



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of the Inspector General  
Board of Review**

**Sherri A. Young, DO, MBA, FAAFP  
Interim Cabinet Secretary**

**Christopher G. Nelson  
Interim Inspector General**

August 23, 2023

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 23-BOR-2398

Dear [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,

Kristi Logan  
Certified State Hearing Officer  
Member, State Board of Review

Encl: Recourse to Hearing Decision  
Form IG-BR-29

cc: Rena Lawless, [REDACTED] DHHR

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

██████████,

**Appellant,**

**v.**

**Action Number: 23-BOR-2398**

**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 August 22, 2023, on an appeal filed July 28, 2023.

The matter before the Hearing Officer arises from the May 19, 2023, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Rena Lawless, Economic Services Supervisor. The Appellant was self-represented. The witnesses were placed under oath and the following documents were admitted into evidence.

**Department's Exhibits:**

None

**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 was a recipient of Adult Medicaid benefits.
- 2) The Respondent mailed a Medicaid redetermination form to the Appellant on April 17, 2023, to be completed and returned by May 1, 2023.
- 3) The Appellant submitted a Change Reporting Form through the Respondent's online database, People's Access to Health (PATH), on April 26, 2023.
- 4) The Respondent sent a notice on May 19, 2023, advising the Appellant that he would no longer receive Adult Medicaid benefits after May 31, 2023, for failure to complete an eligibility review.

## **APPLICABLE POLICY**

West Virginia Income Maintenance Manual §1.8 explains the Adult Medicaid redetermination process:

### **1.8.6.A Redetermination Process**

Cases are normally redetermined annually. The redetermination schedule is set automatically by the eligibility system. When possible, the redetermination process is completed automatically using electronic data matches without requiring information from the client. This redetermination process is initiated which matches current information with the hub. The Reasonable Compatibility Provision applies each time this occurs. If determined eligible after completing the redetermination process, the Department will notify the client. The notice will identify information used to determine eligibility. If the client agrees with the information, no further action is required. If the client does not agree, he or she is to report the information that does not match the circumstances.

When the redetermination process cannot be completed automatically, the eligibility system sends a pre-populated form containing case information and requires the client to provide additional information necessary to determine continuing eligibility. A signature is required. The pre-populated redetermination form provides the following information:

- A statement that the AG(s) for the individual(s) listed is due for redetermination;
- The address to which the form is returned, if submitted by mail;
- The date by which the information must be submitted;
- Specific information necessary to complete the redetermination;
- The opportunity to report changes;
- A statement that the assistance group (AG) may receive a verification checklist for completion and return, if reported changes require follow-up;
- A statement that the AG(s) will be closed after proper notification, if the redetermination is not completed; and
- Instructions for submitting the pre-populated redetermination form online by using WV PATH. A phone number to call is included if the individual has questions about submitting the pre-populated redetermination form online.

The client must be given 30 days from the date of the letter to return the information. The information may be submitted by mail, phone, electronically, internet, or in person. Failure to respond and provide the necessary information will result in closure of the benefits. If the client responds and provides the information within 90 days of the effective date of closure, the agency will determine eligibility in a timely manner without requiring a new application. If the client is found eligible, the coverage must be back dated up to 3 months.

### **DISCUSSION**

Pursuant to policy, Adult Medicaid benefits are reviewed to determine continued eligibility. Failure to complete the eligibility redetermination results in case closure.

The Respondent mailed a Medicaid review form to the Appellant on April 17, 2023, to be returned by May 1, 2023. The Appellant's Adult Medicaid benefits were terminated effective May 31, 2023, when the review had not been received.

The Respondent's witness, Rena Lawless, testified that on April 26, 2023, the Appellant submitted a Change Reporting Form electronically via PATH, reporting the onset of self-employment income. Ms. Lawless testified that the Change Reporting Form cannot be used as a substitute for the Medicaid review form, therefore Adult Medicaid benefits were terminated for failure to complete an eligibility review.

The Appellant testified that he thought he had completed the eligibility review when he submitted the Change Reporting Form on April 26, 2023, and has since submitted a new application for Adult Medicaid benefits.

Whereas the Appellant failed to complete an eligibility review prior to the end of his certification period, the Respondent's decision to terminate Adult Medicaid benefits for failure to complete an eligibility review is affirmed.

### **CONCLUSIONS OF LAW**

- 1) Adult Medicaid benefits must be reviewed periodically to determine continued eligibility.
- 2) The Appellant failed to complete an eligibility review prior to the end of his Medicaid certification period which expired May 31, 2023.
- 3) The Respondent correctly terminated the Appellant's Adult Medicaid benefits for failure to complete an eligibility review.

## **DECISION**

It is the decision of the State Hearing Officer to **uphold** the decision of the Respondent to terminate the Appellant's Adult Medicaid benefits.

**ENTERED this 23<sup>rd</sup> day of August 2023.**

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**Kristi Logan**  
**Certified State Hearing Officer**