



**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**

September 13, 2023

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 23-BOR-2676

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,

Kristi Logan
Certified State Hearing Officer
Member, State Board of Review

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

cc: Betty Halsey, [REDACTED] DHHR

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

██████████,

Appellant,

v.

Action Number: 23-BOR-2676

**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 September 13, 2023, on an appeal filed August 29, 2023.

The matter before the Hearing Officer arises from the August 11, 2023, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Betty Halsey, Economic Service Worker. The Appellant was self-represented. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

None

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 was a recipient of Adult Medicaid benefits.
- 2) The Appellant submitted a Medicaid eligibility review form to the Respondent on August 1, 2023.
- 3) The Appellant reported the household's only income as Social Security benefits for her husband, Ronnie, of \$2,731.90.
- 4) The Respondent issued a notice on August 11, 2023, advising the Appellant that her Adult Medicaid benefits would be terminated effective August 31, 2023, due to excessive income.

APPLICABLE POLICY

West Virginia Income Maintenance Manual §3.7 explains eligibility determination groups for Modified Adjusted Gross Income (MAGI) Adult Medicaid:

3.7.2 MAGI Household Income Group

Income of each member of the individual's MAGI household is counted. The income group is determined using the MAGI methodology established in Section 3.7.3.

3.7.3 MAGI Household Needs Group

The needs group is the number of individuals included in the MAGI household size based upon the MAGI rules for counting household members. In the case of married couples who reside together, each spouse must be included in the MAGI household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse.

West Virginia Income Maintenance Manual §4.7 explains the Modified Adjusted Gross Income (MAGI) methodology used to determine financial eligibility for the Adult Medicaid group:

4.7.1 Determining Income Counted for the MAGI Household

Income of each member of the individual's MAGI household is counted. The MAGI household is determined using the MAGI methodology established in Chapter 3.

4.7.4 Determining Eligibility

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 result from Step 2 is equal to or less than the appropriate income limit (133% FPL), no disregard is necessary, and no further steps are required.

Step 3: If the result from Step 2 is greater than the appropriate limit (133% FPL), apply the 5% FPL disregard by subtracting five percentage points from the converted monthly gross income to determine the household income. 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.

Chapter 4 Appendix A: Income Limits

133% of the FPL for a two-person AG: \$2,186

100% of the FPL for a two-person AG: \$1,644

Families First Coronavirus Response Act and Fiscal Year (FY) 2023 Omnibus Appropriations Bill provide in relevant sections:

During the COVID-19 Public Health Emergency (PHE), provisions were stipulated permitting the Respondent to provide continuous coverage to Medicaid recipients, regardless of income, during the PHE. On December 23, 2022, the end of Medicaid continuous enrollment was set as April 1, 2023.

DISCUSSION

Pursuant to policy, the income limit for a two-person assistance group for Adult (MAGI) Medicaid benefits is \$2,186, or 133% of the federal poverty level. A 5% disregard is applied if the deduction would bring the assistance group's income below the 133% federal poverty level income limit. According to MAGI methodology, married couples who reside together must be included in the MAGI household of the other spouse.

The gross countable income for the Appellant's household is \$2,731.90. To determine if the Appellant is eligible for the 5% disregard, the monthly income is divided by 100% of the federal poverty level: $\$2,731.90 / 1,644 = 1.66$ which is then converted to a percentage, 166%. Since the application of the 5% disregard would not bring the Appellant's countable income that is 166% of the federal poverty level below the allowable income limit of 133% of the federal poverty level, the disregard is not applied. The gross countable income is excessive to receive Adult Medicaid benefits.

The Appellant did not dispute the amount of Social Security income on record for her husband but claimed she had received a letter prior to the August 11, 2023, termination letter stating her Medicaid benefits would remain the same. The Appellant stated she has multiple medications that she cannot afford without Medicaid coverage.

Whereas the Respondent acted in accordance with policy and the Board of Review lacks the authority to grant policy exceptions, the decision to terminate the Appellant's Adult Medicaid benefits due to excessive income is affirmed.

CONCLUSIONS OF LAW

- 1) The income limit for a two-person household for Adult Medicaid benefits is \$2,186
- 2) The gross monthly income for the Appellant's household is \$2,731.90.
- 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 of the Respondent to terminate the Appellant's Adult Medicaid benefits due to excessive income.

ENTERED this 13th day of September 2023.

Kristi Logan
Certified State Hearing Officer