

# STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES OFFICE OF INSPECTOR GENERAL

Bill J. Crouch Cabinet Secretary BOARD OF REVIEW
State Capitol Complex
Building 6, Room 817-B

Jolynn Marra Interim Inspector General

Charleston, West Virginia 25305 Telephone: (304) 558-2278 Fax: (304) 558-1992

September 30, 2019



RE:

v. WVDHHR

ACTION NO.: 19-BOR-2197

Dear Mr.

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,

Angela D. Signore State Hearing Officer Member, State Board of Review

Encl: Appellant's Recourse to Hearing Decision

Form IG-BR-29

cc: Jeffrey Adkins, WV DHHR, County Kimberly Vance, WV DHHR, County

# WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BOARD OF REVIEW

Appellant,

v. Action Number: 19-BOR-2197

# 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 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 September 4, 2019, on an appeal filed August 8, 2019.

The matter before the Hearing Officer arises from the August 2, 2019 decision by the Respondent to deny the Appellant's application for Social Security Income Related (SSI-Related) Medicaid.

At the hearing, the Respondent appeared by Jeffrey Adkins, Economic Service Worker. Appearing as a witness for the Respondent was Kimberly Vance, Economic Service Supervisor. The Appellant appeared *pro se*. Both witnesses were sworn and the following documents were admitted into evidence.

# **Department's Exhibits:**

D-1	Department of Health and Human Resources (DHHR) Application for SSI-R
	Healthcare Coverage dated July 2, 2019
D-2	Service Description and Charge Amounts from
	( ) and Extended Business Office
D-3	eRAPIDS system screenshot printout of Case Comments, July 10, 2019 through
	August 13, 2019
D-4	DHHR Verification Checklist dated July 11, 2019
D-5	DHHR Verification Checklist dated July 18, 2019
D-6	West Virginia Income Maintenance Manual (WV IMM) Chapter 1.18.4
D-7	WV IMM Chapter 7.2.3
D-8	WV IMM Chapter 4.14.4.J.3
D-9	DHHR Notice of Denial dated August 2, 2019

# **Appellant's Exhibits:**

None

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) The Appellant applied for SSI-Related Medicaid on July 02, 2019. Based on income, he was approved for SSI-Related Medicaid with a spenddown and was asked to provide medical bills in the amount of \$5,082. (Exhibits D-1, D-5)
- 2) On July 2, 2019, the Appellant provided medical bills from and Extended Business Office totaling \$18,978.67, to be applied to his spenddown. (Exhibits D-2, D-5)
- On July 10, 2019, the Respondent verified two open accounts with with a balance of \$1,364, and Acct# with a balance of \$66.35) totaling \$1,430.35, which were applied toward the Appellant's spenddown amount. (Exhibits D-2, D-3)
- 4) The total billing amount of \$18,978.67 due to was written off by the provider and placed with a third-party collection agency (Exhibits D-2, D-3)
- 5) The Respondent issued a verification checklist requesting the Appellant's checking account balance on July 11, 2019. (Exhibit D-4)
- 6) The Respondent sent a second verification checklist on July 18, 2019, requesting additional medical bills to meet a spenddown balance of \$3,651.65, and proof of the Appellant's checking account balance. (Exhibit D-5)
- 7) No additional medical bills were submitted by the Appellant.
- 8) The Appellant failed to submit verification of his checking account balance.
- 9) On August 02, 2019, the Respondent notified the Appellant that his application for SSI-Related Medicaid was denied due to failure to verify his checking account and for not meeting the spenddown requirement.

### APPLICABLE POLICY

West Virginia Income Maintenance Manual §1.18.1 reads:

The date of application is the date the Department of Health and Human Resources (DHHR) receives the application in person, by fax or other electronic transmission, through inROADS or the FFM, or by mail, which contains, at a minimum, the applicant's name, address, and signature.

West Virginia Income Maintenance Manual §1.18.4 reads:

Additional information related to medical bills is due 30 days from the date of application.

West Virginia Income Maintenance Manual §4.14.4.J reads, in part:

The client is requested to provide proof of his medical expenses, 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.

West Virginia Income Maintenance Manual §4.14.4.J.3 reads, in part:

The following medical expenses, which are not subject to payment by a third party, and for which the client will not be reimbursed, are used to reduce or eliminate the spenddown.

Old unpaid bills, which are being collected by an agency other than the medical provider, may be used when the expense is still owed to the provider. If the expense has been written off by the provider, it is no longer considered the client's obligation, and is, therefore, not an allowable spenddown expense.

West Virginia Income Maintenance Manual §4.14.4.J.3 reads, in part:

Verification of a client's statement is required when:

• Policy requires routine verification of specific information.

West Virginia Income Maintenance Manual §4.14.4.J.3 reads, in part:

The primary responsibility for providing verification rests with the client.

It is an eligibility requirement that the client cooperate in obtaining necessary verifications, with an exception being that a client must never be asked to provide verification that he is or is not either a fleeing felon or a probation/parole violator.

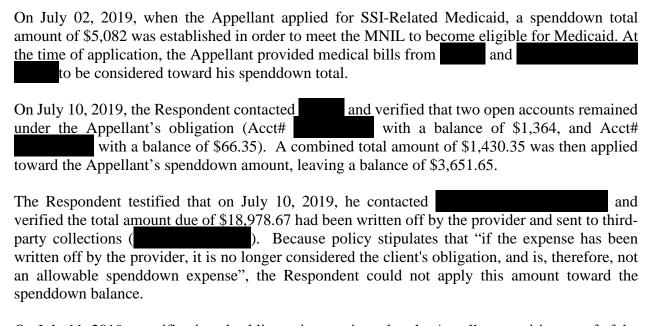
The client is expected to provide information to which he has access and to sign authorizations needed to obtain other information.

Failure of the client to provide necessary information or to sign authorizations for release of information results in denial of the application or closure of the active case, provided the client has access to such information and is physically and mentally able to provide it.

West Virginia Income Maintenance Manual §4.16.4.J reads, in part:

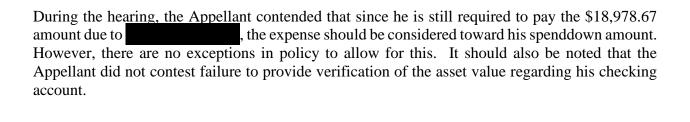
To be eligible for Medicaid, the income group's (IG) monthly countable income must not exceed the amount of the Medically Needy Income Level (MNIL). If the income exceeds the MNIL, the assistance group (AG) has an opportunity to spend the income down to the MNIL by incurring medical expenses. These expenses are subtracted from the income for the six-month period of consideration (POC), until the income is at or below the MNIL for the Needs Group (NG) size. The spenddown process applies only to AFDC-Related and SSI-Related Medicaid.

### **DISCUSSION**



On July 11, 2019, a verification checklist notice was issued to the Appellant requiring proof of the asset value of his checking account, with a due date of July 24, 2019. On July 18, 2019, a second verification checklist was issued, again asking for proof of the Appellant's checking account asset value and for additional medical bills to meet the remaining spenddown balance of \$3,651.65, both due by August 1, 2019.

On August 2, 2019, when the Appellant failed to provide additional outstanding medical bills and proof of his checking account asset value, a denial letter was issued.



# **CONCLUSIONS OF LAW**

- 1) Because the \$18,978.67 amount due to was written off to a thirdparty collection agency, it cannot be used to meet the spenddown.
- 2) Because the Appellant failed to submit sufficient medical bills to meet his spenddown requirement, his application must be denied.
- 3) Because the Appellant failed to verify the asset value of his checking account, the Respondent acted in accordance with policy when issuing the denial of his July 02, 2019 SSI-Related Medicaid application.

# **DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to deny the Appellant's application for SSI-Related Medicaid benefits.

ENTERED this day o	of September 2019.
	Angela D. Signore
	State Hearing Officer