



**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**

June 8, 2016

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 16-BOR-1836

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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Tera Pendleton, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 16-BOR-1836

**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 June 2, 2016, on a request for appeal filed May 3, 2016.

The matter before the Hearing Officer arises from the April 26, 2016 decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Tera Pendleton, Economic Service Worker, WVDHHR. The Appellant appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- | | |
|-----|--|
| D-1 | Case Comments from Department's computer system |
| D-2 | Income information from Department's computer system |
| D-3 | Notice of Decision dated April 26, 2016 |

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 April 26, 2016, the Respondent issued notice (D-3) to the Appellant, informing her of its decision to terminate Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits based on excessive income.
- 2) Case Comments from the Department's computer system (D-1) state that the Appellant submitted a Medicaid review form to the Department on April 14, 2016. Tera Pendleton, Economic Service Worker for the Department, testified that the Appellant receives Social Security income of \$1,105 per month and a pension of \$562 per month (D-2). She stated that the income limit for Adult Medicaid is based on 133% of the Federal Poverty Level. That limit, for a one-person Assistance Group, is \$1,317 per month.
- 3) The Appellant did not dispute the Department's income calculation, but testified that she had to retire early due to health issues, including back and knee problems. She stated that she has had breast cancer twice and takes several medications. The Appellant indicated that she cannot afford health insurance because it would cost \$800 per month.

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 is \$1,317 per month.

DISCUSSION

Policy states that the income limit for a one-person MAGI Medicaid Group at 133% of the Federal Poverty Level is \$1,317 per month. The Appellant's gross household income was determined to be \$1,667 per month at the time of her Adult Medicaid review in April 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 8th Day of June 2016.

**Pamela L. Hinzman
State Hearing Officer**