



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

**Bill J. Crouch**  
Cabinet Secretary

**Board of Review  
416 Adams Street Suite 307  
Fairmont, WV 26554  
304-368-4420 ext. 79326**

**M. Katherine Lawson**  
Inspector General

February 22, 2018



RE: [REDACTED] v. WVDHHR  
ACTION NO.: 17-BOR-3055

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 Board of Review is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources (DHHR). 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 that may be taken if you disagree with the decision reached in this matter.

Sincerely,

Tara B. Thompson  
State Hearing Officer  
State Board of Review

Enclosure: Appellant's Recourse  
Form IG-BR-29  
cc: David Griffin, [REDACTED] County DHHR

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

████████████████████,

**Appellant,**

v.

**ACTION NO.: 17-BOR-3055**

**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 24, 2018, on an appeal filed December 28, 2017.

The matter before the Hearing Officer arises from the December 6, 2017 decision by the Respondent to terminate Adult Medicaid benefits.

At the hearing, the Respondent appeared by David Griffin, Economic Service Supervisor. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Department of Health and Human Resources (DHHR) Notice of Termination, dated December 6, 2017
- D-2 ██████████ Commission Earnings statements, dated October 5, 2017, and November 2, 2017
- D-3 DHHR Employment Income Screenshot, updated December 5, 2017

**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 following Findings of Fact are set forth.

## FINDINGS OF FACT

- 1) The Appellant received Adult Medicaid benefits for a one-person Assistance Group (AG). (Exhibit D-1)
- 2) During his November 2017 eligibility review, the Appellant submitted bi-weekly paystubs to the Respondent for income verification. (Exhibits D-2 and D-3)
- 3) The Appellant's monthly gross income equaled \$1,726.11. (Exhibit D-1)
- 4) To be eligible for Adult Medicaid, the Appellant's gross monthly income had to be equal to or below the income eligibility limit of \$1,337 for a one-person AG. (Exhibit D-4)
- 5) The Appellant's gross monthly income exceeded the Adult Medicaid income eligibility limit for a one-person AG. (Exhibits D-1 through D-4)

## APPLICABLE POLICY

### **West Virginia Income Maintenance Manual §1.2.4 Client Responsibility provides in part:**

The client's responsibility is to provide complete and accurate information about his circumstances so that the Worker can make a correct determination about his eligibility.

### **WVIMM §23.10.4 Adult Group Income Guidelines provides in part:**

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

### **WVIMM §3 Appendix A Income Limits provides in part:**

For a one-person Assistance Group, the income limit at 133% the FPL equals \$1,337.

### **WVIMM §7.2.1 When Verification is Required provides in part:**

Verification of a client's statement is required when:

- ❖ Policy requires routine verification of specific information;
- ❖ The information provided is questionable. To be questionable it must be: ...
  - Inconsistent with the information in the case file; or...
  - Outdated

### **WVIMM §7.2.4 Worker Responsibilities provides in part:**

- ❖ The worker has the following responsibilities in the verification process: ...
- ❖ The Worker may request verification if the case record or previous verification shown in the Department's record is incomplete, inaccurate, outdated, or inconsistent with recently reported information.

## DISCUSSION

The Appellant was a recipient of Adult Medicaid for a one-person Assistance Group (AG). During his eligibility review, the Appellant provided income verification to the Respondent. On December 6, 2017, the Respondent issued a notice to the Appellant advising that his Adult Medicaid benefits would be terminated due to his income exceeding the Medicaid income eligibility limit. The Appellant contested the Respondent's decision to terminate his Adult Medicaid benefits.

The Respondent had to demonstrate by a preponderance of evidence that the Appellant's income exceeded the Medicaid income eligibility limit for a one-person AG. The Respondent verified income paystubs for October 13, 2017 through November 10, 2017. Income verification submitted during the Appellant's eligibility review reflected that the Appellant's income exceeded the Medicaid income eligibility limit. The Appellant testified that his income had decreased since the time of the eligibility review. The Appellant contended that income verification provided during the eligibility review does not reflect his anticipated income because his income fluctuates. During the hearing, no evidence was entered to demonstrate a decrease in the Appellant's income.

The Appellant has a responsibility to provide accurate information about his situation to the Respondent so that the Respondent can make a correct determination about his Medicaid benefit eligibility. Because the Appellant had not previously reported that his income fluctuated, the Respondent did not request additional income verification to determine the Appellant's Adult Medicaid eligibility. Pursuant to policy, because the Appellant reported fluctuating income during the fair hearing, the Respondent has the responsibility to issue a notice to the Appellant requesting verification of the Appellant's decrease in income. Once the Appellant's decrease in income is verified, the Respondent agreed to review the Appellant's Medicaid income eligibility.

Evidence demonstrated that the Appellant's income exceeded the Adult Medicaid income eligibility limit. The Respondent's decision to terminate the Appellant's Adult Medicaid was correct.

## CONCLUSIONS OF LAW

- 1) The Adult Medicaid income eligibility limit for a one-person Assistance Group (AG) is \$1,337.
- 2) The Appellant's gross monthly income of \$1,726.11 exceeded the Adult Medicaid income eligibility limit for a one-person AG.
- 3) The Respondent was correct in terminating the Appellant's Adult Medicaid benefits due to his income exceeding the Medicaid benefit income eligibility limit.

**DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Department's decision to terminate the Appellant's Adult Medicaid benefits due to income exceeding the Medicaid income eligibility limit.

ENTERED this 22nd day of February 2018.

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**Tara B. Thompson**  
State Hearing Officer