



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
P.O. Box 970
Danville, WV 25053

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

August 2, 2007

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held June 19, 2007. Your hearing request was based on the Department of Health and Human Resources' action to terminate Qualified Child Medical Coverage for _____.

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.

Eligibility for the Medicaid Program is based on current policy and regulations. Some of these regulations state as follows: For Qualified Child Medical: income of all members of the QC's Income Group, except that of siblings, is used to determine eligibility. In addition, members of the Needs Group, including siblings, are included in determining the correct 100% FPL to use as the maximum income level (WV Income Maintenance Manual Section 10.10)

Based on information submitted at your hearing, your countable income exceeds the maximum allowable income level for Qualified Child medical coverage for _____.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to terminate Qualified Child Medical coverage for _____.

Sincerely,

Cheryl McKinney
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Murriel Hylton, [REDACTED] DHHR

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

_____,

Claimant,

v.

Action Number: 07-BOR-1369

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on June 19, 2007 for _____. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on June 19, 2007 on a timely appeal filed April 16, 2007.

It should be noted that benefits have been continued pending the results of the hearing.

II. PROGRAM PURPOSE:

The Department provides Medicaid to Qualified Children born prior to the federal eligibility date of 10/01/83. This was mandated by the State Legislature and required a waiver from the federal regulations to implement. These children are Qualified Children in every way except their age. They are referred to as Medicaid Expansion cases because the approved waiver allowed the Department to expand Qualified Child Medicaid coverage to more children.

III. PARTICIPANTS:

_____, Claimant
_____, Claimant's husband
_____, Claimant's son, observing
Murriel Hylton, [REDACTED] DHHR

Presiding at the hearing was Cheryl McKinney, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is whether the Department was correct in their determination to terminate Qualified Child Medicaid benefits for _____.

V. APPLICABLE POLICY:

West Virginia Income Maintenance Manual Chapter 10.10

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Copy of IGBR29 from Murriel Hylton
- D-2 Copy of DFA-FH-1 dated May 1, 2007
- D-3 Copy of Notification letter dated April 4, 2007 (3 pages)
- D-4 Copy of WV Income Maintenance Manual Section 10.10, 10.12, 8.6
- D-5 Copy of Department's Summary dated June 18, 2007
- D-6 Copies of Rapids Screens AFUI and AFDE

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

- 1) On or about March 29, 2007, the Department while attempting to complete a review for Medicaid for each child in the Claimant's household, sent the Claimant an ES-6 request for information form informing that birth certificates and identifications were required for completion of the review. The Department also requested certain pay information giving the Claimant two choices. The Claimant could submit February 16, 2007, February 23, and March 2, 2007 pay stubs, or March 2, March 9, March 16, March 23, and March 30, 2007 pay stubs. On April 3, 2007 the Claimant returned the birth

certificates and the month of March 2007 income verification. The Department entered the information into the computer which resulted in the Qualified Child Medical coverage for _____ being terminated and WV Chip medical being approved due to the increase in countable income. On May 1, 2007 the Claimant provided a statement verifying a reduction in weekly hours to thirty; however the statement did not have an hourly rate listed. The Department contacted the manager and verified the hourly rate at \$9.25. This did not change the eligibility for Qualified Child Medical coverage for _____.

- 2) The Claimant requested a hearing and for Qualified Child Medical benefits to continue pending the outcome of the hearing.
- 3) The Claimant testified that it is unfair for the Department to stop her child's Qualified Child Medical coverage at this time. She stated the Qualified Child Medical coverage had approved braces for _____ and it is unfair to stop in the middle of the treatment. She stated the child was scheduled to have the braces removed in August and felt the Department should cover the expenses until removal.
- 4) The Claimant does not dispute the income calculations used to arrive at the decision to terminate the Qualified Child Medical coverage.
- 5) WV Income Maintenance Manual Section 10.10 states in pertinent part:

**MEDICAID FOR QUALIFIED CHILDREN, REGARDLESS
OF BIRTHDATE**

The Qualified Child (QC) coverage group provides Medicaid to Qualified Children only. However, the income of all members of the QC's Income Group, except that of siblings, is used to determine eligibility. In addition, members of the Needs Group, including siblings, are included in determining the correct 100% FPL to use as the maximum income level.

B. DETERMINING ELIGIBILITY

Countable income is determined by subtracting allowable deductions and disregards from the total gross non-excluded income. The net monthly countable income must be less than the AFDC Medicaid Limit for the appropriate Needs Group size.

VIII. CONCLUSIONS OF LAW:

1. Evidence and testimony presented during the hearing support the finding that the child was properly evaluated for Qualified Child Medical coverage and ineligible due to excessive income.
2. The Department followed policy in arriving at the decision to terminate Qualified Child Medical coverage for _____.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the proposal of the Department to terminate Qualified Child Medicaid benefits for _____.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 2nd Day of August 2007

**Cheryl McKinney
State Hearing Officer**