



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF INSPECTOR GENERAL  
BOARD OF REVIEW  
P.O. Box 1247  
Martinsburg, WV 25402

Earl Ray Tomblin  
Governor

Karen L. Bowling  
Cabinet Secretary

May 12, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 15-BOR-1730

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,

Lori Woodward  
State Hearing Officer  
Member, State Board of Review

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

cc: Peter VanKleeck, ESS

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

██████████,

**Claimant,**

v.

**Action Number: 15-BOR-1730**

**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 convened on May 8, 2015, on appeal filed April 6, 2015.

The matter before the Hearing Officer arises from the March 27, 2015, closure of Claimant's Medicaid benefits.

At the hearing, the Respondent appeared by Peter VanKleeck, Economic Services Supervisor. 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 Notification of Denial, dated March 27, 2015
- D-3 WV Income Maintenance Manual §10.6 (excerpt)
- D-4 WV Income Maintenance Manual, Chapter 10, Appendix A

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 reported to the Department that she began receiving unemployment compensation in the amount of \$420 per week. Based on this information, the Department made the changes to her case, resulting in Modified Adjusted Gross Income (MAGI) Medicaid benefit closure. (Exhibit D-1).
- 2) On March 27, 2015, Notice of closure was sent to the Claimant. (Exhibit D-2) Her reported income was calculated to be \$1806 per month, which was above the income guideline of \$1305 per month (or 133% of the Federal Poverty Level) for an Assistance Group of 1. (Exhibits D-3 and D-4)
- 3) The Claimant does not dispute the amount of her unemployment compensation income of \$420 per week. However, she believes that the Department should have considered her income after taxes, instead of her gross income. She also believes that the Department should deduct other expenses such as rent, utility, insurance, gas, and necessities, from the calculation of her income for Medicaid eligibility.

## **APPLICABLE POLICY**

WV Income Maintenance Manual §10.6.B.4, states that eligibility for Medicaid is determined on a monthly basis and therefore, it is necessary to determine a monthly amount of income to determine eligibility. For income that is received less frequently than on a monthly basis, the amount of income is converted to a monthly amount and prorated for the months the income is intended to cover.

WV Income Maintenance Manual §16.5.F, states that the total countable income for the MAGI assistance group must be less than or equal to 133% of the Federal Poverty Level (FPL).

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 \$1305 per month.

## **DISCUSSION**

Per policy, the Department must consider the gross income of an individual for Medicaid eligibility. The Claimant reported her unemployment compensation income of \$420 per week, which when calculated to a monthly rate, equaled \$1806 per month. The Claimant was ineligible for Medicaid based on her gross monthly income.

The Department correctly closed the Claimant's Medicaid benefits based on her being over income.

### **CONCLUSIONS OF LAW**

1. The Claimant's household income, \$1806 per month, is excessive for Modified Adjusted Gross Income (MAGI) Medicaid.
2. The Department correctly terminated the Claimant's Medicaid per policy.

### **DECISION**

It is the decision of the State Hearing Officer to **uphold** the Department's proposal to close the Claimant's Medicaid benefits.

**ENTERED this 12<sup>th</sup> day of May 2015.**

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**Lori Woodward  
State Hearing Officer**