



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

Bill J. Crouch
Cabinet Secretary

Jolynn Marra
Interim Inspector General

December 20, 2018

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 18-BOR-2843

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

cc: Misty Cork, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 18-BOR-2843

**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 December 18, 2018, on an appeal filed November 30, 2018.

The matter before the Hearing Officer arises from the Respondent's termination of Adult Medicaid benefits.

At the hearing, the Respondent appeared by Misty Cork, Economic Services Supervisor, WVDHHR. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Copy of Appellant's paystubs for November 2, 2018 and November 16, 2018
- D-2 Income information for ██████████
- D-3 West Virginia Income Maintenance Manual Chapter 4, 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 Appellant was a recipient of Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits.
- 2) The Appellant completed a Medicaid eligibility redetermination, during which the Respondent determined that countable household income was excessive for MAGI Medicaid.
- 3) The Appellant's total gross income was calculated as \$5,829.19 per month, and the gross income limit for a nine-person MAGI Medicaid Assistance Group is \$5,176 based on 133% of the Federal Poverty Level (D-3).
- 4) Total countable income included the Appellant's gross monthly earnings from [REDACTED], (\$4,700.44) and his 18-year-old daughter [REDACTED] gross monthly income from [REDACTED] (\$1,128.75).
- 5) [REDACTED] was counted as a tax dependent by the Appellant in 2018.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 4.7.3 states that the only allowable income disregard for MAGI Medicaid is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. The 5% FPL disregard is not applied to every MAGI eligibility determination and should not be used to determine the MAGI coverage group for which an individual may be eligible. The 5% FPL disregard will be applied to the highest MAGI income limit for which an individual may be determined eligible.

West Virginia Income Maintenance Manual Chapter 4, Appendix A (D-3) states that 133% of the Federal Poverty Level for a nine-person household for MAGI Medicaid purposes is \$5,176 per month.

West Virginia Income Maintenance Manual Chapter 4, Appendix A (D-3) states that the 5% income disregard for a nine-person MAGI Medicaid Assistance Group is \$194 per month.

DISCUSSION

Policy states that the only allowable income disregard for MAGI Medicaid is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. The 5% FPL disregard will be applied to the highest MAGI income limit for which an individual may be determined eligible.

The Respondent determined that the Appellant's income of \$5,829 exceeds 133% of the Federal Poverty Level - \$5,176 per month - for a nine-person MAGI Medicaid Assistance Group based on income information obtained during the Appellant's case redetermination.

The Appellant testified that the amount of overtime he receives varies, and he does not always receive the number of hours listed on his November 2, 2018 and November 16, 2018 paystubs. While no additional paystubs were presented for consideration, the year-to-date income on the Appellant's November 2, 2018 paystub is \$45,960.38. The year-to-date total divided by 10 months (January-October 2018) equals \$4,596.04 average gross income per month. This amount, combined with the Appellant's daughter's gross income of \$1,128.75 per month, equates to \$5,724.79 per month. This total, minus the 5% FPL disregard of \$194 for a nine-person Assistance Group, totals \$5,530.79, which exceeds the income limit of \$5,176.

Based on information provided during the hearing, the Respondent acted correctly in terminating the Appellant's Adult Medicaid benefits.

CONCLUSION OF LAW

The Respondent acted correctly in terminating the Appellant's Adult Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Respondent's termination of Adult Medicaid benefits effective November 2018.

ENTERED this 20th Day of December 2018.

**Pamela L. Hinzman
State Hearing Officer**