



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
1400 Virginia Street
Oak Hill, WV 25901

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

March 10, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 14-BOR-3937

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,

Kristi Logan
State Hearing Officer
Member, State Board of Review

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

cc: Travis Hart, [REDACTED] DHHR

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

██████████,

Claimant,

v.

Action Number: 14-BOR-3937

**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 25, 2015, on an appeal filed December 29, 2014.

The matter before the Hearing Officer arises from the December 15, 2014, decision by the
Respondent to terminate the Claimant's Modified Adjusted Gross Income Medicaid benefits.

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

Department's Exhibits:

D-1 Department's Summary

D-2 WV Income Maintenance Manual §§9.1, 10.4, and 10.3

D-3 inROADS Medicaid Application dated October 17, 2014

D-4 Supplemental Nutrition Assistance Program (SNAP) Application dated December 9,
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) The Claimant had been a recipient of Modified Adjusted Gross Income (MAGI) Medicaid benefits since October 2014. The Department notified the Claimant that her MAGI Medicaid benefits would be terminated effective January 2015.
- 2) The Claimant applied (D-4) for SNAP benefits in December 2014. She reported that her income consisted of an annuity of \$17,450 received yearly in March. The Department contended that when the Claimant applied (D-3) for Medicaid in October 2014, this annuity income was incorrectly counted. Per policy (D-2), the Claimant's annuity should have been prorated over a 12-month period giving her a monthly income of \$1454.16. The Claimant's monthly income was added to her case, which exceeds the allowable limit of \$1265 to continue receiving MAGI Medicaid benefits.
- 3) The Claimant stated the annuity disbursement for this year is already gone, so she currently has no income. The Claimant needs to go to the doctor so that she can continue working on getting disability benefits.

APPLICABLE POLICY

WV Income Maintenance Manual §10.3 Chart 2, lists payments from annuities as countable income for MAGI Medicaid.

WV Income Maintenance Manual §10.6 B(4), states that eligibility for Medicaid is determined on a monthly basis and therefore, it is necessary to determine a monthly amount of income to determine eligibility. For income that is received less frequently than on a monthly basis, the amount of income is converted to a monthly amount and prorated for the months the income is intended to cover.

WV Income Maintenance Manual §10.8 F states that the total countable income for the MAGI assistance group must be less than or equal to 133% of the Federal Poverty Level (FPL).

WV Income Maintenance Manual Chapter 10 Appendix A lists 133% FPL for one person is \$1294.

DISCUSSION

A payment from the Claimant's annuity is distributed every year in March in the amount of \$17,450. Since this amount is received only one time a year, it must be converted to a monthly amount to determine the Claimant's eligibility for MAGI Medicaid. The Claimant's income was correctly calculated as a monthly amount of \$1454.16, which exceeds the allowable limit as set forth in policy.

CONCLUSIONS OF LAW

Whereas the Claimant's countable monthly income exceeds the allowable limit as found in policy, MAGI Medicaid benefits were correctly terminated.

DECISION

It is the decision of the State Hearing Office to **uphold** the Department's termination of the Claimant's Modified Adjusted Gross Income Medicaid benefits.

ENTERED this 10th day of March 2015

Kristi Logan
State Hearing Officer