



August 5, 2025

[REDACTED]

RE: [REDACTED] v. WVDOHS
ACTION NO.: 25-BOR-2273

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,

Todd Thornton
State Hearing Officer
Member, State Board of Review

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

cc: Jennifer Mynes, Department Representative

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

[REDACTED],

Appellant,

v.

Action Number: 25-BOR-2273

**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 29, 2025, upon a timely appeal filed on June 19, 2025.

The matter before the Hearing Officer arises from the May 27, 2025 decision by the Respondent to terminate Medicaid benefits due to the onset of Medicare eligibility.

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

Department's Exhibits:

D-1 Case summary
 Notice of decision, dated May 27, 2025
 Notice of decision, dated June 5, 2025
 West Virginia Income Maintenance Manual excerpt, § 23.10.4

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 applied for Medicaid on May 22, 2025.
- 2) The Appellant became eligible for Medicare effective July 1, 2025.
- 3) The Respondent terminated the Appellant's eligibility for one category of Medicaid – Adult Medicaid benefits – as a result of the onset of Medicare eligibility for the Appellant, effective July 1, 2025. (Exhibit D-1, notice dated May 27, 2025)
- 4) The notice regarding the Appellant's Adult Medicaid termination (Exhibit D-1, notice dated May 27, 2025) provided the reason as "The individuals listed below are being evaluated for another type of assistance," and listed the Appellant.
- 5) The Appellant was approved for another category of Medicaid – Qualified Individual – effective July 1, 2025. (Exhibit D-1, notice dated June 5, 2025)
- 6) The Appellant desires services covered by Adult Medicaid which are not covered by Qualified Individual Medicaid.

APPLICABLE POLICY

WVIMM, Chapter 23, §23.10.4, provides the eligibility requirements for Adult Group Medicaid, which note, in part (emphasis added):

Medicaid coverage in the Adult Group is provided to individuals who meet the following requirements:

- They are age 19 or older and under age 65;
- They are not eligible for another categorically mandatory Medicaid coverage group:
 - SSI
 - Deemed SSI
 - Parents/Caretaker Relatives
 - Pregnant Women
 - Children Under Age 19
 - Former Foster Children

- They are not entitled to or enrolled in Medicare Part A or B; and
- The income eligibility requirements described in Chapter 4 are met.

DISCUSSION

The Appellant requested a fair hearing to contest the decision of the Respondent regarding the termination of Medicaid eligibility. The Respondent must show by a preponderance of the evidence that it correctly terminated the Appellant's Medicaid benefits.

The Appellant applied for Medicaid in May 2025. The Appellant requires total care and was represented at the hearing by his mother, [REDACTED]. The Appellant was approved for Medicaid but at the time of application, the Respondent's computer system evaluated the Appellant's eligibility for June 2025 and July 2025. The Appellant became eligible for Medicare starting in July 2025. The Respondent sent notification to the Appellant explaining that the initial Medicaid category would be closed (Adult Medicaid) and the Appellant would be evaluated for other categories, which ultimately resulted in his approval for the Medicaid Qualified Individual category. This switch in categories is clearly based on the policy requirements for the Adult Medicaid category.

The two Medicaid categories are not equivalent. Testimony from the Appellant's mother clearly showed the Appellant's extensive medical care needs. The Appellant suffered a head injury and presently has expensive medication and medical supplies. Additionally, there are nutrition costs, transportation costs, and copays for the Appellant. However, the Appellant's eligibility for Adult Medicaid clearly ended with the onset of Medicare eligibility. The Respondent correctly notified the termination of Adult Medicaid and the approval for Qualified Individual Medicaid. There was no break in eligibility for the Appellant resulting from the Medicaid category change. The Respondent's decision to terminate Adult Group Medicaid is affirmed.

CONCLUSION OF LAW

Because the Appellant is eligible for Medicare, he is not eligible for Adult Group Medicaid.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the decision of the Respondent to terminate the Appellant's Medicaid under the Adult Group category.

ENTERED this _____ day of August 2025.

Todd Thornton
State Hearing Officer