



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
P.O. Box 468
Hamlin, WV 25523

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

August 12, 2009

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held July 30, 2009. Your hearing request was based on the Department of Health and Human Resources' action to deny your application for Poverty Level Pregnant Woman Medicaid.

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 Poverty Level Pregnant Woman Medicaid Program is based on current policy and regulations. Some of these regulations state that for applications after a pregnancy ends, when the client applies within 3 months of the termination of the pregnancy, eligibility may be backdated up to three months, prior to the month of application, in which she met all eligibility requirements. (WV Income Maintenance Manual Section 1.10.E.2) For applications submitted by inROADS online, a Rapids request for assistance (RFA) is established, and the applicant has 30 days from the RFA date to submit a signed signature page. (WV Income Maintenance Manual Section 1.2.K.2) The date of application for an inROADS application is the date the signed signature page is received. (WV Income Maintenance Manual Section 1.9.C) At application, redetermination and anytime a DFA-6 is used, the Worker must list all required verification known at the time. The client must not be required to verify a few items at a time, unless information received after the RAPIDS verification notice or DFA-6 is issued calls for additional verification. (WV Income Maintenance Manual Section 4.1.B)

The information which was submitted at your hearing revealed that your signed signature page was received on April 29, 2009 and established your date of application. The Department failed to ask for pregnancy verification on their first request for information as required by policy. The Department sent a second request for verification which you did not receive.

It is the decision of the State Hearing Officer to **reverse** the action of the Department to deny your application for Poverty Level Pregnant Woman Medicaid for failure to verify pregnancy on their second request.

Sincerely,

Cheryl Henson
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Michael Stanley, [REDACTED] DHHR

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

-----,

Claimant,

v.

Action Number: 09-BOR-1413

**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 July 30, 2009 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 July 30, 2009 on a timely appeal, filed June 15, 2009.

II. PROGRAM PURPOSE:

PREGNANT WOMEN MEDICAID

Pregnant women may be eligible for Medicaid coverage under the Medicaid for Poverty-Level Women program when the countable income of their Standard Filing Unit is equal to or less than 150% of the Federal Poverty Level. Once established, eligibility continues through the pregnancy and through 60 days postpartum.

III. PARTICIPANTS:

-----, Claimant

Michael Stanley, Department Representative

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 to be decided is whether the Department was correct in its decision to deny the Claimant's application for Poverty Level Pregnant Woman Medicaid.

V. APPLICABLE POLICY:

WV Income Maintenance Manual Sections 1.2, 1.9, 1.10, 4.1, 6.2

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Claimant's inROADS application for Pregnancy Medicaid dated April 14, 2009
- D-2 Signature page dated April 28, 2009 with accompanying documents
- D-3 Verification Checklist sent to -----May 7, 2009
- D-4 Notification letter date May 21, 2009 – illegible
- D-5 Verification of pregnancy dated June 15, 2009
- D-6 WV Income Maintenance Manual Section 16.3
- D-7 WV Income Maintenance Manual Section 16.5

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

- 1) The Claimant applied (D-1) for Poverty Level Pregnant Woman Medicaid utilizing the online inROADS program on April 14, 2009. Her application included the following pertinent information:

I AM APPLYING FOR THIS CARD DUE TO AN ECTOPIC PREGNANCY THAT OCCURED [SIC] ON 1-13-09. I RECIEVED [SIC] TREATMENT AT CLINCH VALLEY MEDICAL CENTER. MY LEFT TUBE BUSTED CAUSING ME TO BLEED INTERNALLY, LOOSING [SIC] 3 PINTS OF BLOOD, THUS REQUIRING IMMEDIATE SURGERY, AND A BLOOD TRANSFUSSION. I WAS ADMITTED THROUGH THE E.R. I HAVE AQUIED [SIC] SEVERAL BILLS AND NEED HELP PAYING FOR THE TREATMENT IN WHICH SAVED MY LIFE. THANK YOU

- 2) The Claimant submitted the signature page (D-2) to the Department on April 28, 2009. The instructions provided on page two (2) of the signature page document instructs the Claimant to provide the Department with certain verifications, including proof of

identity, proof of citizenship, and proof of all income received within 30 days prior to the date you submit the application. The Department did not request proof of pregnancy information at this time, even though the application clearly indicates that Pregnancy Medicaid is the type of assistance being requested. The Claimant submitted the requested documents with her signature page.

- 3) The Department sent the Claimant's husband a verification checklist (D-3) dated May 7, 2009. The first sentence of the form is not legible. The form reads in part:

HOUSEHOLD INFORMATION NEEDED:

INDIVIDUAL INFORMATION NEEDED:

Proof of pregnancy.

Proof of pregnancy due date.

How many unborn children is the pregnant household mbr [sic] carrying?

PLEASE SEND OR BRING THIS FORM WHEN YOU PROVIDE
THE REQUESTED INFORMATION.

The form does not list a deadline date for providing the requested information. The Claimant provides that she did not receive the verification checklist, however, the address listed on the form is correct.

- 3) The Department provides that after receiving no response from the Claimant after ten (10) days they sent her a denial notice dated May 21, 2009 (D-4) which states in pertinent part:

ACTION: Your 04/14/09 application for Federal Poverty Level
Medicaid for Pregnant Women has been denied.

REASON:

The following individuals are ineligible. -----

The reason for the denial is not legible. The Claimant indicated she did receive this notice and requested a hearing immediately on May 29, 2009.

- 4) The Department met with the Claimant on June 15, 2009 for a pre-hearing conference and explained the reason for the denial was lack of verification of pregnancy information. The Claimant provided the verification to the Department that same day, however the Department contends it was not provided timely.
- 5) The Department contends that the Claimant failed to provide verification after ten (10) days, therefore the April 29, 2009 application was denied. When she returned the verification on June 15, 2009 too much time had elapsed. They added that policy provides that the eligibility could be backdated three months from the date of the new application, that being June 15, 2009, which would now be March 1, 2009. The Claimant's pregnancy ended January 13, 2009.

- 6) The Claimant contends that she provided all the verification that was requested on the Department's first verification notice (D-2), and she never received a second request for verification from the Department. She added that she would have immediately returned the information if she had known. The Department sent the second notice (D-3) addressed to her husband and the notice does not provide a deadline for providing the requested verification.

- 7) WV Income Maintenance Manual Section 4.2.G states in pertinent part:

CATEGORICAL RELATEDNESS

ITEM: PREGNANCY

PROGRAMS: Poverty-Level Pregnant Women

WHEN TO VERIFY: Prior to approval

POSSIBLE SOURCES OF VERIFICATION: Statement from attending physician, physician's assistant, nurse practitioner or other person medically qualified to diagnose pregnancy.

- 8) WV Income Maintenance Manual Section 4.1 states in pertinent part:

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.

By signing the application the client gives the Department permission to verify information, when necessary.

B. The Worker has the following responsibilities in the verification process:

* At application, redetermination and anytime an [sic] DFA-6 is used, the Worker must list all required verification known at the time. The client must not be required to verify a few items at a time, unless information received after the RAPIDS verification notice or DFA-6 is issued calls for additional verification.

* If the client is unsuccessful in obtaining information, or, if physical or mental limitations prevent his compliance, and there is no one to assist him, the Worker must obtain the verification.

- 9) WV Income Maintenance Manual Section 1.10.E states in pertinent part:

BEGINNING DATE OF ELIGIBILITY

2. Application After Pregnancy Ends

When the client applies within 3 months of the termination of the pregnancy, eligibility may be backdated up to three months, prior to the month of application, in which she met all eligibility requirements.

- 10) WV Income Maintenance Manual Section 1.9 states in pertinent part:

C. DATE OF APPLICATION

The date of application for an inROADS application is the date a signed signature page is received.

H. DUE DATE FOR ADDITIONAL INFORMATION

When the application is returned by mail, left at the office or submitted by inROADS and additional information is required, the client must be given at least 10 days after the mailing date of the request for additional information to respond.

VIII. CONCLUSIONS OF LAW:

- 1) Policy requires that pregnancy be verified for Poverty Level Pregnant Woman Medicaid. Policy also provides that at application the Worker must list all required verification known at the time, and the applicant must not be required to verify a few items at a time. When an application is returned by inROADS and additional information is required, the client must be given at least 10 days after the mailing date of the request for additional information to respond.
- 2) Policy also provides that when a client applies within three (3) months of the termination of the pregnancy, eligibility may be backdated three (3) months from the date of application
- 3) Evidence is clear in that the Claimant's application date is April 29, 2009. The Claimant clearly informed the Department on her application (D-1) that she was applying for Pregnancy Medicaid due to a pregnancy that ended on January 13, 2009. The Department sent her a signature page (D-2) and requested certain verifications; however, they did not request all known required verifications at that time.
- 4) It is clear the Claimant made a good faith effort to cooperate with the Department in providing the verifications requested. She returned all documents requested on the Department's first notice. The Department also had enough information provided on the application to allow them to assist the Claimant in obtaining the needed verification. The Claimant clearly listed that her hospitalization and miscarriage occurred on January 13, 2009 at [REDACTED] Medical Center.
- 5) The Department failed to show they provided a deadline date on their second request for information (D-3) sent to the Claimant.

- 6) The Department did not follow policy in evaluating the Claimant's application for Poverty Level Pregnant Woman Medicaid, and incorrectly denied her application for lack of verification.

IX. DECISION:

It is the finding of the State Hearing Officer that the Department is **reversed** in their decision to deny the Claimant's Poverty Level Pregnant Woman Medicaid.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 13th Day of August, 2009

**Cheryl Henson
State Hearing Officer**