December 31, 2007, and you failed to reapply for continued Medicaid benefits.

It is the decision of the State Hearing Officer to **uphold** the proposal of the Department to terminate 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 Rusty Udy, DHHR

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES BOARD OF REVIEW

Claimant,

v.

Action Number: 08-BOR-732

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 January 31, 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 January 31, 2008 on a timely appeal, filed December 21, 2007.

It should be noted here that the Claimant's benefits have been continued pending a hearing decision.

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

Rusty Udy, Department Representative, DHHR Observing – Kristi Logan, State Hearing Officer

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 discontinue the Claimant=s medical card because financial requirements could not be met.

V. APPLICABLE POLICY:

Section 1 .22.N and 1.22.R of the West Virginia Income Maintenance Manual

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Summary
- D-2 Copy of Notification letter dated December 27, 2007
- D-3 Copy of Case Comments dated August 2007 through December 2007
- D-4 Copy of IGBR29
- D-5 Copy of Notification letter dated January 15, 2008
- D-6 Copy of WV Income Maintenance Manual Section 1.22
- D-7 Copy of WV Income Maintenance Manual Section 6.3
- D-8 Copy of Rapids Screens Individual Participation
- D-9 Copy of Rapids Screens Disability/Incapacity
- D-10 Copy of Rapids Screens Medical Review Team Information

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

1) The Claimant and her husband were receiving SSI-Related Medicaid with a period of consideration from July 2007 through December 2007. The Claimant was sent a notification letter (D-2) December 27, 2007 which stated the following:

Action: Your Medicaid will end on 12/31/07.

Reason: The time limit for this coverage has expired. If you wish to be re-evaluated for Medicaid, you must reapply for coverage.

- 2) The Claimant testified that she received the notification letter (D-2); however, she did not understand that she needed to reapply for benefits. Her husband stated that she started getting Social Security benefits of \$508.00 monthly in October 2007 and they thought that is why they were terminated. The Claimant's husband indicated he cannot read. He also indicated that one of their relatives passed away in December 2007, which may have contributed to their not fully understanding the letter they received.
- 3) Section 1.22N of the West Virginia Income Maintenance Manual reads in part:

Spenddown AG's are not redetermined and are closed at the end of the 6^{th} month of the POC. The client must reapply for a new POC. The last month of the 6-month POC is coded in the data system.

4) WV Income Maintenance Manual Section 1.22R states in pertinent part:

Spenddown AG's receive a computer-generated letter at the end of the 5th month of the POC. This letter informs the client that his eligibility will end at the end of the following month and that he must reapply for Medicaid coverage.

VIII. CONCLUSIONS OF LAW:

- 1) The Claimant's spenddown period ended December 31, 2007. The Department sent the Claimant a letter informing her that her spenddown period was ending and she must reapply for Medicaid.
- 2) Policy requires that the client must reapply for Medicaid once the spenddown period expires. The Claimant received proper notification of this requirement.
- 3) The proposed closure of the case is valid.

IX. DECISION:

It is the finding of the State Hearing Officer that the Claimant must reapply when the spenddown period expires. The Department is **upheld** in the proposal to discontinue the Claimant=s 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 25th Day of February, 2008.

Cheryl Henson State Hearing Officer