



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
2699 Park Avenue, Suite 100
Huntington, WV 2504

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

June 10, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 15-BOR-1351

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,

Todd Thornton
State Hearing Officer
Member, State Board of Review

Encl: Claimant's Recourse to Hearing Decision
Form IG-BR-29

cc: Sean Hamilton, Department Representative

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

██████████,

Claimant,

v.

Action Number: 15-BOR-1351

**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 May 11, 2015, on an appeal filed February 20, 2015.

The matter before the Hearing Officer arises from the February 5, 2015 decision by the Respondent to terminate the Claimant's Medicaid benefits through the Medicaid Work Incentive (M-WIN) coverage group based on excessive income.

At the hearing, the Respondent appeared by Sean Hamilton. The Claimant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Notice of decision, dated February 5, 2015
- D-2 Income verification for the Claimant
- D-3 Screen print from the Respondent's data system regarding the Claimant's employment income
- D-4 Net income calculation sheets
- D-5 West Virginia Income Maintenance Manual (WVIMM), Chapter 10, Appendix A
- D-6 WVIMM, Chapter 23.10 (excerpt)
- D-7 (not admitted)
- D-8 Page 3 of the Claimant's January 15, 2015 review document

Claimant'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 Claimant is a recipient of Medicaid through the M-WIN coverage group.
- 2) The Claimant submitted a form required to redetermine M-WIN eligibility on January 15, 2015.
- 3) The Claimant neither reported nor verified any impairment-related work expenses on the 'deductions' section of the redetermination form (Exhibit D-8).
- 4) The Respondent calculated the Claimant's countable income for the M-WIN program as \$2504.04 based on reported and verified factors (Exhibit D-4).
- 5) The Respondent mailed the Claimant a February 5, 2015 notice indicating that her eligibility for the M-WIN program would end due to excessive income (Exhibit D-1).

APPLICABLE POLICY

WVIMM, Chapter 23.2, specifies the income limit for M-WIN as 250% of the Federal Poverty Level (FPL).

WVIMM, Chapter 10, Appendix A (effective at the time of decision), lists the 250% FPL limit as \$2432 per month.

WVIMM, Chapter 23.6, explains, with regard to M-WIN verification requirements that "The policy and procedures described in Chapter 4 apply to M-WIN."

WVIMM, Chapter 4.1, A, reads "The primary responsibility for providing verification rests with the client."

DISCUSSION

The Respondent terminated the Claimant's M-WIN eligibility based on excessive income. The Respondent clearly determined the Claimant's income correctly. To have deductions from income considered, the applicant or recipient must report – and in many cases, verify – those deductions. The Claimant did neither, and the Respondent was correct to determine income without consideration of those factors. The Respondent's proposed termination of the Claimant's M-WIN eligibility based on excessive income is correct.

CONCLUSION OF LAW

Because the Claimant has excessive income for M-WIN, the Respondent is correct to terminate the Claimant's benefits through that Medicaid coverage group.

DECISION

It is the decision of the State Hearing Officer to **uphold** the Respondent's decision to terminate the Claimant's Medicaid benefits through the M-WIN coverage group.

ENTERED this ____ Day of June 2015.

**Todd Thornton
State Hearing Officer**