



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of the Inspector General
Board of Review**

**Sherri A. Young, DO, MBA, FAAFP
Interim Cabinet Secretary**

**Christopher G. Nelson
Interim Inspector General**

August 3, 2023

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 23-BOR-2193

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,

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

Encl: Recourse to Hearing Decision
Form IG-BR-29

cc: Leslie Bonds, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 23-BOR-2193

**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 August 2, 2023.

The matter before the Hearing Officer arises from the July 7, 2023, decision by the Respondent to terminate Medicaid benefits effective August 2023.

At the hearing, the Respondent appeared by Leslie Bonds, Economic Services Supervisor, WVDHHR. The Appellant appeared *pro se*. Appearing as a witness for the Appellant was ██████████, the Appellant's husband. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Request Notification (IG-BR-29)
- D-2 Fair Hearing Request Form dated July 12, 2023
- D-3 Notice of Decision dated July 7, 2023
- D-4 Medicaid review form mailed on June 12, 2023
- D-5 West Virginia Income Maintenance Manual Chapter 4.4.1.D
- D-6 West Virginia Income Maintenance Manual Chapter 4.7.1
- D-7 West Virginia Income Maintenance Manual Chapter 23.10.4
- D-8 West Virginia Income Maintenance Manual Chapter 4, Appendix A
- D-9 Verification Checklist dated July 13, 2023
- D-10 Fair Hearing Summary

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 and her husband, [REDACTED], were recipients of Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits.
- 2) The Respondent reviewed the Appellant's case in June 2023 and determined that household income was excessive for MAGI Adult Medicaid benefits (Exhibit D-4).
- 3) The Appellant's gross Social Security Disability Income is \$840 per month (Exhibit D-4).
- 4) [REDACTED] gross income from [REDACTED] is \$1,616.03 per month (23 hours per week x \$16.34 per hour = \$751.64 per pay x 2.15 bi-weekly income multiplier) (Exhibit D-4).
- 5) [REDACTED] gross income from the [REDACTED] is \$3,096 per month (40 hours per week x \$18 per hour = \$1,440 per pay x 2.15 bi-weekly income multiplier) (Exhibit D-4).
- 6) The Respondent computed the Appellant's total gross monthly household income as \$5,552.03.
- 7) The income limit for a two-person MAGI Adult Medicaid Assistance Group is \$2,186 per month (133% of the Federal Poverty Level) (Exhibit D-8).
- 8) The Respondent sent the Appellant a Notice of Decision on July 7, 2023, indicating that Medicaid benefits would be terminated effective August 2023 based on excessive income (Exhibit D-3).
- 9) The Appellant did not dispute the Respondent's income calculation.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 23.10.4 (Exhibit D-7) states, in pertinent part:

As a result of the Affordable Care Act (ACA), the Adult Group was created, effective January 1, 2014. Eligibility for this group is determined using MAGI

methodologies established in Section 4.7. Medicaid coverage in the Adult Group is provided to individuals who are aged 19 or older and under age 65.

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

West Virginia Income Maintenance Manual Chapter 3.7.3 states, in pertinent part:

The needs group is the number of individuals included in the Modified Adjusted Gross Income (MAGI) household size based upon the MAGI rules for counting household members.

West Virginia Income Maintenance Manual Chapter 4.7.3 states that the only allowable income disregard is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. The 5% FPL disregard is not applied to every MAGI eligibility determination and should not be used to determine the MAGI coverage group for which an individual may be eligible. The 5% FPL disregard will be applied to the highest MAGI income limit for which an individual may be determined eligible.

West Virginia Income Maintenance Manual Chapter 4.7.2 states that eligibility for the MAGI coverage group is determined by using the adjusted gross income (for each member of the MAGI household whose income will count) for the current month. The MAGI differs from the adjusted gross income because MAGI accounts for additions and adjustments. The worker uses the budgeting method established in Section 4.6.1, Budgeting Method, to anticipate future income amounts, consider past income sources, and build monthly income amounts based upon the applicant's reported income.

Chapter 4.6.1.D of the Manual states that conversion of income to a monthly amount is accomplished by multiplying an actual or average amount as follows: • Weekly amount x 4.3 • Biweekly amount (every two weeks) x 2.15 • Semimonthly (twice/month) x 2.

West Virginia Income Maintenance Manual Chapter 4, Appendix A (Exhibit D-8) states that the income limit for a two-person MAGI Medicaid Assistance Group is \$2,186 (133% of the Federal Poverty Level).

DISCUSSION

Policy states that to be eligible for the MAGI Adult Medicaid Group, income must be equal to or below 133% of the Federal Poverty Level for the Needs Group size.

The Appellant and her husband did not dispute the Respondent's income calculation, but questioned whether the Appellant was eligible for an alternative Medicaid Program since she receives Social Security Disability Income.

The Respondent's witness testified that the Appellant would have to apply for other Medicaid Programs because updated asset information would need to be provided.

As the Appellant's household income exceeds the income limit for a two-person MAGI Assistance Group, the Respondent's decision to terminate Medicaid benefits based on excessive income is affirmed.

CONCLUSIONS OF LAW

- 1) The Appellant's MAGI Adult Medicaid benefits were terminated based on excessive income during a case review in June 2023.
- 2) The Appellant's undisputed gross monthly household income is \$5,552.03 per month.
- 3) The income limit for a two-person Assistance Group for MAGI Adult Medicaid is \$2,186.
- 4) As the Appellant's monthly household income exceeds the income limit for the MAGI Adult Medicaid Program, the Respondent's decision to terminate Medicaid benefits based on excessive income is affirmed.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to terminate MAGI Adult Medicaid benefits effective August 2023. The case is **REMANDED** to the Respondent to determine if the Appellant qualifies for any other Medicaid program based on disability.

ENTERED this 3rd day of August 2023.

Pamela L. Hinzman
State Hearing Officer