



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
1400 Virginia Street
Oak Hill, WV 25901

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

April 15, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 15-BOR-1492

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,

Kristi Logan
State Hearing Officer
Member, State Board of Review

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

cc: Katie Cook, [REDACTED] DHHR

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

██████████,

Claimant,

v.

Action Number: 15-BOR-1492

**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 April 14, 2015, on an appeal filed March 3, 2015.

The matter before the Hearing Officer arises from the February 17, 2015, decision by the Respondent to deny the Claimant's application for Modified Adjusted Gross Income (MAGI) Medicaid.

At the hearing, the Respondent appeared by Katie Cook, Economic Service Worker. The Claimant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Hearing Request received March 3, 2015
- D-3 Hearing/Grievance Request Notification
- D-4 Notice of Decision dated February 17, 2015
- D-5 Case Comments from February 2015-March 2015
- D-6 Application for Health Coverage dated February 13, 2015
- D-7 WV Income Maintenance Manual §16.5F and Chapter 10, Appendix A
- D-8 Scheduling Order

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 applied for MAGI (Adult) Medicaid on February 13, 2015. The Department issued a notice (D-4) to the Claimant advising that his application was denied due to excessive income.
- 2) The Department's representative contended that based on the information submitted on the Claimant's application, his income was calculated as \$1,720 monthly. The income limit (D-7) for MAGI Medicaid for a one-person household is \$1,305.
- 3) The Claimant did not dispute the amount of income used by the Department to determine eligibility for Medicaid. The Claimant contended that with his monthly household expenses, he cannot afford health insurance. The Claimant testified that he has no tax dependents other than himself.

APPLICABLE POLICY

WV Income Maintenance Manual §10.8B states that if the applicant files a federal income tax return, then the applicant's household size is determined by the number of tax dependents claimed.

WV Income Maintenance Manual §10.8F states that the income limit for MAGI Medicaid is 133% of the Federal Poverty Level (FPL).

WV Income Maintenance Manual Chapter 10, Appendix A lists 133% FPL for a one-person household as \$1,305.

DISCUSSION

The Claimant's monthly income of \$1,720 exceeded the allowable limit of \$1,305 to receive Medicaid as set forth in policy.

CONCLUSIONS OF LAW

Whereas the Claimant did not meet the income eligibility limits to receive Modified Adjusted Gross Income Medicaid, the Department correctly denied his application.

DECISION

It is the decision of the State Hearing Officer to **uphold** the Department's denial of the Claimant's application for Modified Adjusted Gross Income Medicaid.

ENTERED this 15th day of April 2015

**Kristi Logan
State Hearing Officer**