



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1027 N. Randolph Ave.
Elkins, WV 26241

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

January 29, 2015



RE: [REDACTED] v. WVDHHR
ACTION NO.: 14-BOR-3869

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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Tina Lewis, WVDHHR

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

██████████,

Claimant,

v.

Action Number: 14-BOR-3869

**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 January 28, 2015, on an appeal filed December 15, 2014.

The matter before the Hearing Officer arises from the December 11, 2014 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 December 11, 2014
- D-2 West Virginia Income Maintenance Manual Chapter 10, Appendix A
- D-3 Medicaid review form received by WVDHHR on November 25, 2014

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 December 11, 2014, the 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) Tina Lewis, Economic Services Supervisor (ESS) with the Respondent, testified that the Claimant submitted a Medicaid review form in November 2014. At that time, the Claimant's household income included her husband [REDACTED] earned income, as well as the income of her 18-year-old son. ESS Lewis stated that total gross household income was calculated as \$3,370 and the income limit for a four-person MAGI Medicaid Group is \$2,644 (or 133% of the Federal Poverty Level) as noted in Exhibit D-2. ESS Lewis added that the household would be over income limits with Mr. [REDACTED] income alone.
- 3) The Claimant did not dispute the Department's income calculation, but testified that she was "pleading for mercy" because she is struggling to keep her home from foreclosure and to pay her utility bills. The Claimant indicated that the family has outstanding medical bills, and buys only the basics.

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 four-person MAGI Medicaid group at 133% of the Federal Poverty Level is \$2,644 per month.

DISCUSSION

Policy states that the income limit for a four-person MAGI Medicaid Group at 133% of the Federal Poverty Level is \$2,644. The Claimant's gross household income was calculated as \$3,370 per month. Therefore, the Claimant's household income is excessive 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 29th Day of January 2015.

**Pamela L. Hinzman
State Hearing Officer**