



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
416 Adams St., Suite 307
Fairmont, WV 26554

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

May 21, 2015



RE: [REDACTED] v. WVDHHR
ACTION NO.: 15-BOR-1512

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,

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

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

cc: Steve Bevins, CSU, WVDHHR

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

██████████,

Claimant,

v.

Action Number: 15-BOR-1512

**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 March 2, 2015.

The matter before the Hearing Officer arises from the February 10, 2015 decision by the Respondent to terminate the Claimant's Medicaid benefits.

At the hearing, the Respondent appeared by Tina Lewis, Economic Services Supervisor, WVDHHR. 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 10, 2015
- D-2 West Virginia Income Maintenance Manual §§9.3 and 10.8
- D-3 West Virginia Income Maintenance Manual, Chapter 10, Appendix A

Claimant's Exhibits:

- C-1 Correspondence dated June 10, 1997 - Claimant's Final Submission of Evidence – used to verify disability

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 February 10, 2015, Respondent issued notice to the Claimant, informing her of its decision to terminate Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits based on excessive income.
- 2) Steve Bevins, a supervisor in the Respondent's Customer Service Unit (CSU), proffered testimony to indicate that the Claimant's Medicaid underwent a financial eligibility review in February 2015. Claimant's earned income was determined to be \$2,236 per month. Mr. Bevins cited Exhibit D-3 and stated that the gross income limit for a one-person MAGI Medicaid Group is \$1,305 (or 133% of the Federal Poverty Level).
- 3) The Claimant did not dispute the Department's income calculation, but testified that she believed her Medicaid card was based on her disability (Exhibit C-1). As a matter of record, the Claimant acknowledged that her earnings have increased from the previous year.
- 4) Respondent noted that the Claimant had previously received Medicaid benefits through the Medicaid Work Incentive (M-WIN) Program. The M-WIN provides medical coverage to disabled individuals who are employed, but requires an initial enrollment fee and payment of monthly premiums. However, due to the Affordable Care Act (ACA), the Claimant qualified financially for MAGI Medicaid during her last eligibility review, which did not require her to pay an enrollment fee or monthly premiums. Because the Claimant now exceeds the maximum allowable monthly income limit for MAGI, she will be required to complete a new application for the MWIN Program.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 9.3.B states that the income of each member of an individual's MAGI Medicaid household is counted when determining income eligibility for the program.

West Virginia Income Maintenance Manual Chapter 10, Appendix A states that the gross income limit for a one-person MAGI Medicaid group - at 133% of the Federal Poverty Level - is \$1,305 per month.

DISCUSSION

Policy states that the income limit for a one-person MAGI Medicaid Group at 133% of the Federal Poverty Level is \$1,305. The Claimant's gross household income was calculated as \$2,236 per month. Therefore, the Claimant's gross monthly income exceeds the maximum allowable income for the MAGI Medicaid Program.

CONCLUSIONS OF LAW

The Department acted correctly in proposing termination of the Claimant's MAGI Medicaid benefits based on excessive income.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Department's proposal to terminate Medicaid benefits.

ENTERED this _____ Day of May 2015.

**Thomas E. Arnett
State Hearing Officer**