



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

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

**Christopher G. Nelson
Interim Inspector General**

January 18, 2024

[REDACTED]

RE: [REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 23-BOR-3421

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 Human Services. 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 Riddle, WVDHHR

**WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW**

██████████,

Appellant,

v.

Action Number: 23-BOR-3421

**WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES
BUREAU FOR CHILDREN AND FAMILIES,**

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 Office of Inspector General Common Chapters Manual. This fair hearing was convened on January 10, 2024.

The matter before the Hearing Officer arises from the July 25, 2023, decision by the Respondent to deny Medicaid benefits.

At the hearing, the Respondent appeared by Leslie Riddle, Economic Service Worker Senior, WVDHHR. The Appellant was represented by ██████████, Case Management Specialist, ██████████ and ██████████, Director of Eligibility, ██████████. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Medicaid application submitted on June 28, 2023
- D-2 Unearned Income information from Respondent's computer system
- D-3 West Virginia Income Maintenance Manual Chapter 23.11.3
- D-4 West Virginia Income Maintenance Manual Chapter 4, Appendix A

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 applied for Medicaid benefits on June 28, 2023 (Exhibit D-1).
- 2) The Appellant had requested that Medicaid be backdated three months on his application (Exhibit D-1).
- 3) The Respondent notified the Appellant on July 25, 2023, that his Medicaid application was denied due to excessive income.
- 4) The Appellant receives \$1,945 per month in Social Security Disability Income (Exhibit D-2).
- 5) The highest gross income limit for a one-person Assistance Group for Medicare Premium Assistance Programs is \$1,661 per month (Exhibit D-4).
- 6) The gross income limit for a one-person Assistance Group for Modified Adjusted Gross Income (MAGI) Medicaid is \$1,616 per month (133% of the Federal Poverty Level) (Exhibit D-4).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 23.10.4 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 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 4.7.4 states that 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, no disregard is necessary, and no further steps are required.

Step 3: If the result from Step 2 is greater than the appropriate limit, 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.

West Virginia Income Maintenance Manual Chapter 4, Appendix A, states that the gross income limit for a one-person MAGI Medicaid household is \$1,616 per month (133% of the Federal Poverty Level).

West Virginia Income Maintenance Manual Chapter 4.12.1 states the following regarding income limits for Medicare Premium Assistance Programs, including Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLIMB), and Qualifying Individuals (QI-1).

Eligibility for these coverage groups is determined as follows:

- QMB – Income is less than or equal to 100% FPL.
- SLIMB – Income is greater than 100% FPL, but less than or equal to 120% FPL.
- QI-1 – Income is greater than 120% FPL, but less than or equal to 135% FPL. See Appendix A.

West Virginia Income Maintenance Manual Chapter 4, Appendix A, states that the gross income limit for one person for the QMB Program is \$1,235 per month.

West Virginia Income Maintenance Manual Chapter 4, Appendix A, states that the gross income limit for one person for the SLIMB Program is \$1,478 per month.

West Virginia Income Maintenance Manual Chapter 4, Appendix A, states that the gross income limit for one person for the QI-1 Program is \$1,661 per month.

West Virginia Income Maintenance Manual Chapter 1.2.1.C states that it is the worker's responsibility to explain and make available all of the Department programs for which the applicant could qualify. The worker must evaluate potential eligibility for all programs based on the available information, unless the applicant specifically states he is not interested in being considered for a specific program. When an applicant has been evaluated and eligibility is confirmed, a client notice is issued from the eligibility system to inform the applicant that he may be eligible for a benefit for which he did not apply and that he must contact his local office for information or to apply.

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 household size (\$1,616 for a one-person Assistance Group). The highest income limit for Medicare Premium Assistance Programs is \$1,661 per month for a one-person Assistance Group. It is the worker's responsibility to explain and make available all of the Department programs for which the applicant could qualify. The worker must evaluate potential eligibility for all programs based on the available information, unless the applicant specifically states he is not interested in being considered for a specific program.

The Appellant's representatives did not contest the amount of the Appellant's monthly income as specified by the Respondent, but indicated that they are interested in determining whether the Appellant is qualified for SSI-Related Medicaid with a spenddown backdated to March 2023. The Appellant's representatives contended that they attempted to contact the local office on several occasions to discuss issues during the application process, but were unable to reach a worker. The Respondent's representative indicated that the Appellant was not evaluated for SSI-Related Medicaid with a spenddown during the application process.

As the Appellant was not properly evaluated for all Medicaid Programs for which he may qualify, the Respondent's decision to deny Medicaid benefits cannot be affirmed.

CONCLUSIONS OF LAW

- 1) The Appellant's June 2023 Medicaid application was denied based on excessive income.
- 2) The Appellant was not evaluated for SSI-Related Medicaid with a spenddown at the time of his application.
- 3) As the Appellant was not evaluated for all Medicaid programs for which he may qualify, the Respondent's decision to deny Medicaid benefits cannot be affirmed.
- 4) The Appellant must evaluate the Appellant for SSI-Related Medicaid with a spenddown.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's action to deny Medicaid benefits. The issue is **REMANDED** to the Respondent for evaluation of SSI-Related Medicaid eligibility.

ENTERED this 18th day of January 2024.

**Pamela L. Hinzman
State Hearing Officer**