



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

**Earl Ray Tomblin
Governor**

**Karen L. Bowling
Cabinet Secretary**

April 6, 2016



RE: [REDACTED] v. WVDHHR
ACTION NO.: 16-BOR-1384

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: Charla Owens, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 16-BOR-1384

**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 March 29, 2016, on a verbal request for appeal filed February 26, 2016.

The matter before the Hearing Officer arises from the February 29, 2016 decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

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

Department's Exhibits:

- | | |
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| D-1 | Fair Hearing Request Form |
| D-2 | Notice of Decision dated February 29, 2016 |
| D-3 | Medicaid review form submitted on February 18, 2016 |
| D-4 | West Virginia Income Maintenance Manual Chapter 10.6 |
| D-5 | Data Exchange- State Wage Details |
| D-6 | Electronic mail transmission dated February 25, 2016 |
| D-7 | Verification checklist dated February 24, 2016, and paystubs |

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) On February 29, 2016, the Respondent issued notice (D-2) to the Appellant, informing him of its decision to terminate Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits based on excessive income.
- 2) Charla Owens, Family Support Supervisor (FSS) with the Respondent, testified that the Appellant had submitted a Medicaid review form (D-3) on February 18, 2016. At that time, the Department determined that the Appellant had earned income from three sources (D-5) and income verification was requested (D-7).
- 3) On February 25, 2016, the Appellant contacted Client Services and reported his income information from [REDACTED] (see Exhibit D-6). The Appellant also provided income verification to the Department (D-7), and FSS Owens testified that the Department calculated his total gross income as \$1,795.25, which is excessive for adult Medicaid benefits.
- 4) The Appellant did not dispute the Department's income calculation, but testified that he has a learning disability.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 9.3.B states that the income of each member of an individual's MAGI Medicaid household is counted when determining income eligibility for the program. Chapter 10.8.B. states that the applicant's MAGI household includes the applicant, each individual they expect to claim as a tax dependent, and their spouse if residing with the tax filer.

West Virginia Income Maintenance Manual Chapter 10, Appendix A states that the gross income limit for a one-person MAGI Medicaid group at 133% of the Federal Poverty Level was \$1,305 per month in February 2016.

DISCUSSION

Policy states that the income limit for a one-person MAGI Medicaid Group at 133% of the Federal Poverty Level was \$1,305 in February 2016. The Appellant's gross household income was determined to be \$1,795.25 at the time of his Adult Medicaid review in February 2016. Therefore, the Appellant's household income is excessive for the MAGI Medicaid Program.

CONCLUSIONS OF LAW

The Department acted correctly in terminating the Appellant's MAGI Medicaid benefits based on excessive income.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Department's decision to terminate Medicaid benefits.

ENTERED this 6th Day of April 2016.

**Pamela L. Hinzman
State Hearing Officer**