



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

Bill J. Crouch
Cabinet Secretary

BOARD OF REVIEW
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Jolynn Marra
Inspector General

February 17, 2022

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 22-BOR-1113

Dear [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,

Eric L. Phillips
State Hearing Officer
Member, State Board of Review

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

cc: Peter VanKleek, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 22-BOR-1113

**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 February 16, 2022.

The matter before the Hearing Officer arises from the January 5, 2022 decision by the Respondent to deny the Appellant's application for Medicaid benefits.

At the hearing, the Respondent appeared by Peter VanKleek, Family Support Supervisor. The Appellant appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Computer Printout of Application Information
- D-3 West Virginia Income Maintenance Manual § 3.7.3

Appellant'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 Appellant's cohabitor completed multiple Medicaid assistance applications, in November 2021 and December 2021, through the Federally Facilitated Marketplace for herself and the Appellant.
- 2) The Appellant's cohabitor reported that she and Appellant were married and resided in the same household.
- 3) The Appellant and his cohabitor are not married.
- 4) The Appellant is not claimed as a tax dependent by his cohabitor.
- 5) The household's monthly income for November 2021 was \$2800.00.
- 6) The household's monthly income for December 2021 was \$3400.00.
- 7) The Respondent denied the applications for Medicaid assistance due to excessive income.

APPLICABLE POLICY

West Virginia Income Maintenance Manual § 3.7.3 documents in pertinent part:

The needs group is the number of individuals included in the Modified Adjusted Gross Income (MAGI) household size based upon the MAGI rules for counting household members.

The applicant's MAGI household includes themselves, each individual he expects to claim as a tax dependent, and his spouse if residing with the tax filer.

West Virginia Income Maintenance Manual § 1.8.1 documents in pertinent part:

Who can be included in the same application?

- Individuals who have a familial relationship with the applicant (spouse, child - biological, adopted or stepchild; parent - biological, adopted or stepparent; sibling - biological, adopted, half or step sibling.)

- Individuals who are a tax dependent of, or on the same income tax return with, the applicant.
- Individuals who are under age 19 and residing with the application filer may be included on an application submitted by an adult application filer, even if the child and application filer are not in a familial or tax relationship.

Adult individuals who do not fall into one of these categories will be notified that they must submit a separate application.

West Virginia Income Maintenance Manual § 23.10.4 documents in pertinent part:

As a result of the Affordable Care Act (ACA), the Adult Group was created, effective January 1, 2014. Eligibility for this group is determined using MAGI methodologies. Medicaid coverage in the Adult Group is provided to individuals who are aged 19 or older and under age 65.

To be eligible for the Adult Group, income must be equal to or below 133% of the Federal Poverty Level (FPL).

West Virginia Income Maintenance Manual Chapter 4 Appendix A documents in pertinent part:

For a two-person AG, 133% of the FPL is \$1,931

DISCUSSION

To determine Medicaid eligibility, all adult individuals in a household with a familial relationship or are tax dependent of the applicant must be included in the same Assistance Group (AG). In addition to the household composition requirements, the AG's income must not exceed the established Medicaid eligibility income limits.

To prove that the Respondent correctly denied the Appellant's eligibility for Medicaid assistance, the Respondent had to demonstrate by a preponderance of the evidence that the Appellant's household's income exceeded the Medicaid eligibility income limits for a two-person AG.

The Appellant's cohabitor submitted multiple applications, with herself as the primary applicant, for Medicaid assistance in November 2021 and December 2021. On both applications, the applicant reported that she and the Appellant were married and resided in the same household. The Appellant's cohabitor reported herself as the primary wage earner for the household with a monthly gross income of \$2800.00 for November 2021 and \$3400.00 for December 2021. During the hearing, the Appellant provided clarification regarding his household demographics which he revealed that he is unemployed, not married, and not claimed as a tax dependent by his cohabitor.

Peter VanKleek, Family Support Supervisor, testified that both adult individuals were included in the same AG because the applications indicated that the Appellant and his cohabitor were married and resided in the same household. Mr. VanKleek testified that Appellant's eligibility

was denied because the households reported income in both months exceeded the maximum income limit of 133% of the Federal Poverty Level or \$1391.00. Mr. VanKleek explained the Medicaid application process to Appellant and informed him he may complete a separate application from his cohabitor due to his clarification of his household circumstances.

Policy is clear that spouses and tax dependents of an applicant are included in the same AG. At the time of application, the Appellant's household demographics indicated that both adults were married and resided in the same household; therefore, the Respondent was required to include both adult individuals in the same AG and determine eligibility based on the household's total income. Because the household's total income exceeded 133% of the Federal Poverty Level, the Respondent was correct in its decision to deny the household's eligibility for Medicaid assistance.

Additionally, policy requires a separate application for any adult individual of a household who is not included in the same AG of an applicant. Because the Appellant is not married or a tax dependent of the applicant, he must complete his own application to determine his individual eligibility for the program.

CONCLUSIONS OF LAW

- 1) Spouses and tax dependents must be included in the same Assistance Group as the applicant for Medicaid services.
- 2) Because the application for Medicaid assistance reported that the Appellant and his cohabitor were married and resided in the same household, the household's total income must be utilized when determining eligibility.
- 3) The Appellant's total household income exceeded the income limit for eligibility.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to deny the Appellant's application for Medicaid assistance.

ENTERED this _____ day of February 2022.

Eric L. Phillips
State Hearing Officer