



July 31, 2025

[REDACTED]

RE: [REDACTED] v. WVDHS-BFA
ACTION NO.: 25-BOR-20251

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,

Eric L. Phillips
State Hearing Officer
Member, State Board of Review

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

cc: Alanna Cushing, BFA

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

[REDACTED]

Appellant,

v.

Action Number: 25-BOR-2051

**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 July 30, 2025, on an appeal filed with the Board of Review on May 16, 2025.

The matter before the Hearing Officer arises from the April 29, 2025 decision by the Respondent to terminate Medicaid eligibility due to excessive income.

At the hearing, the Respondent appeared by Alanna Cushing, Health and Human Resources Specialist Senior. The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Notice of Decision dated April 29, 2025
- D-2 West Virginia Income Maintenance Manual Chapter 3.7.3
- D-3 West Virginia Income Maintenance Manual Chapter 4, Appendix A
- D-4 Email Correspondence with the Bureau of Medical Services eligibility dated July 10, 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 recipient of Adult Medicaid services.
- 2) On April 28, 2025, the Respondent was informed that the Appellant married.
- 3) The household's monthly earned income was calculated at \$4561.96. (Exhibit D-1)
- 4) The Adult Medicaid income limit is \$2345.00 or 133% of the Federal Poverty Level (Exhibit D-1 and Exhibit D-3)
- 5) On April 29, 2025, the Respondent terminated the Appellant's Medicaid assistance citing that her benefits would terminate effective June 1, 2025, due to excessive income. (Exhibit D-1)
- 6) The Appellant completed an application for the Medicaid Work Incentive (MWIN) program.
- 7) The Appellant has not received an eligibility determination on her MWIN application.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 3.7.3 documents:

The needs group is the number of individuals included in the MAGI household size based upon the MAGI rules for counting household members.

To determine the MAGI household size, the following step-by-step methodology is used for each applicant.

For purposes of applying the MAGI methodology:

- Child means natural, adopted, or stepchild;
- Parent means natural, adopted, or stepparent;
- Sibling means natural, adopted, half, or stepsibling.

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 3.7.3 states, in pertinent part:

The needs group is the number of individuals included in the Modified Adjusted Gross Income (MAGI) household size based upon the MAGI rules for counting household members.

The applicant's MAGI household includes themselves, each individual he expects to claim as a tax dependent, and his spouse if residing with the tax filer.

West Virginia Income Maintenance Manual Chapter 4.7.1 documents in part:

Income of each member of the individual's MAGI household is counted.

West Virginia Income Maintenance Manual Chapter 4.7.4 documents in pertinent part:

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.

West Virginia Income Maintenance Manual Chapter 4, Appendix A, documents in part:

For a two-person Assistance Group, 133% of the FPL is \$2345
For a two-person Assistance Group, 100% of the FPL is \$1763

DISCUSSION

Eligibility for Adult Medicaid assistance is established when a household's countable income is

equal to or below 133% of the Federal Poverty Level for the appropriate needs group size.

In April 2025, the Appellant married; therefore, her spouse's monthly income was to be considered in the determination of her Medicaid eligibility. The Respondent determined that the Appellant's household's countable income exceeded the income limits set forth policy and terminated the Appellant's Medicaid eligibility effective May 31, 2025. The Respondent must prove by a preponderance of the evidence that the household's countable income exceeded 133% of the Federal Poverty Level or \$2345 per month.

The Respondent determined the Appellant's monthly household income to be \$4561.96. The Appellant's monthly household income exceeded the income limit of 133% or \$2345. On April 29, 2025, the Respondent issued notice to the Appellant informing her of the termination of Medicaid assistance due to excessive income.

The Appellant offered no dispute to the income utilized in the determination of her Medicaid eligibility. On May 13, 2025, the Appellant applied for the Medicaid Work Incentive (MWIN) Program. On May 16, 2025, the Appellant requested a hearing before the Board of Review concerning the Adult Medicaid termination and requested that Medicaid benefits continue pending a decision from the State Hearing Officer. On May 19, 2025, a worker from the Respondent's local office contacted that Appellant informing her of the inability to process her MWIN application due to her request for a hearing with the Board of Review concerning the April 2025 denial. The Respondent was informed that the failure to process the MWIN application was incorrect and the Appellant's Medicaid benefits were restored for June 2025 to August 2025. Currently, the Appellant has not received an eligibility determination on her submitted MWIN application.

Evidence reveals that the Appellant's household income exceeded the income limits set forth by policy. Because the Appellant's household income exceeds the established income limit set forth by policy of 133% of the Federal Poverty Level, the Respondent was correct in its decision to terminate the Appellant's eligibility for Adult Medicaid assistance. Upon receipt of a decision from the Respondent concerning the disposition of the submitted MWIN application, the Appellant reserves the right to file an additional appeal on any adverse action.

CONCLUSIONS OF LAW

- 1) Eligibility for Adult Medicaid benefits is determined when an assistance group's countable income is equal to or less than 133% of the Federal Poverty Level for the appropriate needs group.
- 2) The Appellant and her spouse are considered a needs group; therefore, the income limit for this needs group is \$2345.
- 3) The Appellant's total household income of \$4561.96 exceeded 133% of the Federal Poverty Level.
- 4) The Appellant's household income was excessive for Adult Medicaid assistance.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Respondent's decision to terminate Adult Medicaid assistance.

ENTERED this _____ day of July 2025.

**Eric L. Phillips
State Hearing Officer**