



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

June 8, 2016

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 16-BOR-1898

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,

Kristi Logan  
State Hearing Officer  
Member, State Board of Review

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

cc: Deborah Neal, [REDACTED] County DHHR

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

██████████,

**Appellant,**

v.

**Action Number: 16-BOR-1898**

**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 1, 2016, on an appeal filed May 13, 2016.

The matter before the Hearing Officer arises from the April 13, 2016, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Lynn Robinson, Economic Service Worker. The Appellant 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 Hearing Request received May 13, 2016

D-3 Hearing Request Notification

D-4 Notices of Decision dated April 13, 2016 and April 26, 2016

D-5 Case Comments Screen Print for April 12, 2016 - May 13, 2016

D-6 West Virginia Income Maintenance Manual §10.8 and Chapter 10 Appendix A

**Appellant's Exhibits:**

A-1 Notice of Decision dated May 17, 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) An eligibility review (D-1) for Children's Health Insurance Program (CHIP) benefits for the Appellant's daughter, [REDACTED] was processed on April 12, 2016.
- 2) Based on the income reported by the Appellant, CHIP benefits for [REDACTED] were recertified. However, the reported income was excessive for the Appellant to continue receiving Adult Medicaid benefits.
- 3) The Department issued a Notice of Decision (D-4) on April 13, 2016, advising the Appellant that Adult Medicaid benefits for the Appellant, his wife [REDACTED] and his daughter [REDACTED] would be terminated effective April 30, 2016.
- 4) An eligibility review for the Appellant's Adult Medicaid benefits was processed (D-5) on April 25, 2016. The Appellant's household was evaluated for Adult Medicaid benefits and was found to be ineligible due to excessive income.
- 5) The Department issued a Notice of Decision (D-4) on April 26, 2016, advising the Appellant that Adult Medicaid benefits were denied effective June 1, 2016.
- 6) The Appellant contended that he did not receive proper notification regarding the termination of Adult Medicaid benefits and requested coverage for May 2016 to pay for medical expenses incurred during that month.

### **APPLICABLE POLICY**

West Virginia Income Maintenance Manual §2.4A states that when a change in income is reported during a certification period, eligibility for the Adult Medicaid Assistance Group (AG) must be re-evaluated. Changes include the onset or termination of income, as well as income increases and decreases. The reported change(s) may not result in any benefit change, or they may result in AG closure. Proper notice is required for any adverse action and the AG must be evaluated for all other Medicaid coverage groups and WV CHIP prior to closure.

### **DISCUSSION**

The Appellant argued that the two notice letters issued in April 2016 regarding the Adult Medicaid benefits were confusing. The Appellant testified that he tried contacting his caseworker to confirm that his family had May coverage but was unable to speak with anyone. The Appellant did not disagree with the amount of income used by the Department regarding Adult Medicaid eligibility, but stated that since he was unaware that Medicaid had terminated on April 30, 2016, he should be reimbursed for May medical expenses.

The CHIP benefit and Adult Medicaid benefits were on separate redetermination schedules. When the CHIP review form was processed, the new income for the Appellant's daughter was added to the Appellant's case, thereby closing the Adult Medicaid benefit. Subsequent to the CHIP review, the Adult Medicaid review form was been processed and the Appellant's household was re-evaluated for Adult Medicaid benefits, causing the issuance of the April 26, 2016, denial letter.

The Appellant was notified by letter issued April 13, 2016, that the Adult Medicaid benefits would terminate effective April 30, 2016. The Department complied with proper notification of the closure of this benefit.

### **CONCLUSIONS OF LAW**

- 1) The Appellant was notified on April 13, 2016, that his Adult Medicaid benefits would be terminated effective April 30, 2016, due to excessive income.
- 2) The Appellant did not contest that his household's income was excessive to continue receiving Adult Medicaid benefits.
- 3) The Department correctly followed policy in the termination of the Appellant's Adult Medicaid benefits due to excessive income.

### **DECISION**

It is the decision of the State Hearing Officer to **uphold** the Department's decision to terminate the Appellant's Adult Medicaid benefits.

**ENTERED this 8<sup>th</sup> day of June 2016**

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**Kristi Logan  
State Hearing Officer**