



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

Jim Justice
Governor

BOARD OF REVIEW
Raleigh District DHHR
407 Neville Street
Beckley, WV 25801

Bill J. Crouch
Cabinet Secretary

October 31, 2017



RE: [REDACTED] v. WV DHHR
ACTION NO.: 17-BOR-2585

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: Ashley Adams, [REDACTED] County DHHR

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

██████████,

Appellant,

v.

Action Number: 17-BOR-2585

**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 October 25, 2017, on an appeal filed September 27, 2017.

The matter before the Hearing Officer arises from the September 15, 2017, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Ashley Adams, 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 Decision dated September 15, 2017
- D-2 Case Comments for September 2017
- D-3 West Virginia Income Maintenance Manual §10.8
- D-4 West Virginia Income Maintenance Manual Chapter 10 Appendix A

Appellant's Exhibits:

- A-1 Paystubs from ██████████ dated July 14, 2017, July 28, 2017, August 11, 2017, August 25, 2017 and September 8, 2017

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) Earned income for the Appellant was reported in a companion case, and this income was added to the Appellant's Medicaid case (Exhibit D-2).
- 3) The Respondent notified the Appellant that her earned income was excessive to continue receiving Adult Medicaid benefits (Exhibit D-1).
- 4) The Appellant's gross monthly income was determined to be \$1,694.

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. The 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.

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 \$1,337.

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 her Medicaid Assistance Group; therefore, her monthly income must be less than \$1,337.

The Appellant did not dispute the amount of income used by the Respondent to determine her average gross income, and this income is consistent with paystubs the Appellant submitted as evidence. The Appellant contended that with her household expenses, she has little money left from her paychecks for medical expenses.

The only deduction allowed by policy for Adult Medicaid benefits is a 5% disregard of the total gross income. The Appellant's income is excessive to continue receiving Adult Medicaid, even with the application of the 5% disregard.

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 monthly income from Unemployment Compensation is \$1,694.
- 3) 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 31st day of October 2017

Kristi Logan
State Hearing Officer