



June 3, 2025

[REDACTED]

RE: [REDACTED] v. DoHS/BFA
ACTION NO.: 25-BOR-1949

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 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: Angela Mitchem, [REDACTED] DoHS

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

[REDACTED]

Appellant,

v.

Action Number: 25-BOR-1949

**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 [REDACTED]. 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 June 3, 2025.

The matter before the Hearing Officer arises from the April 25, 2025, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Angela Mitchem, [REDACTED] DoHS. Appearing as a witness for the Respondent was Matthew Bradley, Investigations and Fraud Management. The Appellant was self-represented. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Front-End Fraud Unit Investigative Findings dated April 21, 2025
- D-2 Hearing Request received April 30, 2025
- D-3 Notice of Medicaid Termination dated April 25, 2025, and Notice of Supplemental Nutrition Assistance Program (SNAP) Reduction dated May 1, 2025
- D-4 Case Benefit Summary, Notice of Medicaid Termination dated December 11, 2024, and Case Comments
- D-5 Doctor's Statement of Incapacity received December 23, 2024, and Disability/Incapacity Medical Assessment received February 28, 2025
- D-6 Utility Bills
- D-7 Real Estate Assessment Data, and Real Estate and Personal Property Tax Tickets
- D-8 Address Verification received April 28, 2025
- D-9 Marriage License

D-10 Witness Statement dated April 15, 2025
D-11 Drivers' License Issuance Reports
D-12 Electronic Benefit Transfer Transactions and Surveillance Photographs from [REDACTED]
[REDACTED]
D-13 Electronic Benefit Transfer Transactions and Surveillance Photographs from [REDACTED]
[REDACTED]
D-14 Social Security Administration Benefit Details
D-15 West Virginia Income Maintenance Manual §§3.2 and 3.7

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 based on a three-person assistance group.
- 2) The Appellant applied for Low Income Energy Assistance Program (LIEAP) benefits on November 27, 2024 (Exhibit D-4).
- 3) The Appellant reported that her household consisted of herself and her husband, [REDACTED]
[REDACTED] (Exhibit D-4).
- 4) The Appellant's granddaughter, [REDACTED], was removed from the household per a court order showing custody had been restored to her mother in August 2024 (Exhibit D-4).
- 5) On December 11, 2024, the Respondent sent a notice to the Appellant advising that her income exceeded the allowable limit to continue receiving Adult Medicaid benefits (Exhibit D-4).
- 6) The Appellant applied for Supplemental Nutrition Assistance Program (SNAP) and Adult Medicaid benefits on December 18, 2024 (Exhibit D-4).
- 7) The Appellant reported that [REDACTED] had left the household and was possibly residing in [REDACTED] (Exhibit D-4).
- 8) Expedited SNAP and Adult Medicaid benefits were approved for a one-person assistance group (Exhibit D-4).
- 9) The Appellant reapplied for SNAP benefits on February 28, 2025 (Exhibit D-4).

- 10) The Appellant reported that she resided alone and that she was unsure of [REDACTED] whereabouts (Exhibit D-4).
- 11) The Investigations and Fraud Management's Front-End Fraud Unit (FEFU) received a referral in April 2025 alleging that [REDACTED] was residing with the Appellant.
- 12) FEFU Investigator Matthew Bradley interviewed a neighbor of the Appellant's who claimed that the Appellant's husband resided in the home (Exhibit D-10).
- 13) Investigator Bradley confirmed with the United States Postal Service that as of May 1, 2025, [REDACTED] received mail at the Appellant's address (Exhibit D-8).
- 14) On March 15, March 27, and April 12, 2025, video surveillance obtained from [REDACTED] showed the Appellant shopping with [REDACTED] (Exhibit D-12).
- 15) Investigator Bradley determined that based upon his investigation, [REDACTED] was residing with the Appellant and submitted the findings to the Respondent (Exhibit D-1).
- 16) [REDACTED] and his monthly income from Social Security of \$2,454.70 were added to the Appellant's case.
- 17) The Respondent sent the Appellant a notice on April 25, 2025, advising that her Adult Medicaid benefits would stop after May 31, 2025, as the countable income exceeded the allowable limit (Exhibit D-3).
- 18) The Respondent sent a notice on May 1, 2025, advising the Appellant that her monthly SNAP benefits would be reduced to \$23 effective June 1, 2025 (Exhibit D-3).
- 19) On May 15, 2025, video surveillance from [REDACTED] showed the Appellant shopping with [REDACTED] (Exhibit D-13).
- 20) On May 20, 2025, video surveillance from [REDACTED] showed [REDACTED] making a purchase with the Appellant's Electronic Benefit Transfer (EBT) card (Exhibit D-13).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 10 explains case maintenance procedures:

10.4.2.B.1 Source of Information Verified Upon Receipt

Action must be taken for all SNAP assistance groups (AGs) when information is received from a source that is considered verified upon receipt. Verified upon receipt sources are not subject to independent verification and the provider is the primary source of the information. Sources considered verified upon receipt are:

- Investigations and Fraud Management (IFM) findings of an investigation

10.6.2 Client Reporting Requirements (Medicaid)

Clients must report all changes in circumstances such as, but not limited to, income, assets, household composition, and change of address. The client must report changes as soon as possible after he becomes aware of them. This allows the Worker to update the case and allows for advance notice, if the reported information results in an adverse action.

10.6.4.C Changes in AG, NG, or IG

When there is an addition to, or a deletion from, the AG, needs group (NG), and/or income group (IG), individual eligibility for each member must be reevaluated.

West Virginia Income Maintenance Manual Chapter 3 explains eligibility determination groups:

3.7.2 MAGI Household Income Group

Income of each member of the individual's MAGI household is counted. The income group is determined using the MAGI methodology established in Section 3.7.3.

3.7.3 MAGI Household Needs Group

The needs group is the number of individuals included in the MAGI household size based upon the MAGI rules for counting household members. In the case of married couples who reside together, each spouse must be included in the MAGI household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse.

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

133% of the Federal Poverty Level (FPL) for a two-person assistance group: \$2,345

West Virginia Income Maintenance Manual Chapter 23 explains specific Medicaid requirements:

MAGI Adult Group income limit: 133% FPL

DISCUSSION

Policy stipulates that income limit for Adult Medicaid benefits is 133% of the FPL for the size of the assistance group, or \$2,345 for a two-person assistance group. The Respondent terminated the Appellant's Adult Medicaid benefits when it was determined that the Appellant's gross countable income of \$2,454.70 exceeded the allowable income limit.

The Appellant had been receiving Adult Medicaid benefits based on a three-person assistance group. In December 2024, the Appellant's granddaughter was removed from her case and the Appellant's ongoing Medicaid eligibility was evaluated based on a two-person assistance group. The income of the Appellant's spouse, [REDACTED], exceeded the allowable income limit for

a two-person assistance group and the Respondent notified the Appellant on December 11, 2024, that her Adult Medicaid benefits would be closed effective January 1, 2025.

Subsequent to the notice of Adult Medicaid closure, the Appellant applied for SNAP benefits and reapplied for Adult Medicaid benefits. During an interview on December 18, 2024, the Appellant reported to the Respondent that [REDACTED] had moved out and was possibly residing in [REDACTED]. The Appellant reported to the Respondent on February 28, 2025, that she was unsure of [REDACTED] whereabouts and that he may be residing in [REDACTED], West Virginia.

The Investigation and Fraud Management's FEFU division investigated allegations that [REDACTED] was residing in the Appellant's home. FEFU Investigator Matthew Bradley determined that [REDACTED] was residing with the Appellant, and he was added back to the Appellant's case. The addition of [REDACTED] and his Social Security income reduced the Appellant's SNAP benefits and terminated her Adult Medicaid benefits due to excessive income.

Investigator Bradley obtained video surveillance from [REDACTED] showing the Appellant and [REDACTED] shopping together. On March 15, 2025, the Appellant and [REDACTED] were captured on video shopping together, only two weeks after the Appellant's denial of his whereabouts. Video footage of the Appellant and [REDACTED] from March, April and May 2025 were submitted as evidence.

The Appellant contended that she became ill in November 2024 and [REDACTED] moved out when they started having marital problems shortly thereafter. The Appellant stated that her husband mows her grass and takes her to the grocery store and doctor's appointments as she cannot drive. The Appellant testified her neighbors are unaware of her circumstances, and she has no one else to help her. The Appellant stated that her daughter helps pay her living expenses.

Based on the evidence and testimony provided, the FEFU investigative finding that [REDACTED] is residing with the Appellant is affirmed. The Appellant listed [REDACTED] as member of her household on the November 27, 2024, LIEAP application but reported him as no longer residing in the household when her Adult Medicaid benefits were terminated due to excessive income less than a week later. On two occasions, the Appellant claimed to be unaware of [REDACTED] whereabouts only to have been seen shopping with him in the following weeks and months. Furthermore, the Appellant failed to provide a current address for [REDACTED] or any supporting documentation that he no longer resides in her household.

Whereas the income of spouses who reside together must be used in determining eligibility for Adult Medicaid benefits and [REDACTED] income of \$2,454.70 exceeds the allowable income limit of \$2,345 for a two-person assistance group, the Respondent acted in accordance with policy in the termination of the Appellant's Adult Medicaid benefits.

CONCLUSIONS OF LAW

- 1) The income of spouses who reside together must be counted when determining eligibility for Adult Medicaid benefits.

- 2) The Appellant and her husband [REDACTED] reside together.
- 3) The income limit for a two-person assistance group for Adult Medicaid is \$2,345.
- 4) [REDACTED] gross monthly income of \$2,454.70 exceeds the income limit for Adult Medicaid benefits.
- 5) The Respondent correctly terminated the Appellant's Adult Medicaid benefits due to excessive income.

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 3rd day of June 2025.

**Kristi Logan
Certified State Hearing Officer**