



August 6, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 25-BOR-2304

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,

Lori Woodward, J.D.
Certified State Hearing Officer
Member, State Board of Review

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

cc: Amanda Simmons, WV DoHS/BFA

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

[REDACTED],

Appellant,

v.

Action Number: 25-BOR-2304

**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 23, 2025.

The matter before the Hearing Officer arises from the June 4, 2025 decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Amdanda Simmons, Economic Service Supervisor. The Appellant was self-represented. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Closure Notice (EDC1), dated June 4, 2025
- D-2 Social Security Administration Retirement, Survivors and Disability Insurance Notice of Award, dated June 3, 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 receiving Adult Medicaid in an Assistance Group (AG) of one.
- 2) On June 3, 2025, the Appellant received notification that he was approved for Retirement, Survivors and Disability Insurance (RSDI) from the Social Security Administration (SSA). (Exhibit D-2)
- 3) The Appellant's gross monthly RSDI amount is \$2,068, effective June 2025.
- 4) The income limit for Adult Medicaid eligibility is 133% of the Federal Poverty Level (FPL), or \$1,735 for an AG of 1.
- 5) On June 4, 2025, the Respondent issued a closure notice for the Appellant's Adult Medicaid benefits due to excessive income, effective July 1, 2025. (Exhibit D-1)
- 6) The Appellant filed a hearing request on June 26, 2025.
- 7) The Appellant's Adult Medicaid benefits were held open pending the hearing.

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 FPL.

- (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.

WV IMM, Chapter 23, §23.10.4, states, in part: As a result of the Affordable Care Act (ACA), the Adult Group was created, effective January 1, 2014. Eligibility for this group is determined using MAGI methodologies established in Section 4.7. Medicaid coverage in the Adult Group is provided to individuals who are aged 19 or older and under age 65.

...

To be eligible for the Adult Group, income must be equal to or below 133% of the Federal Poverty Level (FPL).

WV IMM, Chapter 4, §4.7.2, explains that eligibility for the MAGI coverage group is determined by using the adjusted gross income (for each member of the MAGI household whose income will count) for the current month. The MAGI differs from the adjusted gross income because MAGI accounts for additions and adjustments. The worker uses the budgeting method established in Section 4.6.1, Budgeting Method, to anticipate future income amounts, consider past income sources, and build monthly income amounts based upon the applicant's reported income.

WV IMM, Chapter 4, §4.7.3, states that the only allowable income disregard is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. The 5% FPL disregard is not applied to every MAGI eligibility determination and should not be used to determine the MAGI coverage group for which an individual may be eligible. The 5% FPL disregard will be applied to the highest MAGI income limit for which an individual may be determined eligible.

WV IMM, Chapter 4, §4.7.4, states that 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, no disregard is necessary, and no further steps are required.
- Step 3: If the result from Step 2 is greater than the appropriate limit, 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.

WV IMM, Chapter 4, Appendix A:

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

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

DISCUSSION

According to policy, the income limit for a one-person assistance group for Adult Medicaid (MAGI) benefits is \$1,735, or 133% of the Federal Poverty Level (FPL). Policy requires that the Respondent use gross income to determine eligibility for Adult Medicaid. Once the monthly gross income is determined, a 5% income disregard may be used as a deduction if it would bring the AG's income below the 133% FPL income limit.

On June 3, 2025, the Appellant began receiving monthly RSDI of \$2,068. This amount is subtracted from 100% FPL, then is converted to a percentage ($\$2,608/\$1,305 = 1.58$), which when converted to a percentage, equals 158%, which is over the 133% FPL. Note, the 5% disregard does not apply. Because the Appellant's gross monthly income is over 133% FPL, the Respondent sent notification on June 4, 2025 that the Appellant's Adult Medicaid benefits were being closed effective July 1, 2025.

The Appellant did not contest that he was over the income limit for Adult Medicaid. He testified that he becomes Medicare eligible in November and was hoping to get his Medicaid coverage extended until that time. The Board of Review is without authority to grant or continue eligibility beyond what is established by state and federal regulations. Because the Appellant is over the allowable income limit for Adult Medicaid eligibility, the Respondent's decision to terminate the Appellant's Medicaid benefit is affirmed.

CONCLUSIONS OF LAW

- 1) The Appellant was a recipient of Adult Medicaid benefits in an AG of one.
- 2) Policy sets the income limit for Adult Medicaid eligibility for an AG of one as \$1,735.
- 3) The Appellant's calculated monthly gross income is \$2,068 (or 158% of FPL), which is over the allowable income limit for Adult Medicaid eligibility.
- 4) The Respondent must terminate the Appellant's Adult Medicaid benefits.

DECISION

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

ENTERED this 6th day of August 2025.

Lori Woodward, Certified State Hearing Officer