



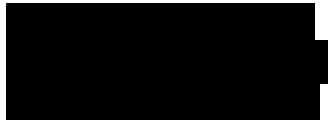
**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL**

**Bill J. Crouch
Cabinet Secretary**

**BOARD OF REVIEW
State Capitol Complex
Building 6, Room 817-B
Charleston, West Virginia 25305
Telephone: (304) 558-2278 Fax: (304) 558-1992**

**Jolynn Marra
Interim Inspector General**

March 31, 2020



RE: [REDACTED] v. WVDHHR
ACTION NO.: 20-BOR-1126

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,

Angela D. Signore
State Hearing Officer
Member, State Board of Review

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

cc: Carla Addair, WV DHHR, [REDACTED] County

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

██████████,

Appellant,

v.

Action Number: 20-BOR-1126

**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 February 26, 2020, on an appeal filed January 29, 2020.

The matter before the Hearing Officer arises from the January 16, 2020, decision by the Respondent to terminate the Appellant's Modified Adjusted Gross Income (MAGI) Medicaid benefits.

At the hearing, the Respondent appeared by Carla Addair, Economic Service Supervisor. The Appellant appeared *pro se*. Both witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Department of Health and Human Resources (WV DHHR) Notice of denial for recipient ██████████, dated January 16, 2020
- D-2 WV DHHR eRAPIDS Screen print of MAGI (Adult Medicaid) Income Budget Details from Appellant's eRAPIDS case, dated January 15, 2020
- D-3 WV DHRR Income Maintenance Manual (IMM) §§ 4.7.1.A, 4.7.2, 4.7.2.A, and 4.7.2.B
- D-4 WV DHHR eRAPIDS Screen print of Income Details from Appellant's eRAPIDS case, dated January 15, 2020

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's wife was a recipient of Adult Medicaid benefits for a two-person Assistance Group (AG).
- 2) The Respondent verified, through an online data exchange with the Social Security Administration, that the Appellant is receiving Social Security Disability Insurance (SSDI) benefits in the amount of \$2,493.40 monthly.
- 3) At the time of review, the gross income limit for a two-person Adult Medicaid AG is \$1,875, which is based on 133% of the Federal Poverty Level (FPL).
- 4) On January 16, 2020, the Respondent issued a notice advising the Appellant that his wife's Adult Medicaid benefits would end, effective February 1, 2020, due to his unearned income exceeding the Medicaid income eligibility limit (Exhibit D-1)

APPLICABLE POLICY

WVIMM § 1.2.2.C Case Reviews and Case Maintenance provides, in part:

While a redetermination is a required periodic review of total eligibility, a review may be conducted at any time on a single or combination of questionable eligibility factor(s). The case maintenance process may involve a review or activities that update the Department's information about the client's circumstances between the application and first redetermination and between redeterminations. Changes in eligibility or the benefit amount may occur. If so, eligibility system action and client notification of any changes are required.

West Virginia Income Maintenance Manual (WVIMM) § 4 Appendix A: Income Limits provides, in part:

For a two-person Assistance Group (AG), the income limit is \$1,875.

WVIMM § 4.7 provides, in part:

The Modified Adjusted Gross Income (MAGI) methodology is used to determine financial eligibility for the Adult Medicaid group.

WV IMM § 4.7.4 Determining Eligibility provides, in part:

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

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

Step 2: Convert the MAGI household's gross monthly income to a percentage of the FPL by dividing the current monthly income by 100% of the FPL for the household size. Convert the result to a percentage. If the results from Step 2 is equal or less than the appropriate income limit (133% FPL), no disregard is necessary, and no further steps are required.

The adjusted gross income is then compared to the 133% of the FPL for the appropriate AG size to determine eligibility for MAGI Medicaid.

WVIMM § 23.10.4 Adult Group Income Guidelines provides, in part:

To be financially eligible for Adult Medicaid, income must be below or equal to 133% of the Federal Poverty Level (FPL).

DISCUSSION

The Appellant's wife was a recipient of Adult Medicaid as part of a two-person AG. On January 15, 2020, the Respondent verified and entered unearned income in the amount of \$2,493.40 to the Appellant's case. Because the amount exceeded 133% of the Federal Poverty Level (FPL) for a two-person Adult Medicaid AG, the Respondent terminated Adult Medicaid benefits for the Appellant's wife, [REDACTED].

During the hearing, the Appellant agreed that the amount of unearned income used to determine his Medicaid benefit eligibility was accurate. However, the Appellant did question why Adult Medicaid benefits for his wife were being terminated at this time, since his income had not recently changed. The Appellant also addressed his wife's medical condition and need for Adult Medicaid benefits.

The Department Representative testified that the Appellant's income was incorrectly identified by the eRapids computer eligibility system as excluded income previously. The Department stated once this error was identified and entered correctly in the eRapids system, the amount of the Appellant's income caused the closure of the Adult Medicaid benefits. Because the Appellant's gross monthly income amount of \$2,493.40 exceeded the 133% FPL Adult Medicaid benefit limit as established by policy, the Department issued a notice of termination of Adult Medicaid benefits for [REDACTED], beginning February 01, 2020.

CONCLUSIONS OF LAW

- 1) To be eligible for Adult Medicaid benefits, the Appellant's gross monthly income must be at or below 133% of the Federal Poverty Level (FPL).
- 2) For a two-person Assistance Group (AG), the income limit is \$1,875.
- 3) The Appellant's income amount of \$2,493.40 exceeded the 133% FPL for a two-person Adult Medicaid AG.
- 4) The Respondent correctly terminated the Appellant's Adult Medicaid benefits due to his income exceeding Medicaid eligibility guidelines.

DECISION

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

ENTERED this _____ day of March 2020.

Angela D. Signore
State Hearing Officer