



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
4190 Washington Street, West
Charleston, West Virginia 25313**

**Earl Ray Tomblin
Governor**

**Karen L. Bowling
Cabinet Secretary**

October 4, 2016

[REDACTED]
[REDACTED]
[REDACTED]

RE: [REDACTED] v WV DHHR
BOR ACTION NO.: 16-BOR-2618

Dear [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,

Natasha Jemerison
State Hearing Officer
Member, State Board of Review

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

cc: Tera Pendleton, Economic Service Worker

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

██████████,

Appellant,

v.

Action No: 16-BOR-2618

**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 convened on September 28, 2016, on an appeal filed September 2, 2016.

The matter before the Hearing Officer arises from the August 16, 2016 notice from the Respondent to deny the Appellant's application for Adult Medicaid.

At the hearing, the Respondent appeared by Tera Pendleton, 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 Case Comments computer screen print, dated August 2, 2016 through September 15, 2016
- D-2 Unearned Income computer screen print, updated August 19, 2016
- D-3 Notice of Decision, dated August 16, 2016
- D-4 Modified Adjusted Gross Income (MAGI) Adult Medicaid Income Budget computer screen print, dated August 19, 2016

Appellant's Exhibits:

None

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 August 16, 2016, the Respondent issued a notice to the Appellant stating her application for Adult Medicaid was denied because her income was above the limit for that type of assistance. (D-3)
- 2) The Appellant's weekly Unemployment Compensation Insurance (UCI) amount is \$424.00. Pursuant to policy, this amount is multiplied by 4.3 (\$424 x 4.3) to determine a monthly average, as the Appellant would receive 52 weekly pays in a one-year period. As a result, Appellant's gross monthly income was determined to be \$1,823.20 (D-2)
- 3) The household's gross monthly income is divided by 100% of the Federal Poverty Level for the assistance group (AG) size. The amount is converted to a percentage, and then 5% is subtracted to determine the household income.
- 4) The income limit for Adult Medicaid is based on 133% of the Federal Poverty Level, and the maximum allowable gross monthly income for a one-person Modified Adjusted Gross Income (MAGI) Adult Medicaid AG is \$1,317. (D-4)
- 5) The Appellant did not dispute the weekly UCI amount of \$424.00, but she did not agree with the way the Department calculated her gross monthly income.
- 6) The Appellant stated she had an adult child and minor grandchild in her household, and felt that should have been considered when the Department determined her eligibility for Adult Medicaid.
- 7) The Appellant is the only individual included in her household AG.
- 8) The Appellant stated she received financial assistance through the Advanced Premium Tax Credits (APTC) to purchase health insurance.

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WV IMM) §10.6.B.4, states the following method is used to determine income for the certification period: Conversion of income to a monthly amount is accomplished by multiplying an average of the weekly pay amount by 4.3.

WV IMM §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.

WV IMM §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.

WV IMM §10, Appendix A, indicates that the gross income limit for a one-person MAGI Medicaid group (133% of the Federal Poverty Level) is \$1,317 per month.

WV IMM §10.8.F, explains how to determine MAGI eligibility:

The applicant's household income must be at or below the applicable modified adjusted gross income standard for the MAGI coverage groups.

Step 1: Determine the MAGI-based gross monthly income for each MAGI household income group.

Step 2: Convert the MAGI household's gross monthly income to a percentage of the Federal Poverty Level (FPL) by dividing current monthly income by 100% FPL for the household size. Convert the result to a percentage.

Step 3: Apply the 5% FPL disregard by subtracting five (5) percentage points from the converted monthly gross income to determine the household income if it affects the applicant's eligibility for MAGI Medicaid.

Step 4: After the 5% FPL income disregard has been applied, the remaining percent of FPL is the final figure that will be compared against the applicable modified adjusted gross income standard for the MAGI coverage groups.

WV IMM §10.8.E, states the only allowable income disregard is an amount equivalent to five (5) percentage points of the Federal poverty level for the applicable MAGI household size.

DISCUSSION

The Appellant contended that the Department denied her application for Adult Medicaid in error based on her gross monthly income. The Appellant and the Department's representative, Tera Pendleton, agreed that the Appellant received \$424.00 weekly Unemployment Compensation Insurance (UCI). The Appellant did not agree that her gross monthly amount was \$1823.20, as stated by the Department.

Policy states that the conversion of income to a monthly amount is accomplished by multiplying an average of the weekly pay amount by 4.3. The Appellant's gross monthly income was determined to be \$1823.20 based on the conversion required by policy. The income limit for a one-person MAGI Adult Medicaid group at 133% of the Federal Poverty Level is \$1,317 per month.

During the hearing of the matter, the Appellant had concerns about her Assistance Group (AG). She stated her adult son and her minor grandchild are also in her home. Evidence submitted by the Department verified that the Department had three (3) members listed in the household, but because neither the Appellant's son or grandchild are claimed as tax dependents by the Appellant, they are not part of the AG. For the purpose of determining eligibility for MAGI Adult Medicaid, only the Appellant and her income was counted. The Department acted correctly in determining the AG size and gross monthly income for MAGI Adult Medicaid.

CONCLUSION OF LAW

The Appellant's gross monthly income exceeds the maximum allowable gross monthly income limit of \$1317.00 for a one-person Adult Medicaid AG. As a result, the Appellant is not eligible for Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Department's decision to deny the Appellant's application for Adult Medicaid.

ENTERED this 4th day of October 2016.

**Natasha Jemerison
State Hearing Officer**