



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
Post Office Box 2590  
Fairmont, WV 26555-2590

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

July 2, 2007

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

Attached is a copy of the findings of fact and conclusions of law on your hearing held June 27, 2007. Your hearing request was based on the Department of Health and Human Resources' action to deny your application for travel reimbursement through Non-Emergency Medical Transportation (NEMT) program.

In arriving at a decision, the State Hearings 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.

Eligibility for the Non-Emergency Medical Transportation (NEMT) Program is based on current policy and regulations. Some of the regulations state that NEMT is a reimbursement program for recipients of Medicaid and Children with Special Health Care Needs (CSHCN) for the cost of transportation and other expenses associated with receiving medical services. Medicaid recipients are eligible for NEMT beginning the first day of the month for which Medicaid is approved, including months for which backdating occurred. The following individuals are not eligible for NEMT: Individuals designated only as Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLIMB), or Qualified Disabled Working Individuals (QDWI) and who are not dually eligible for any full-coverage Medicaid group (West Virginia Income Maintenance Manual, Chapter 19.3.M)

The information submitted at your hearing revealed that you do not receive full-coverage Medicaid benefits and therefore not eligible for travel reimbursement through the NEMT program.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your application for NEMT benefits.

Sincerely,

Thomas E. Arnett  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Linda Lamp, ESW, DHHR

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

\_\_\_\_\_,

**Claimant,**

**v.**

**Action Number: 07-BOR-1187**

**West Virginia Department of  
Health and Human Resources,**

**Respondent.**

**DECISION OF STATE HEARING OFFICER**

**I. INTRODUCTION:**

This is a report of the State Hearing Officer resulting from a fair hearing concluded on July 2, 2007 for \_\_\_\_\_. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on July 2, 2007 on a timely appeal, filed April 20, 2007.

**II. PROGRAM PURPOSE:**

The Program entitled NEMT is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

The Non-Emergency Medical Transportation (**NEMT**) program provides payment to or on behalf of eligible persons for transportation and other related expenses necessary to secure medical and other services covered by the Medicaid Program.

**III. PARTICIPANTS:**

\_\_\_\_\_, Claimant  
Linda Lamp, ESW, DHHR

Presiding at the Hearing was Thomas E. Arnett, State Hearing Officer and a member of the State Board of Review.

**IV. QUESTIONS TO BE DECIDED:**

The question to be decided is whether the Department was correct in its action to deny the Claimant's request for NEMT benefits.

**V. APPLICABLE POLICY:**

West Virginia Income Maintenance Manual, Chapter 19.3

**VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

**Department's Exhibits:**

D-1 Notice of Decision dated 4/9/07

D-2 WVIMM, Chapter 19.3

**VII. FINDINGS OF FACT:**

- 1) The Claimant completed an application for Non-Emergency Medical Transportation, hereinafter NEMT, on April 5, 2007 to request reimbursement of travel expenses incurred when he received medical treatment.
- 2) On or about April 9, 2007, the Claimant was notified via a Notice of Decision (D-1) that his application was denied. This notice states, in pertinent part:

Action: \_\_\_\_\_'s application for NEMT for 4/5/07 has been denied.

Reason: The individual is not receiving Medicaid and has no pending Medicaid application.

- 3) The Department's representative testified that the Claimant is a recipient of QMB Medicaid benefits, however, eligibility for NEMT benefits require an individual to qualify for a full-coverage Medicaid group such as SSI or SSI-Related Medicaid.
- 4) The Claimant purported that he completed an application for NEMT on 4/5/07 because his medical treatment was emergent in nature and he must pay someone to take him for medical treatment. He stated that he has a limited income and cannot afford to pay out-of-pocket.
- 5) West Virginia Income Maintenance Manual, Chapter 19.3, A & B, states that Non-emergency medical transportation (NEMT) is a reimbursement program for recipients of Medicaid and Children with Special Health Care Needs (CSHCN) for the cost of transportation and other expenses associated with receiving medical services. Medicaid recipients are eligible for NEMT beginning the first day of the month for which Medicaid is approved.

- 6) West Virginia Income Maintenance Manual, Chapter 19.3 (M, 1) states the following individuals are not eligible for NEMT:  
Individuals designated only as Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLIMB), or Qualified Disabled Working Individuals (QDWI) and who are not dually eligible for any full-coverage Medicaid group.

**VIII. CONCLUSIONS OF LAW:**

- 1) Policy states that only those individuals who are eligible for full-coverage Medicaid are eligible for NEMT reimbursement benefits. Policy further specifies that individuals who qualify for QMB and are not dually eligible for any full-coverage Medicaid group are not eligible for NEMT.
- 2) Whereas the Claimant does not qualify for full-coverage Medicaid (SSI or SSI-Related), the Department has correctly denied the Claimant's April 5, 2007 application for travel reimbursement through the NEMT program.

**IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your application for NEMT benefits.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 2<sup>nd</sup> Day of July, 2007.**

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**Thomas E. Arnett  
State Hearing Officer**