

State of West Virginia DEPARTMENT OF HEALTH AND HUMAN RESOURCES Office of Inspector General Board of Review 1027 N. Randolph Ave. Elkins, WV 26241

Earl Ray Tomblin Governor	November 30, 2016	Karen L. Bowling Cabinet Secretary
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RE:	v. WVDHHR ACTION NO.: 16-BOR-2907	
Dear		

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

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.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Pamela L. Hinzman State Hearing Officer Member, State Board of Review

- Encl Appellant's Recourse to Hearing Decision Form IG-BR-29
- cc: Angela Jennings, WVDHHR

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BOARD OF REVIEW

,

Appellant,

v.

Action Number: 16-BOR-2907

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 **Example**. 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 November 17, 2016, on a request for appeal filed October 24, 2016.

The matter before the Hearing Officer arises from the October 18, 2016 decision by the Respondent to deny the Appellant's SSI-Related Medicaid benefits.

At the hearing, the Respondent appeared by Angela Jennings, Family Support Supervisor, WVDHHR. The Appellant appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1West Virginia Income Maintenance Manual Chapter 10.22D-2West Virginia Income Maintenance Manual Chapter 16.9
- D-3 Spenddown tracking information from Department's computer system
- D-4 Spenddown calculation

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 Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- 1) On October 18, 2016, the Respondent issued a Notice of Decision to the Appellant, informing her of its decision to deny SSI-Related Medicaid benefits based on failure to meet a spenddown.
- 2) Angela Jennings, Family Support Supervisor (FSS) with the Respondent, testified that the Appellant's spenddown was calculated as \$6,612 for the six-month Period of Consideration (D-4), and the Respondent had utilized all of the Appellant's outstanding medical bills to meet a previous spenddown (D-3). Exhibit D-3 indicates that the bills were used to meet a spenddown for the period of November 2015 through April 2016.
- 3) The Appellant testified that her CPAP machine is being taken from her since she has no Medicaid coverage, and that she also needs Depends protective undergarments. She indicated that she may have a few new medical bills from **Medicaid coverage** and a physician, but she does not believe the bills would total \$6,000. She also stated that she may be undergoing some additional medical treatments. FSS Jennings stated that the Respondent could review additional bills if the Appellant provides them.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 10.22.A states that Medically Needy cases have a fixed Period of Consideration (POC) and the total income for the six-month POC is used to determine the spenddown amount.

West Virginia Income Maintenance Manual Chapter 10.22.D.11 states that to receive a Medicaid card, the monthly countable income of the Needs Group must not exceed the amount of the Medically Needy Income Limit (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 six-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. Medicaid eligibility begins on the date that medical bills bring the spenddown amount to \$0.

DISCUSSION

Policy states that Medically Needy cases have a fixed Period of Consideration (POC), and the total income for the six-month POC is used to determine the spenddown amount. SSI-Related Medicaid eligibility begins on the date that medical bills bring an applicant's spenddown amount to \$0.

The Respondent determined that the Appellant's spenddown for her six-month Period of Consideration is \$6,612. There was no dispute concerning the amount of the spenddown and no dispute that the Appellant currently does not have the required amount of medical bills to meet a

spenddown. Therefore, the Department acted correctly in denying SSI-Related Medicaid benefits.

CONCLUSIONS OF LAW

The Department acted correctly in denying the Appellant's SSI-Related Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Department's decision to deny SSI-Related Medicaid benefits.

ENTERED this <u>30th</u> Day of November 2016.

Pamela L. Hinzman State Hearing Officer