



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

December 20, 2016

[REDACTED]
[REDACTED]
[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 16-BOR-2889

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,

Kristi Logan
State Hearing Officer
Member, State Board of Review

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

cc: Alice James, [REDACTED] County DHHR

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

██████████,

Appellant,

v.

Action Number: 16-BOR-2889

**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 December 6, 2016, on an appeal filed October 20, 2016.

The matter before the Hearing Officer arises from the October 7, 2016 decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Alice James, Economic Service Worker. The Appellant appeared *pro se*. The witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Department's Summary
- D-2 Hearing Request received October 20, 2016
- D-3 Hearing Request Notification
- D-4 Scheduling Order dated October 27, 2016
- D-5 Notice of Decision dated October 7, 2016
- D-6 Case Comments from August 2016-October 2016
- D-7 West Virginia Income Maintenance Manual Chapter 10 Appendix A
- D-8 Benefit Payment History from Bureau of Employment Programs

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) The Appellant was a recipient of Adult Medicaid benefits.
- 2) The Respondent received information from data exchange (D-1) with the Bureau of Employment Programs that the Appellant started receiving Unemployment Compensation Income (UCI) in October 2016.
- 3) The Appellant's income from UCI was calculated as \$1,603.90 monthly.
- 4) The Respondent notified the Appellant that his Adult Medicaid benefits would be terminated effective October 31, 2016, due to excessive income.
- 5) The income limit for Adult Medicaid benefits for a one-person Assistance Group is \$1,317 monthly.

APPLICABLE POLICY

The Affordable Care Act required a new methodology for determining how income is counted and how household composition and size are determined when establishing financial eligibility for all three Insurance Affordability Programs (IAP) - Medicaid, CHIP and Advance Premium Tax Credits (APTC) through the Exchange. Modified Adjusted Gross Income (MAGI) methodologies apply to individuals whose eligibility for Medicaid is determined for coverage effective on or after January 1, 2014.

West Virginia Income Maintenance Manual §§10.8B and 10.C states that to determine the MAGI household size the following step-by-step methodology is used for each applicant

This methodology must be applied to each applicant in the MAGI household separately:

STEP 1: IS THE APPLICANT A TAX FILER?

IF YES: The applicant's MAGI household includes him or herself, each individual they expect to claim as a tax dependent, and his or her spouse if residing with the tax filer. This is known as the tax filer rule.

MAGI household income is the sum of the MAGI-based income of every individual included in the individual's MAGI household. The MAGI household is determined using the MAGI methodology established above. Income of each member of the individual's MAGI household is counted.

West Virginia Income Maintenance Manual §10.6B states that eligibility is determined on a monthly basis. Therefore, it is necessary to determine a monthly amount of income to count for the eligibility period. The following information applies to earned and unearned income. For all cases, the Worker must determine the amount of income that can be reasonably anticipated for the Assistance Group (AG). For all cases, income is projected; past income is used only when it reflects the income the client reasonably expects to receive.

Conversion of income to a monthly amount is accomplished by multiplying an actual or average amount as follows: Weekly amount multiplied by 4.3

The adjusted gross income is then compared to 133% of the Federal Poverty Level for the appropriate AG size to determine eligibility for MAGI Medicaid.

West Virginia Income Maintenance Manual Chapter 10 Appendix A lists 133% FPL for an AG is \$1,317.

DISCUSSION

To qualify for Adult Medicaid benefits, the gross monthly income must be below 133% FPL for the size of the Assistance Group.

The Appellant is the sole member of his Medicaid Assistance Group; therefore, his monthly income must be less than \$1,317.

The Respondent provided verification from the Bureau for Employment Programs (BEP) that the Appellant was receiving UCI of \$373 weekly, which was converted to a monthly amount of \$1,603.90.

The Appellant testified that he only received \$173 weekly in UCI, or \$692 monthly. The Appellant stated this income is deposited onto a debit card and that he does not receive any type of direct deposit statement from BEP to verify his income.

The Appellant was given ten (10) days to obtain verification of his income from BEP. The Appellant did not submit contradictory income verification, therefore the information submitted by the Respondent is accepted as valid.

CONCLUSIONS OF LAW

- 1) Pursuant to policy, the income limit for an individual to receive Adult Medicaid benefits is \$1,317.
- 2) The Appellant's monthly income from Unemployment Compensation is \$1,603.90.
- 3) The Appellant disputed this amount and was given the opportunity to provide verification of his income in accordance to his testimony.
- 4) The Appellant failed to provide evidence to corroborate his testimony that he did not receive the full amount of Unemployment Compensation as indicated by the Respondent.
- 5) The Appellant's income is excessive to continue receiving Adult Medicaid benefits.

DECISION

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

ENTERED this 20th day of December 2016

Kristi Logan
State Hearing Officer