



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1400 Virginia Street

Joe Manchin III
Governor

Patsy A. Hardy, FACHE, MSN, MBA
Cabinet Secretary

April 28, 2010

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held April 21, 2010. Your hearing request was based on the Department of Health and Human Resources' decision to terminate -----'s Qualified Child Medicaid due to excessive income.

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.

Eligibility for the Qualified Child Medicaid program is based on current policy and regulations. These regulations provide that eligibility is determined by comparing the total countable net income, after all allowable deductions, to the AFDC Medicaid Limit for the size of the Needs Group (WV Income Maintenance Manual § 10.10 B).

The information submitted at your hearing revealed that your household's total countable income exceeds the allowable limit for the program.

It is the decision of the State Hearing Officer to **Uphold** the action of the Department to terminate -----'s Qualified Child Medicaid.

Sincerely,

Kristi Logan
State Hearing Officer
Member, State Board of Review

cc: Chairman, Board of Review
-----, Economic Service Supervisor

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

-----,

Claimant,

v.

Action Number: 10-BOR-1065

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on April 21, 2010 for ----- . This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on April 21, 2010 on a timely appeal, filed March 24, 2010.

II. PROGRAM PURPOSE:

The Program entitled Qualified Child Medicaid is administered by the West Virginia Department of Health & Human Resources.

The Department provides Medicaid to Qualified Children born prior to the federal eligibility date of 10/01/83. This was mandated by the State Legislature and required a waiver from the federal regulations to implement. These children are Qualified Children in every way except their age. They are referred to as Medicaid Expansion cases because the approved waiver allowed the Department to expand Qualified Child Medicaid coverage to more children.

III. PARTICIPANTS:

-----, Claimant

-----, Economic Service Supervisor

Presiding at the Hearing was Kristi Logan, State Hearing Officer and a member of the Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department's decision to terminate -----'s Qualified Child Medicaid was correct.

V. APPLICABLE POLICY:

WV Income Maintenance Manual § 10.10 B

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WV Income Maintenance Manual § 10.10
- D-2 Termination Notice dated March 18, 2010

Claimants' Exhibits:

- C-1 Monthly Notice of Support Collected for February 2010 and March 2010

VII. FINDINGS OF FACT:

- 1) On March 5, 2010 the [REDACTED] County office received a review form for Claimant's daughter, -----'s, Qualified Child Medicaid. A notification letter dated March 18, 2010 was issued by the Department which read in pertinent parts (D-2):

Your Qualified Child Medicaid benefits will stop. You will not receive this benefit after March 2010. Income is more than the income limit for you to receive benefits.

- 2) -----, Economic Service Supervisor, testified that Claimant's household income as reported on the review form was Social Security Disability of \$954 monthly for Claimant and \$477 monthly Social Security for ----- . ----- also receives \$353.26 monthly child support. -----testified that due to the household's combined income, ----- no longer meets the income guidelines to continue receiving Qualified Child Medicaid. Effective April 2010, ----- became eligible for WV CHIP instead.
- 3) Claimant testified that she spoke with someone from the [REDACTED] County office who stated she was only \$20 over the income limit for Qualified Child Medicaid. She also stated that the amount of child support used in determining eligibility was incorrect. The court ordered child support amount is \$356 monthly, but she does not always receive that much.

Claimant received \$328.62 in child support for ----- in February 2010. She received \$356 in child support and \$109.53 in arrears in March 2010 (C-1).

- 4) WV Income Maintenance Manual § 10.10 B states:

Countable income is determined by subtracting allowable deductions and disregards from the total gross non-excluded income. The net monthly countable income must be less than the AFDC Medicaid Limit for the appropriate Needs Group size.

Step 1: Determine the amount of monthly gross non-excluded earned income of the Income Group.

Step 2: Subtract the AFDC Medicaid Standard Work Deduction for each working individual.

Step 3: Subtract the AFDC Medicaid Dependent Care Deduction up to the maximum allowable amounts.

Step 4: Add the gross non-excluded unearned income of the Income Group. This includes the child's countable child support.

Step 5: Determine 100% FPL for the appropriate Needs Group size.

Step 6: Subtract the maximum AFDC Medicaid Limit for the appropriate Needs Group size from the amount arrived at in Step 5, and add \$1.00.

Step 7: Subtract the amount arrived at in Step 6 from the amount arrived at in Step 4.

The remainder is the countable income which is compared to the AFDC Medicaid Limit for the appropriate Needs Group size to determine the QC's [Qualified Child's] eligibility. If the countable income is below the AFDC Medicaid Limit for the appropriate Needs Group size, the child is eligible. If the countable income is equal to or greater than the AFDC Medicaid Limit, the child is not eligible.

VIII. CONCLUSIONS OF LAW:

- 1) The total gross income from Social Security for Claimant's household is \$1413 monthly. In February 2010, Claimant collected \$328.62 in child support for ----- for total gross monthly income of \$1759.62.
- 2) According to WV Income Maintenance Manual Chapter 10 Appendix A, the AFDC Medicaid Limit for a Needs Group of 2 is \$201 and 100% of the Federal Poverty Level for the Needs Group is \$1215. To determine the countable net income, \$201 is subtracted from \$1215 leaving a remainder of \$1014. One dollar (\$1) is added to the remaining \$1014 for a countable net income of \$1015.
- 3) Claimant's countable net income of \$1015 is greater than the AFDC Medicaid Limit for 2 of \$201. Since the countable net income exceeds the AFDC Medicaid Limit, ----- is no longer eligible for Qualified Child Medicaid.
- 4) Claimant's Qualified Child Medicaid benefits for her daughter were correctly terminated.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to terminate -----'s Qualified Child Medicaid.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 28th day of April 2010.

**Kristi Logan
State Hearing Officer
Member, Board of Review**