

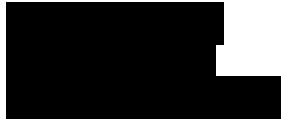


STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
1400 Virginia Street
Oak Hill, WV 25901

Jim Justice
Governor

Bill J. Crouch
Cabinet Secretary

May 18, 2017



RE: [REDACTED] v. WV DHHR
ACTION NO.: 17-BOR-1653

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,

Kristi Logan
State Hearing Officer
Member, State Board of Review

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

cc: Heather Keffer, [REDACTED] County DHHR

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

██████████,

Appellant,

v.

Action Number: 17-BOR-1653

**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 May 11, 2017, on an appeal filed April 17, 2017.

The matter before the Hearing Officer arises from the February 24, 2017, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Heather Keffer, 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 OnBase Screen Print

Appellant's Exhibits:

A-1 Paystubs from ██████████ dated March 21, 2017 and April 18, 2017; and May 2017 Work Schedule

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 Respondent received an eligibility review from the Appellant for her Adult Medicaid benefits in February 2017.
- 2) The Appellant reported employment with [REDACTED] of \$183.75 weekly and [REDACTED] of \$150 weekly, for total monthly income of \$1,453.13.
- 3) The Respondent notified the Appellant that her Adult Medicaid benefits would close effective March 31, 2017, due to excessive income.
- 4) The income limit for Adult Medicaid benefits for a one-person Assistance Group is \$1,337 monthly.
- 5) The Appellant contested the closure, contending that her income was calculated incorrectly.

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: Biweekly amount multiplied by 2.15

The adjusted gross income is then compared to 133% of the Federal Poverty Level (FPL) 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 of one is \$1,337.

DISCUSSION

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

The Appellant is the sole member of her Medicaid Assistance Group; therefore, her monthly income must be less than \$1,337.

The Appellant testified that she last worked at [REDACTED] in November 2016 and she believed she must have completed the redetermination form incorrectly. Her only income is from [REDACTED]. The Appellant submitted two (2) paystubs from [REDACTED]: March 21, 2017 for \$184.50 and April 18, 2017 for \$190.98. The Appellant reported that she had been working about ten (10) hours a week, but her hours have now been cut to four (4) hours a week.

Pursuant to policy, income that cannot be anticipated to be received during the certification period is not considered in determining eligibility. Credible testimony from the Appellant indicated that she was no longer employed with [REDACTED], therefore income from that source will no longer be counted. Based on the documentation provided, the Appellant's monthly income calculated as \$403.64, which is under the allowable limit to continue receiving Adult Medicaid benefits.

CONCLUSIONS OF LAW

- 1) Pursuant to policy, the income limit for an individual to receive Adult Medicaid benefits is \$1,337.
- 2) The Appellant's gross monthly income from employment is \$403.64.
- 3) The Appellant continues to meet the eligibility requirements to receive Adult Medicaid benefits.

DECISION

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

ENTERED this 18th day of May 2017

**Kristi Logan
State Hearing Officer**