



**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**

September 27, 2023

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 23-BOR-2815

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: Kelly Davis, [REDACTED] DHHR

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

██████████,

Appellant,

v.

Action Number: 23-BOR-2815

**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 26, 2023, on an appeal filed on August 30, 2023.

The matter before the Hearing Officer arises from the August 30, 2023, decision by the Respondent to terminate the Appellant's SSI Medicaid benefits.

At the hearing, the Respondent appeared by Kelly Davis, Economic Service Worker. 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) On August 18, 2023, the Appellant reported the onset of Social Security Disability income of \$1,091 per month.
- 2) The Respondent caseworker verified the Appellant's receipt of Social Security Disability income and Supplemental Security Income (SSI) of \$839 per month through the online data exchange system with the Social Security Administration.
- 3) SSI Medicaid benefits were approved based upon the Appellant's receipt of SSI benefits.
- 4) On August 29, 2023, the Appellant reported that he would no longer receive SSI benefits.
- 5) The Respondent caseworker confirmed that the Appellant was approved for SSI benefits for one month only and updated his case accordingly.
- 6) The Respondent issued a notice of termination on August 30, 2023, advising the Appellant that he would no longer receive SSI Medicaid benefits after September 30, 2023, due to the loss of the SSI benefit.
- 7) The Respondent caseworker requested verification of the Appellant's bank account balance to be provided by September 8, 2023, to evaluate him for Medicare Premium Assistance benefits.
- 8) The Respondent denied Medicare Premium Assistance benefits on September 11, 2023, when verification of the Appellant's bank account had not been received.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 7 explains verification requirements:

7.2.3 Client Responsibilities

The primary responsibility for providing verification rests with the client. It is an eligibility requirement that the client cooperate in obtaining necessary verifications. 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.

7.3 Verification Requirements

Bank accounts must be verified for all programs subject to an asset test at application and redetermination or when a change is reported.

West Virginia Income Maintenance Manual Chapter 5 explains assets:

5.4 Maximum Allowable Assets

SSI-Related Medicaid, AFDC-Related Medicaid, Children with Disabilities Community Services Program (CDCSP): \$2,000 for one person/\$3,000 for two persons

Medicare Premium Assistance (QMB,SLIMB,QI-1): \$9,090 for one person/\$13,360 for two persons

West Virginia Income Maintenance Manual Chapter 1 explains application and redetermination of SSI Medicaid:

1.14.1 Application Process

There is no application form for SSI Medicaid. The Worker receives an eligibility system alert when data exchange information indicates that a person is approved for SSI. The Worker may use information found in SOLQ to open SSI Medicaid.

1.14.6 Redetermination

There is no redetermination of SSI Medicaid eligibility. The SSI Medicaid eligibility continues as long as the client is considered eligible according to the Social Security Administration (SSA). The eligibility system will provide an alert when the client is no longer eligible.

West Virginia Income Maintenance Manual Chapter 23 explains Medicaid eligibility:

23.11.1 SSI Recipients

Supplemental Security Income (SSI) is a public assistance program administered by the Social Security Administration (SSA), which provides cash benefits to eligible aged, disabled, or blind individuals. There is no spenddown provision. States have some options regarding Medicaid coverage for SSI recipients. West Virginia elected to cover all SSI recipients and to accept SSA's determination of eligibility for SSI as the sole eligibility determination for Medicaid. West Virginia is referred to as a "1634 state," based on the section of the Social Security Act that permits this. Consequently, there is no application or eligibility determination process for SSI Medicaid. The Department depends upon SSA for the information needed to open, evaluate, and close continuing eligibility for SSI Medicaid cases. SSI Medicaid eligibility ends when SSI ends in most situations. The Worker uses information from a data exchange between Department of Health and Human Resources (DHHR) and SSA to open the SSI Medicaid benefit.

23.10.4 Adult Group

As a result of the Affordable Care Act (ACA), the Adult Group was created effective January 1, 2014. Eligibility for this group is determined using Modified Adjusted Gross Income (MAGI) methodologies established in Section 4.7. Medicaid coverage in the Adult Group is provided to individuals who meet the following requirements:

- They are age 19 or older and under age 65;
- They are not eligible for another categorically mandatory Medicaid coverage group:
 - SSI

- Deemed SSI
- Parents/Caretaker Relatives
- Pregnant Women o Children Under Age 19
- Former Foster Children
- They are not entitled to or enrolled in Medicare Part A or B; and
- The income eligibility requirements described in Chapter 4 are met.

23.8.1 Consideration of All Medicaid Coverage Groups

The client cannot be expected to know which Medicaid coverage group to apply for. When the client expresses an interest in applying for Medicaid, the Worker must explore eligibility for all Medicaid coverage groups. The Worker does not have to take and process applications for all coverage groups, but Medicaid eligibility cannot be denied until the client has been considered for each coverage group. If the client is eligible under more than one coverage group, he is approved for the one that will provide him with the most benefits in the shortest time frame.

DISCUSSION

Pursuant to policy, SSI recipients are eligible to receive Medicaid coverage based solely upon the Social Security Administration's determination of eligibility for SSI benefits. When SSI benefits are terminated, SSI Medicaid coverage is terminated.

The Appellant reported the onset of Social Security Disability and SSI benefits. The Respondent approved SSI Medicaid benefits based upon the Appellant's receipt of SSI. The Respondent terminated the Appellant's SSI Medicaid when the Appellant's SSI benefits were terminated.

The Respondent evaluated the Appellant the Medicare Premium Assistance program due to his receipt of Medicare Part A and B and requested verification of his bank statement. The Respondent denied Medicare Premium Assistance benefits when the Appellant failed to submit the requested verification within the specified time frame.

The Appellant argued that the Social Security Administration advised him that the Respondent was responsible for providing him with Medicare Part D, prescription coverage. The Appellant admitted that he did not provide the requested verification claiming that the Respondent had the ability to verify his assets. The Appellant contended that his income is less than \$14,000 a year, which is below the limit to receive Medicaid.

Eligibility for the SSI Medicaid coverage group is determined solely by the Social Security Administration's determination of an individual's eligibility for SSI benefits. SSI Medicaid was opened for the Appellant upon verification of his receipt of SSI benefits, which was for one month. The Respondent terminated the Appellant's SSI Medicaid when it was determined that he was no longer receiving SSI.

The Respondent attempted to evaluate the Appellant for one of the Medicare Premium Assistance

coverage groups, which are subject to an asset test. The Respondent requested verification of the Appellant's bank account balance to determine asset eligibility. The Appellant failed to provide the requested verification therefore Medicare Premium Assistance benefits were not approved. Likewise, the Appellant could not be evaluated for additional Medicaid coverage groups that are subject to an asset test.

The Appellant's argument that the Respondent is responsible for providing him with prescription coverage based upon an alleged conversation with a Social Security Administration agent is without merit. The Appellant was eligible for full coverage Medicaid under the SSI Medicaid coverage group during the one month he received an SSI payment. However, the Appellant is no longer eligible to receive SSI Medicaid benefits as he no longer receives SSI. Furthermore, the Appellant's claim that his income is less than the state Medicaid income limit of \$14,000 is not supported by policy. The Appellant is not eligible for the MAGI Adult Medicaid benefit as policy specifically excludes Medicare recipients or Medicare eligible individuals.

Whereas the Appellant is no longer eligible for SSI as determined by the Social Security Administration, he is no longer eligible to receive SSI Medicaid benefits. The Appellant's refusal to provide verification of his assets renders him ineligible for any Medicaid program subject to an asset test.

CONCLUSIONS OF LAW

- 1) Pursuant to policy, eligibility for SSI Medicaid is determined by an individual's eligibility for SSI benefits.
- 2) The Appellant's SSI benefits were terminated by the Social Security Administration.
- 3) The Respondent acted in accordance with policy in the termination of the Appellant's SSI Medicaid benefits.

DECISION

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

ENTERED this 27th day of September 2023.

Kristi Logan
Certified State Hearing Officer