



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 21, 2016

[REDACTED]
[REDACTED]
[REDACTED]

RE: [REDACTED] v WV DHHR
BOR ACTION NO.: 16-BOR-2771

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: Debbie Fields, Economic Service Supervisor

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

██████████,

Appellant,

v.

Action No: 16-BOR-2771

**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 October 19, 2016, on an appeal filed September 29, 2016.

The matter before the Hearing Officer arises from the August 30, 2016 denial of the Appellant's Adult Medicaid application.

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

Department's Exhibits:

- D-1 Notice of Decision, dated August 30, 2016
- D-2 West Virginia Income Maintenance Manual Policy §10.8
- D-3 West Virginia Income Maintenance Manual Policy §10, Appendix A

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 30, 2016, the Respondent issued a notice to the Appellant stating his application for Adult Medicaid was denied because his income was above the limit for that type of assistance. (D-1)
- 2) The Appellant's gross monthly income was determined to be \$1,401.00. (D-1)
- 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-3)
- 5) The Appellant did not dispute the income used by the Department.
- 6) The Appellant is the only individual included in his household AG and does not claim anyone as a tax dependent.

APPLICABLE POLICY

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 requested a fair hearing due to the denial of Adult Medicaid. He stated he did not understand why the notice of denial stated he did not meet eligibility requirements for that type of assistance.

Policy states that the conversion of income limit for a one-person MAGI Adult Medicaid group at 133% of the Federal Poverty Level is \$1,317 per month. The Appellant's gross monthly income was determined to be \$1,401.00. The Appellant did not dispute this determination.

During the hearing of the matter, the Appellant stated he no longer had an issue with the denial of MAGI Adult Medicaid. The Department acted correctly in determining the Appellant's eligibility.

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 Modified Adjusted Gross Income based 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 21st day of October 2016.

**Natasha Jemerison
State Hearing Officer**