



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

**Jolynn Marra
Interim Inspector General**

September 30, 2019



RE: [REDACTED] v. WVDHHR
ACTION NO.: 19-BOR-2197

Dear Mr. [REDACTED]

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, [REDACTED] County
Kimberly Vance, WV DHHR, [REDACTED] County

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

[REDACTED],

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 [REDACTED]. 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 [REDACTED] 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 [REDACTED] totaling \$23,395.38, and Extended Business Office totaling \$18,978.67, to be applied to his spenddown. (Exhibits D-2, D-5)
- 3) On July 10, 2019, the Respondent verified two open accounts with [REDACTED] (Acct# [REDACTED] with a balance of \$1,364, and Acct# [REDACTED] 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 [REDACTED] was written off by the provider and placed with a third-party collection agency ([REDACTED]). (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 02, 2019, when the Appellant applied for SSI-Related Medicaid, a spenddown total amount of \$5,082 was established in order to meet the MNIL to become eligible for Medicaid. At the time of application, the Appellant provided medical bills from [REDACTED] and [REDACTED] to be considered toward his spenddown total.

On July 10, 2019, the Respondent contacted [REDACTED] and verified that two open accounts remained under the Appellant's obligation (Acct# [REDACTED] with a balance of \$1,364, and Acct# [REDACTED] with a balance of \$66.35). A combined total amount of \$1,430.35 was then applied toward the Appellant's spenddown amount, leaving a balance of \$3,651.65.

The Respondent testified that on July 10, 2019, he contacted [REDACTED] and verified the total amount due of \$18,978.67 had been written off by the provider and sent to third-party collections ([REDACTED]). Because policy stipulates that "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", the Respondent could not apply this amount toward the spenddown balance.

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.

During the hearing, the Appellant contended that since he is still required to pay the \$18,978.67 amount due to [REDACTED], the expense should be considered toward his spenddown amount. However, there are no exceptions in policy to allow for this. It should also be noted that the Appellant did not contest failure to provide verification of the asset value regarding his checking account.

CONCLUSIONS OF LAW

- 1) Because the \$18,978.67 amount due to [REDACTED] was written off to a third-party 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 of September 2019.

Angela D. Signore
State Hearing Officer