

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

Jim Justice Governor BOARD OF REVIEW 203 East Third Avenue Williamson, WV 25661 Bill J. Crouch Cabinet Secretary

Phone: (304) 235-4680 Fax (304) 235-4667

March 10, 2017



RE: v. WV DHHR
ACTION NO.: 16-BOR-3243

Dear Ms.

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,

Stephen M. Baisden State Hearing Officer Member, State Board of Review

Encl: Appellant's Recourse to Hearing Decision

Form IG-BR-29

cc: David J. Griffin, Economic Service Supervisor

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

Appellant,

v. ACTION NO.: 16-BOR-3243

# 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' (WV DHHR) Common Chapters Manual. This fair hearing was convened on February 22, 2017, on an appeal filed December 19, 2016.

The matter before the Hearing Officer arises from the Respondent's termination of Appellant's eligibility for Adult Group (MGAD) Medicaid.

At the hearing, the Respondent appeared by Representative David J. Griffin, Economic Service Supervisor. The Appellant appeared *pro se*. Both participants were sworn and the following documents were admitted into evidence.

#### **Department's Exhibits:**

D-1 WV Income Maintenance Manual (WV IMM), Chapter 10, §10.8.B

# **Appellant's Exhibits:**

None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence during 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.

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### **FINDINGS OF FACT**

- 1) The Appellant applied for Adult Medicaid (MGAD) in October 2016.
- 2) In November 2016, the Department denied the Appellant's application for excessive income.
- 3) The Appellant requested a fair hearing to protest the denial of her application for MGAD Medicaid.

#### APPLICABLE POLICY

The WV DHHR Income Maintenance Manual (IMM) Chapter 10, §10.8.B.4 reads as follows in part: "The applicant's MAGI household includes themselves [sic], each individual they [sic] expect to claim as a tax dependent, and their [sic] spouse if residing with the tax filer."

The WV DHHR, IMM Chapter 10, §10.8.F reads as follows in part:

The applicant's household income must be at or below the applicable modified adjusted gross income standard for the MAGI coverage groups.

Step 1: Determine the MAGI-based gross monthly income for each MAGI household income group.

Step 2: Convert the MAGI household's gross monthly income to a percentage of the Federal poverty level by dividing current monthly income by 100% FPL for the household size. Convert the result to a percentage.

Step 3: Apply the 5% FPL disregard by subtracting 5 percentage points from the converted monthly gross income to determine the household income if it affects the applicant's eligibility for MAGI Medicaid or WV CHIP.

Step 4: After the 5% FPL income disregard has been applied, the remaining percent of FPL is the final figure that will be compared against the applicable modified adjusted gross income standard for the MAGI coverage groups.

#### MAGI SCREENING

Applicants with income below the MAGI standard and determined eligible for coverage in a MAGI coverage group, i.e., the Adult group, Parents/Caretaker Relatives, Pregnant Women, Children Under Age 19 group or WV CHIP, should promptly be enrolled into the MAGI coverage group.

#### **DISCUSSION**

The Department's representative testified that because the Appellant and her husband reside together, both of their incomes were included when the Department evaluated the Appellant's application for MAGI. He stated that when their incomes were added together, they were above the income for MGAD.

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The Appellant did not dispute that her income was above the income limit for MGAD. She testified that she had numerous health problems such as rheumatoid arthritis and fibromyalgia, and she needed help with her medical costs.

Neither the Department nor the Appellant provided verification of the income for the Appellant's household. Since the Appellant did not question the Department's assertion that her income was excessive for the Adult Medicaid program, the Board of Review upholds the decision to deny the MGAD application.

# **CONCLUSION OF LAW**

The Appellant did not contest the Department's assertion that her household's monthly income was excessive for the Adult Medicaid (MGAD) program. The Department acted correctly to deny the Appellant's application for MGAD Medicaid, pursuant to WV DHHR IMM Chapter 10, §§10.8.B and 10.8.F.

# **DECISION**

It is the decision of the State Hearing Officer to **uphold** the Department's decision to deny the Appellant's application for Adult Medicaid (MGAD).

ENTERED this 10<sup>th</sup> Day of March 2017.

Stephen M. Baisden State Hearing Officer

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