



April 30, 2025



RE: [REDACTED] v. DoHS/BFA
ACTION NO.: 25-BOR-1826

Dear Mr. [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 ensure 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: Benedict Sokol, [REDACTED] County DoHS

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

██████████,

Appellant,

v.

Action Number: 25-BOR-1826

**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 30, 2025.

The matter before the Hearing Officer arises from the April 3, 2025, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits due to excessive income.

At the hearing, the Respondent appeared by Benedict Sokol, ██████████ County DoHS. The Appellant was self-represented. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Board of Review Scheduling Order dated April 15, 2025
- D-2 Notice of Medicaid Termination dated April 3, 2025
- D-3 Hearing Request received April 11, 2025
- D-4 Case Comments

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 March 26, 2025.
- 3) The Appellant reported earned income of \$1,000 received bi-weekly (Exhibit D-3).
- 4) The Respondent calculated the Appellant's monthly earned income as \$2,150.
- 5) The income limit for a one-person assistance group (AG) for Adult Medicaid is \$1,735.
- 6) The Respondent issued a notice to the Appellant on April 3, 2025, advising that his Adult Medicaid benefits would close effective April 30, 2025, due to excessive income.

APPLICABLE POLICY

Code of Federal Regulations, 42 CFR §435.119 provides the following information concerning Adult Medicaid coverage:

Coverage for individuals age 19 or older and under age 65 at or below 133 percent Federal Poverty Level

(a) ***Basis.*** This section implements section 1902(a)(10)(A)(i)(VIII) of the Act.

(b) ***Eligibility.*** Effective January 1, 2014, the agency must provide Medicaid to individuals who:

- (1) Are age 19 or older and under age 65;
- (2) Are not pregnant;
- (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act;
- (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with [subpart B of this part](#); and
- (5) Have household income that is at or below 133 percent FPL for the applicable family size.

West Virginia Income Maintenance Manual Chapter 4 explains income eligibility:

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.

4.6.1.D How to Use Past and Future Income

Conversion of income to a monthly amount is accomplished by multiplying an actual or average amount as follows:

- Weekly amount x 4.3
- Biweekly amount (every two weeks) x 2.15
- Semimonthly (twice/month) x 2

Chapter 4 Appendix A: Income Limits

133% of the FPL for a one-person AG: \$1,735

100% of the FPL for a one-person AG: \$1,305

DISCUSSION

Pursuant to policy, the income limit for a one-person assistance group for Adult Medicaid benefits is \$1,735, 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.

The Respondent used the Appellant's self-attestation of his earned income to determine continued eligibility for Adult Medicaid benefits. The Appellant reported earning \$1,000 every two weeks, which converts to a monthly amount of \$2,150 using the multiplier found in policy (\$1,000 multiplied by 2.15 equals \$2,150). The Appellant's income is 164% of the FPL and the application of the 5% disregard would not bring his income at or below 133% of the FPL.

The Appellant testified that he was receiving overtime hours during the holidays and when his employer was short-staffed, but he now only receives \$700-800 each pay period. The Appellant stated he was recently hired as a full-time employee, however, his health insurance coverage will not start for 90 days. The Appellant requested an extension of his Medicaid benefits until the effective date of his health insurance.

The Board of Review lacks the authority to grant exceptions to policy and can only judge whether the Respondent's action to terminate the Appellant's Adult Medicaid benefits was in compliance with policy. The Appellant's self-attested income on the March 26, 2025, Medicaid review form exceeded the allowable income limit to continue receiving Adult Medicaid benefits. Although the Appellant purported a decrease in income, he failed to provide documentary evidence to dispute his previously reported earnings.

Whereas the Appellant's income exceeds the allowable income limit found in policy, the Respondent's decision to terminate Adult Medicaid benefits is affirmed.

CONCLUSIONS OF LAW

- 1) The income limit for a one-person assistance group for MAGI Adult Medicaid benefits is \$1,735.
- 2) The Appellant's gross monthly earned income is \$2,150, or 164% of the federal poverty level.
- 3) The application of the 5% disregard does not bring the Appellant's income at or below 133% of the federal poverty level.
- 4) The Appellant's income is excessive to continue receiving MAGI 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.

ENTERED this 30th day of April 2025.

Kristi Logan
Certified State Hearing Officer