



**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**

November 28, 2023

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 23-BOR-3135

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: Rena Lawless, [REDACTED] DHHR

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

██████████,

Appellant,

v.

Action Number: 23-BOR-3135

**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 November 28, 2023, on an appeal filed on October 4, 2023.

The matter before the Hearing Officer arises from the September 18, 2023, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Tikeya Johnson, 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 Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits.
- 2) The Appellant submitted a Medicaid review form to the Respondent on August 31, 2023.
- 3) The Respondent issued a notice of termination to the Appellant on September 18, 2023, advising the Appellant that his Adult Medicaid benefits would end effective September 30, 2023, for failure to complete an eligibility review.
- 4) The Respondent processed the Appellant's Medicaid review form on October 11, 2023.
- 5) The Respondent issued a notice of denial to the Appellant on October 12, 2023, advising that he was ineligible for Adult Medicaid benefits due to being 65 years or older and his receipt of Medicare benefits.
- 6) The Appellant was evaluated for the Medicare Premium Assistance Program and verification of his checking account was requested on October 11, 2023.
- 7) Medicare Premium Assistance benefits were denied on October 24, 2023, when the Appellant had not provided the requested verification.

APPLICABLE POLICY

West Virginia Income Maintenance Manual §23.10.4 explains eligibility for Adult Medicaid benefits:

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 Modified Adjusted Gross Income (MAGI) methodologies established in Section 4.7. Medicaid coverage in the Adult Group is provided to individuals who meet the following requirements:

- They are age 19 or older and under age 65;
- They are not eligible for another categorically mandatory Medicaid coverage group:
 - SSI
 - Deemed SSI
 - Parents/Caretaker Relatives
 - Pregnant Women
 - Children Under Age 19
 - Former Foster Children
- They are not entitled to or enrolled in Medicare Part A or B; and
- The income eligibility requirements described in Chapter 4 are met.

West Virginia Income Maintenance Manual Chapter 7 explains verification requirements:

7.2.3 Client Responsibilities

Refusal to cooperate, failure to provide necessary information, or failure to sign authorizations for release of information, provided the client has access to such information and is physically and mentally able to provide it, may result in one of the following:

- Denial of the application
- Closure of the assistance group (AG)
- Determination of ineligibility
- Disallowance of an income deduction or an incentive payment

7.3 Verification Requirements

Bank accounts must be verified at application and redetermination for all programs that are subject to an asset test.

West Virginia Income Maintenance Manual Chapter 5 explains asset limits:

5.4 Maximum Allowable Assets

Medicare Premium Assistance Programs are subject to an asset test and cannot exceed \$9,090 for an individual.

DISCUSSION

Pursuant to policy, to be eligible for MAGI Adult Medicaid benefits, an individual cannot be entitled to or enrolled in Medicare Part A or Part B and must be between the ages of 19 and 64. The Respondent terminated the Appellant's Adult Medicaid benefits when it was determined that he was 68 years old and enrolled in Medicare Part A.

The Respondent evaluated the Appellant for Medicare Premium Assistance and requested verification of his checking account. Policy stipulates that Medicare Premium Assistance programs are subject to an asset test and assets must be verified prior to approval. Medicare Premium Assistance benefits were denied when the Appellant failed to provide verification of his checking account.

The Appellant testified that he was unaware that he needed to provide the Respondent with a bank statement for the Medicare Premium Assistance coverage and stated he would email a copy. The Appellant was receiving services under the Personal Care Program, which were terminated when the Adult Medicaid benefit was terminated. The Appellant is being evaluated for the Aged and Disabled Waiver Program.

Whereas the Appellant is enrolled in Medicare Part A and is 68 years old, he no longer meets the eligibility requirements for MAGI Adult Medicaid benefits. Assets must be verified to determine eligibility for Medicare Premium Assistance. The Appellant failed to verify his checking account balance therefore the denial of Medicare Premium Assistance benefits is affirmed.

CONCLUSIONS OF LAW

- 1) An individual cannot be entitled to or enrolled in Medicare Part A or Part B and must be between the ages of 19 and 64 to receive MAGI Adult Medicaid benefits.
- 2) The Appellant is 68 years old and is enrolled in Medicare Part A.
- 3) The Appellant no longer qualifies for MAGI Adult Medicaid benefits.
- 4) Medicare Premium Assistance programs are subject to an asset test and assets must be verified prior to approval.
- 5) The Appellant did not provide the requested verification of his checking account balance.
- 6) The denial of Medicare Premium Assistance benefits is affirmed.

DECISION

It is the decision of the State Hearing Officer to **uphold** the decision of the Respondent to terminate the Appellant's MAGI Adult Medicaid benefits and the denial of Medicare Premium Assistance benefits.

ENTERED this 28th day of November 2023.

Kristi Logan
Certified State Hearing Officer