



May 14, 2025

REMOVED

RE: **REMOVED** v. DoHS/BFA
ACTION NO.: 25-BOR-1889

Dear **REMOVED**

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: Michael Tetreault, **REMOVED** County DoHS

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

REMOVED

Appellant,

v.

Action Number: 25-BOR-1889

**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 **REMOVED**. 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 May 13, 2025.

The matter before the Hearing Officer arises from the April 18, 2025, decision by the Respondent to terminate Transitional Medicaid benefits.

At the hearing, the Respondent appeared by Michael Tetreault, **REMOVED** 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 Hearing Request Notification Form
- D-2 Hearing Request received April 25, 2025
- D-3 Notice of Decision dated April 12, 2024
- D-4 West Virginia Income Maintenance Manual §1.13
- D-5 Notice of Decision dated April 18, 2025
- D-6 Hearing Summary

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 Parent/Caretaker Medicaid benefits.
- 2) The Appellant's Parent/Caretaker Medicaid benefits were terminated April 30, 2024, due to the onset of earned income (Exhibit D-3).
- 3) The Appellant was approved for Transitional Medicaid benefits effective May 1, 2024 (Exhibit D-3).
- 4) The Appellant received Phase I and Phase II of Transitional Medicaid benefits.
- 5) The Respondent sent a notice to the Appellant on April 18, 2025, advising that his Transitional Medicaid benefits would close April 30, 2025, as the time limit for the program had ended (Exhibit D-5).
- 6) The Appellant earns \$14.50 an hour and works 40 hours per week.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 23 explains eligibility requirements for Medicaid:

23.10.9 Transitional Medicaid

This coverage group consists of families losing eligibility for Parent/Caretaker Relative Medicaid because of earned income. TM provides continuing medical coverage after Parent/Caretaker Relatives Medicaid eligibility ends and occurs in two phases, as described below.

23.10.9.A.5 Beginning Date of Phase I Coverage

An AG is eligible for Phase I coverage beginning the month following the last month of Parents/Caretaker Relatives Medicaid eligibility.

23.10.9.B Phase II Coverage

When all eligibility factors for Phase II coverage are met, eligibility continues, without interruption, from Phase I to Phase II, unless the client has indicated he does not wish to continue such coverage.

23.10.9.B.2 Beginning Date of Phase II Coverage

An AG is eligible for Phase II coverage beginning the first month after Phase I coverage ends. In no instance is Phase II coverage extended beyond six months past the end of Phase I coverage.

23.10.9.B.4 Automatic Termination of Transitional Medicaid

At the end of the TM Phase II, the eligibility system will automatically terminate coverage.

23.10.4 Modified Adjusted Gross Income Medicaid – Adult Group

The income limit is 133% of the Federal Poverty Level (FPL) for the size of the assistance group.

West Virginia Income Maintenance Manual Chapter 1 explains the application/redetermination process:

1.13.3.B Ending Date of Eligibility – Transitional Medicaid

Phase I coverage ends on the last day of the sixth month of the Phase I period, or on the last day of the effective month of closure, whichever occurs first. Phase II coverage ends on the last day of the sixth month of the Phase II period, or on the last day of the effective month of closure, whichever occurs first.

West Virginia Income Maintenance Manual Chapter 4 Appendix A lists income limits:

Parent/Caretaker Medicaid: \$252 for a two-person assistance group
133% FPL: \$2,345 for a two-person assistance group

DISCUSSION

The Transitional Medicaid coverage group consists of families losing eligibility for Parent/Caretaker Relative Medicaid because of earned income and occurs in two phases. Phase I of Transitional Medicaid coverage begins the month following the last month of Parent/Caretaker Relative Medicaid eligibility. An assistance group is eligible for Phase II coverage beginning the first month after Phase I coverage ends. In no instance is Phase II coverage extended beyond six months past the end of Phase I coverage.

The Appellant received Phase I of Transitional Medicaid benefits from May 2024 through October 2024 and Phase II from November 2024 through April 2025. The Respondent terminated the Appellant's Transitional Medicaid benefits effective April 30, 2025, as he had received the maximum twelve months of coverage permitted by policy.

The Appellant testified that there was a lack of communication with the Respondent regarding his Medicaid benefits. The Appellant stated he was unaware that there was a time limit to receive Transitional Medicaid. The Appellant is currently working 40 hours per week at \$14.50 an hour and expressed concern over his son possibly losing his Medicaid coverage.

The Respondent's witness testified that the Appellant's earned income is excessive to receive Parent/Caretaker or Adult Medicaid benefits. The Appellant applied for Medicaid Work Incentive benefits on April 25, 2025, with the final disposition of the application pending.

The Appellant's monthly earned income of \$2,494 (\$14.50 x 80 hours equals \$1,160 multiplied by 2.15) exceeds the income limit of \$252 for Parent/Caretaker Medicaid and the income limit of \$2,345 for Adult Medicaid benefits. Transitional Medicaid benefits cannot exceed a 12-month continuous period.

Whereas the Appellant's income is excessive for Parent/Caretaker Medicaid and Adult Medicaid benefits and the Appellant has received the maximum 12-months of continuous Transitional Medicaid benefits, the Respondent acted in accordance with policy in the termination of Transitional Medicaid.

CONCLUSIONS OF LAW

- 1) The Transitional Medicaid coverage group consists of families losing eligibility for Parent/Caretaker Relative Medicaid because of earned income and occurs in two phases.
- 2) The Appellant received Phase I and Phase II of Transitional Medicaid benefits.
- 3) Under no circumstances is Phase II coverage extended beyond the 6-month period, for a maximum of 12 continuous months.
- 4) The Respondent's decision to terminate the Appellant's Transitional Medicaid 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 Transitional Medicaid benefits.

ENTERED this 14th day of May 2025.

Kristi Logan
Certified State Hearing Officer