

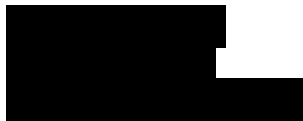


State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1027 N. Randolph Ave.
Elkins, WV 26241

Jim Justice
Governor

Bill J. Crouch
Cabinet Secretary

July 28, 2017



RE: [REDACTED] v. WVDHHR
ACTION NO.: 17-BOR-2085

Dear Mr. [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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Charla Owens, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 17-BOR-2085

**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 July 26, 2017, on an appeal filed July 7, 2017.

The matter before the Hearing Officer arises from the Respondent's denial of Adult Medicaid benefits.

At the hearing, the Respondent appeared by Charla Owens, Family Support Supervisor, WVDHHR. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Copy of Medicaid application dated June 2, 2017
- D-2 Client's pay stubs
- D-3 Notice of Decision dated June 22, 2017
- D-4 West Virginia Income Maintenance Manual Chapters 10.8.F and Chapter 10, Appendix A

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 Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits on June 2, 2017 (D-1).
- 2) On June 22, 2017, the Respondent sent the Appellant a Notice of Decision (D-2) indicating that his Medicaid application was denied.
- 3) The Respondent's representative testified that the Medicaid application was denied due to excessive income.
- 4) The Appellant's total gross income was calculated as \$1,582 per month and the gross income limit for a one-person MAGI Medicaid Assistance Group is \$1,337.
- 5) The Appellant did not dispute the Respondent's income calculation, but testified that he is a diabetic and needs to buy insulin.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 10.8.B.2 states that an applicant's Modified Adjusted Gross Income (MAGI) Medicaid household consists of the applicant, the tax filer claiming him/her as a dependent (this could be two people filing jointly), any other dependents in the tax filer's household, and the applicant's spouse if they reside together.

West Virginia Income Maintenance Manual Chapter 10, Appendix A (D-4) states that 133 percent of the Federal Poverty Level for a one-person household for MAGI Medicaid purposes is \$1,337 per month.

DISCUSSION

Policy states that an applicant's MAGI Medicaid household consists of the applicant, the tax filer claiming him/her as a dependent, any other dependents in the tax filer's household, and the applicant's spouse if they reside together. The Appellant's income exceeds 133 percent of the Federal Poverty Level - \$1,337 per month - for a one-person MAGI Medicaid Assistance Group. Based on information provided during the hearing, the Respondent acted correctly in denying the Appellant's Adult Medicaid benefits.

CONCLUSION OF LAW

The Respondent acted correctly in denying the Appellant's June 2017 Adult Medicaid application.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Respondent's denial of Medicaid benefits effective June 2017.

ENTERED this 28th Day of July 2017.

**Pamela L. Hinzman
State Hearing Officer**