



April 30, 2025

[REDACTED]

RE: [REDACTED] v. WVDOHS
ACTION NO.: 25-BOR-1721

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,

Todd Thornton
State Hearing Officer
Member, State Board of Review

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

cc: Trevor Wayne, Department Representative

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

██████████,

Appellant,

v.

Action Number: 25-BOR-1721

**WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES
BUREAU FOR FAMILY ASSISTANCE,**

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 Office of Inspector General Common Chapters Manual. This fair hearing was convened on April 15, 2025, upon a timely appeal filed on March 27, 2025.

The matter before the Hearing Officer arises from the March 13, 2025 decision by the Respondent to terminate Medicaid benefits due to excessive income.

At the hearing, the Respondent appeared by Trevor Wayne. The Appellant was self-represented. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

D-1 Application document dated March 26, 2025

D-2 Notice of decision, dated March 13, 2025

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 Medicaid for a household of one (1).
- 2) The Appellant submitted documents to reapply for Medicaid on or about March 26, 2025. (Exhibit D-1)
- 3) The Respondent verified Social Security income for the Appellant using a data exchange between the Respondent and the Social Security Administration.
- 4) The Appellant has Social Security income of \$1902 per month, and no other income sources.
- 5) The applicable Medicaid income limit for a household of one (1) is \$1735 per month.
- 6) The Respondent mailed the Appellant a notice dated March 13, 2025 (Exhibit D-2), advising the Appellant that his Medicaid benefits were being closed because “Your income is above the income limit for this type of assistance.”

APPLICABLE POLICY

WVIMM, Chapter 23, §23.10.4, provides income tables for the Medicaid MAGI Adult Group, and sets this income limit as 133% of the Federal Poverty Level (FPL).

WVIMM, Chapter 4, Appendix A, shows the FPL for a household of one (1) as \$1735 per month.

WVIMM, Chapter 4, §4.7.3, explains 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....”

DISCUSSION

The Appellant requested a fair hearing to contest the decision of the Respondent to terminate the Appellant’s Medicaid reapplication due to excessive income. The Respondent must show, by preponderance of the evidence, that it correctly denied Medicaid on this basis.

The Appellant’s reapplication indicated multiple sources of income. The Respondent identified and eliminated duplicates and erroneous sources from its consideration and only considered the Social Security income of the Appellant in determining his ongoing Medicaid eligibility. The Respondent confirms this information through a direct data exchange with the Social Security Administration. The Appellant had no dispute of the amount the Respondent considered in its

determination (\$1902 monthly income).

There was no dispute of the household size counted. Policy sets the income limits, and the Board of Review cannot alter policy or make policy exceptions. The Appellant's monthly income of \$1902 exceeds the \$1735 limit set by policy. The Appellant's income represents 145% of the FPL. The only allowable income disregard of 5% would reduce this amount to 140% of the FPL, which still exceeds the 133% FPL limit. The Respondent properly notified the Appellant of the Medicaid termination.

Because the Appellant's income clearly exceeds the Medicaid income limit, the Respondent's termination of the Appellant's Medicaid benefits is affirmed.

CONCLUSION OF LAW

Because the Appellant's income exceeds the income limit for Medicaid after considering the sole income disregard, the Respondent must terminate the Appellant's Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the decision of the Respondent to terminate the Appellant's Medicaid benefits due to excessive income.

ENTERED this ____ day of April 2025.

**Todd Thornton
State Hearing Officer**