



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

**Bill J. Crouch  
Cabinet Secretary**

**BOARD OF REVIEW  
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**Jolynn Marra  
Interim Inspector General**

October 29, 2019

[REDACTED]

RE: [REDACTED] v. WVDHHR  
ACTION NO.:19-BOR-2391

Dear Ms. [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,

Danielle C. Jarrett  
State Hearing Officer  
Member, State Board of Review

Encl: Appellant's Recourse to Hearing Decision  
Form IG-BR-29  
cc: Tera Pendleton, Department Representative

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

[REDACTED],

**Appellant,**

**v.**

**Action Number: 19-BOR-2391**

**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 October 8, 2019, on an appeal filed September 13, 2019.

The matter before the Hearing Officer arises from the August 19, 2019 decision by the Respondent to terminate the Appellant's Transitional Medicaid benefits due to failure of the Appellant to complete and return a Periodic Report Form.

At the hearing, the Respondent appeared by Tera Pendleton, Economic Service Worker, WVDHHR. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Notice of Closure, dated August 19, 2019
- D-2 Duplicate Transitional Medicaid Periodic Report, dated June 24, 2019
- D-3 West Virginia Income Maintenance Manual (WV IMM) § 1.13.3.B; WV IMM §§ 3.12 through 3.12.3; WV IMM §§ 4.9 through 4.9.2; WV IMM §§ 10.2.1.B through 10.2.1.B.1; WV IMM §§ 23.1.9 through 23.10.9.B.4; WV IMM- Chapter 23 – Appendix A: Guide To Transitional Medicaid
- D-4 eRAPIDS computer system screenshot printout of Case Benefit Summary

**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 received Phase I Transitional Medicaid benefits from January 1, 2019 through June 30, 2019. (Exhibit D-4)
- 2) On June 24, 2019, the Respondent issued a notice to the Appellant that she was required to complete and return a Transitional Medicaid Periodic Report (PRL8) form.
- 3) The June 24, 2019 notice required the Appellant return the PRL8 form no later than July 23, 2019, and indicated that failure to do so would result in termination of benefits after August 31, 2019.
- 4) On August 19, 2019, the Respondent issued notice to the Appellant advising her that her Transitional Medicaid benefits would be terminated effective August 31, 2019, for failure to return her PRL8 form. (Exhibit D-1)
- 5) The Appellant completed and returned the Transitional Medicaid PRL8 form on September 13, 2019.
- 6) The Appellant failed to establish good cause for not returning the form by July 23, 2019.

### **APPLICABLE POLICY**

WV IMM § 23.10.9.B.3 Client's Reporting Requirements provides in part:

The client is required to report his gross earnings, the gross earnings of other Income Group adults in the home, and actual out-of-pocket day care costs. This information is used to determine financial eligibility for Phase II coverage. The PRL3 is mailed by the third Friday of the third month and must be completed and returned by the first workday after the 20<sup>th</sup> of the fourth month, unless the client establishes good cause.

The PRL8 is mailed by the third Friday of the six month and the completed form is due by the first workday after the 20<sup>th</sup> of the seventh month. The PRL9 is mailed by the third Friday of the 9<sup>th</sup> month and the completed form is due by the first workday after the 20<sup>th</sup> of the 10<sup>th</sup> month. All PRL forms must be returned by the due date, unless the client establishes good cause.

The Worker and Supervisor make the good cause determination, which must be based on reasonable expectations. Good cause generally will involve situations

over which the client has little control.

The Worker must file the PRL forms in the case record. An eligibility system alter notifies the Worker that the forms are due.

WV IMM § 23.10.9.B.4 explains that the eligibility system will automatically terminate Transitional Medicaid eligibility at the end of eighth month if the PRL8 is not returned by the due date. The eligibility system will automatically terminate Transitional Medicaid at the end of the eleventh month if the PRL9 is not returned by the due date.

### **DISCUSSION**

The Appellant was a recipient of Transitional Medicaid benefits and was mailed notice that she was required to complete a Transitional Medicaid Periodic Report Form on or before July 23, 2019, in order to continue receiving benefits. On August 19, 2019, the Respondent issued a notice to the Appellant advising that her Transitional Medicaid benefits would be terminated due to failure to complete a PRL8 form. The Appellant contests the Respondent's decision to terminate her Transitional Medicaid benefit.

Policy requires the Appellant report her gross earnings and actual out-of-pocket day care expenses by returning a PRL8 form. This information is used to determine eligibility for Transitional Medicaid Phase II coverage. The PRL8 form was mailed to the Appellant in accordance with policy by the third Friday of June 2019 (June 21, 2019) and the completed form was due by the first workday after the 20<sup>th</sup> of July 2019 (July 23, 2019). Furthermore, policy mandates the PRL8 be returned by the due date, unless the Appellant establishes good cause.

The Appellant testified her WV Works/Cash Assistance redetermination was processed at the local Department of Health and Human Resources (DHHR) office in June 2019, and she assumed her Medicaid redetermination was processed at that time as well. The Appellant admitted she failed to return her PRL8 form until after the due date to the Respondent. Although the Appellant admitted that she failed to turn in the form by the due date, she failed to provide a reasonable explanation for her failure to do so.

Policy states failure to return the completed PRL8 form, without good cause, by the first workday after the 20<sup>th</sup> of the seventh month, automatically renders the AG ineligible to participate in Phase II. The Respondent testified that because the Appellant's Transitional Medicaid benefit terminated effective September 1, 2019, she would need to reapply for Medicaid coverage.

### **CONCLUSION OF LAW**

Because the Appellant failed to return the requested Periodic Report form of Transitional Medicaid eligibility prior to the established deadline and failed to establish good cause for failure to do so, the Respondent must terminate her Transitional Medicaid benefits.

**DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's termination of the Appellant's Transitional Medicaid benefits.

**ENTERED this \_\_\_\_\_ day of October 2019.**

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**Danielle C. Jarrett**  
**State Hearing Officer**