



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

Earl Ray Tomblin
Governor

BOARD OF REVIEW
203 East Third Avenue
Williamson, WV 25661

Karen L. Bowling
Cabinet Secretary

Phone: (304) 235-4680

Fax (304) 235-4667

April 9, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 15-BOR-1394

Dear Mr. [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,

Stephen M. Baisden
State Hearing Officer
Member, State Board of Review

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

cc: Tera Pendleton, WV DHHR, [REDACTED] Office

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

██████████,

Claimant,

v.

ACTION NO.: 15-BOR-1394

**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' (DHHR) Common Chapters Manual. This fair hearing was convened on April 7, 2015, on an appeal filed February 19, 2015.

The matter before the Hearing Officer arises from the Respondent's termination of Claimant's eligibility for Modified Adjusted Gross Income (MAGI) Medicaid.

At the hearing, the Respondent appeared by Representative Tera Pendleton of the WV DHHR, ██████████ County office. The Claimant appeared *pro se*. Both participants were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Case recordings from Defendant's Medicaid case record, from January 23 through March 12, 2015
- D-2 Mail-in review form, dated December 15, 2014
- D-3 Letter from the Department to Claimant, dated January 16, 2015
- D-4 Letter from the Department to Claimant, dated January 28, 2015

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 had been a recipient of Modified Adjusted Gross Income (MAGI) Medicaid since April 2014. On January 2, 2015, he submitted a MAGI benefit review (Exhibit D-2). On January 28, 2015, the Department sent the Claimant a letter (Exhibit D-4) informing him his Medicaid would close at the end of February because his income was excessive for this program of coverage.
- 2) A supervisor at the ██████████ County DHHR's Economic Service unit processed the Claimant's January 2015 review. In verifying the Claimant's reported household income, the supervisor consulted State On-Line Query (SOLQ), an on-line information service from the Social Security Administration available to the WV DHHR. According to SOLQ, the Claimant received \$1583.90 per month in Social Security Disability benefits. When the Claimant originally was approved for MAGI in April 2014, he reported that his wife received \$263 per month self-employment income. In January 2015, The Claimant reported that the self-employment income amount did not change, and the total household income for the Claimant's Medicaid assistance group (AG) was \$1846.90 per month.
- 3) The Department's representative testified that for the April 2014 application, the only income entered for the Claimant's assistance group was his wife's self-employment income. She testified that when the Economic Service Supervisor who processed the Claimant's January 2015 review uncovered his Social Security Disability income, she determined that his income was excessive for MAGI Medicaid.
- 4) The Claimant testified that he reported all income sources when he applied for MAGI in April 2014 and on the January 2015 review. He stated that he reported to the worker who conducted his application interview exactly how much money he and his wife made per month. He stated that he did not lie or misrepresent his monthly income, and he submitted verifications of all of his AG's income sources. He added that it was not his fault if a worker failed to enter his income correctly.
- 5) The Department's representative testified that she read worker comments from the Claimant's April 2014 application for MAGI, which was entered into his case record. She stated that the worker who conducted the Claimant's application interview recorded information about his Social Security Disability income, but the worker did not enter this income into the case record. She stated that when this error was corrected, the Department determined the Claimant's income was excessive for MAGI.

APPLICABLE POLICY

WV DHHR's Income Maintenance Manual (IMM) Chapter 10, §10.3, Chart 2, states that Social Security benefits and pensions are countable income sources for MAGI Medicaid. WV DHHR IMM Chapter 16, §16.5.F, states that the income limit for MAGI Medicaid is 133% of the Federal Poverty Level (FPL). WV DHHR IMM Chapter 10, Appendix A states that 133% of the FPL for a two-person household is \$1744 per month.

DISCUSSION

The Department acted correctly to discontinue the Claimant's eligibility for Modified Adjusted Gross Income (MAGI) Medicaid. It is clear that the Claimant's income of \$1846.90 per month is over the \$1744 per month income level set by policy. The household's income is excessive for MAGI.

CONCLUSION OF LAW

The Claimant's household income, \$1846.90 per month, is excessive for Modified Adjusted Gross Income (MAGI) Medicaid. The Department acted correctly to discontinue the Claimant's eligibility for MAGI benefits, according to WV DHHR IMM §16.5.F and Chapter 10, Appendix A.

DECISION

It is the decision of the State Hearing Officer to **uphold** the Department's decision to discontinue the Claimant's eligibility for Modified Adjusted Gross Income (MAGI) Medicaid.

ENTERED this 9th Day of April 2015.

Stephen M. Baisden
State Hearing Officer