



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF INSPECTOR GENERAL

Jim Justice  
Governor

BOARD OF REVIEW  
P.O. Box 1247  
Martinsburg, WV 25402

Bill J. Crouch  
Cabinet Secretary

August 1, 2017

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 17-BOR-2063

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,

Lori Woodward  
State Hearing Officer  
Member, State Board of Review

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

cc: Katherine Dillon, WV DHHR, [REDACTED] Co.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BOARD OF REVIEW

██████████,

Appellant,

v.

Action Number: 17-BOR-2063

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 August 1, 2017, on appeal filed June 23, 2017.

The matter before the Hearing Officer arises from the June 6, 2017, decision by the Respondent to close the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Katherine Dillon, 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 Notice of denial dated June 6, 2017
- D-2 WV Income Maintenance Manual Chapter 10, Appendix A
- D-3 Copies of paychecks: April 14, 2017, April 28, 2017, May 12, 2017 and May 26, 2017 pay dates

**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) The Appellant applied for renewal of her Adult Medicaid benefits on May 24, 2017.
- 2) The Appellant is single with no dependents.
- 3) The Appellant submitted paystubs from April 14, 2017, April 28, 2017, May 12, 2017, and May 26, 2017 for verification of her income. (Exhibit D-3)
- 4) The Respondent calculated the Appellant's income by using the submitted pay verifications for April 28, 2017 and May 12, 2017 (excluding the overtime pay noted on one of the submitted pay verifications), which was converted to a monthly amount of \$1,591.
- 5) The Respondent denied Adult Medicaid benefits based on the calculation of the Appellant's gross income at \$1,591 per month as it was over 133% FPL for an Assistance Group (AG) of 1, and sent notice on June 6, 2017 to the Appellant. (Exhibit D-1)

## APPLICABLE POLICY

WV IMM §10.8.F, explains that MAGI Medicaid eligibility requires that the applicant's household income be at or below the applicable modified adjusted gross income standard for the MAGI coverage groups. 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.

WV IMM, §10.6.B 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. For all cases, the worker must determine the amount of income that can be reasonably anticipated for the Assistance Group (AG).

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

- Weekly amount x 4.3
- Bi-weekly amount (every 2 weeks) x 2.15
- Semi-monthly (twice/month) x 2

Proration of income to determine a monthly amount is accomplished by dividing the amount received by the number of time periods it is intended to cover as follows:

- Bi-monthly amount (2 months) ÷ 2
- Quarterly amount (3 months) ÷ 3
- Semi-annual amount (twice/year) ÷ 6
- Annual amount ÷ 12
- 6-week amount ÷ 6 and converted to monthly amount by using x 4.3
- 8-week amount ÷ 8 and converted to monthly amount by using x 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.

WV IMM §10.6.B.2, explains that to determine past income, the pays received by all persons in the Income Group in the 30 calendar days prior to the application/redetermination date is considered. The appropriate time period is determined by counting back 30 days beginning with the calendar day prior to the date of application/redetermination. The income from this 30-day period is the minimum amount of income which must be considered. When, in the Worker's judgment, future income may be more reasonably anticipated by considering the income from a longer period of time, the Worker considers income for the time period he determines to be reasonable. Whether the Worker considers income from the prior 30 days, or from a longer period of time, all of the income received from that source during that time period must be considered. All pay periods during the appropriate time period must be considered and must be consecutive.

If the income is expected to continue, determine if the amount is reasonably expected to be more or less the same. If so, the income source is used for the new certification period or POC.

IMM, Chapter 10, Appendix A lists 133% FPL for an AG of one (1) is \$1337.

### **DISCUSSION**

The Appellant submitted her current paystubs to verify her income for renewal of her Adult Medicaid benefits. The Respondent used a 30 day look-back, subtracting overtime pay found on one of the paystubs used. Because the Appellant is paid bi-weekly, the Respondent calculated her average monthly income by using the 2.15 multiplier, finding that the Appellant's monthly income totaled \$1,591. Because the Appellant is a one-person Assistance Group (AG), she was over the income limit of \$1337 for Adult Medicaid eligibility. A notice of denial was sent to the Appellant on June 7, 2017.

The Appellant did not dispute the income used. She asserted that she has been ill since November and it would be determinantal to her health should she lose her Medicaid coverage.

As the Appellant is over income for Adult Medicaid benefits for an AG of one (1) with a monthly income of \$1,591, the Respondent was correct to deny the Appellant's Adult Medicaid benefits.

### **CONCLUSIONS OF LAW**

1. The Appellant's is considered to be a Medicaid AG of one earning \$1,591 monthly.
2. The income limit for a one-person AG for Adult Medicaid is \$1,337 monthly.
3. The Respondent correctly denied the Appellant's Adult Medicaid benefits.

**DECISION**

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

**ENTERED this 1<sup>st</sup> day of August 2017.**

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**Lori Woodward, State Hearing Officer**