



September 18, 2025



RE: [REDACTED] v. WVDohS
ACTION NO.: 25-BOR-2605

Dear Ms. [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
Certified State Hearing Officer
Member, State Board of Review

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

cc: JoManda Evans-Flanagan, BFA

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

[REDACTED]

Appellant,

v.

Action Number: 25-BOR-2605

**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 September 18, 2025, on an appeal filed with the Board of Review on August 7, 2025.

The matter before the Hearing Officer arises from the July 30, 2025 decision by the Respondent to terminate the Appellant's Medicaid assistance.

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

Department's Exhibits:

- D-1 Application for Health Coverage dated July 28, 2025
- D-2 Earnings Statements from [REDACTED] June 5, 2025 through July 3, 2025
- D-3 Notice of Decision dated July 30, 2025
- D-4 Medicaid Approval Notice dated July 7, 2025
- D-5 Marriage Certificate
- D-6 SNAP Change Reporting Form dated January 8, 2024
- D-7 West Virginia Income Maintenance Manual Chapter 3.7.3

Appellant's Exhibits:

A-1 Client Statement of Prescriptions and Expenses

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 Medicaid assistance under a single person household. (Exhibit D-4)
- 2) On July 7, 2025, the Appellant completed a recertification for Medicaid benefits and was approved for benefits effective September 1, 2025. (Exhibit D-4)
- 3) The Appellant was married on December 16, 2023. (Exhibit D-5)
- 4) The Appellant did not report the marriage during her July 2025 benefit recertification.
- 5) On July 28, 2025, the Appellant's spouse completed an application for Medicaid assistance. (Exhibit D-1)
- 6) The Appellant's spouse reported the marriage. (Exhibit D-1)
- 7) The Appellant's spouse receives a monthly income from the Social Security Administration in the amount of \$1924.00.
- 8) The Appellant provided income from his employment at [REDACTED] from June 5, 2025 through July 3, 2025. (Exhibit D-2)
- 9) The Respondent utilized a total income for the Appellant's spouse in the amount of \$2598.29. (Exhibit D-4)
- 10) The Medicaid assistance income limit for a two-person household is \$2345.00 or 133% of the Federal Poverty Level.
- 11) On July 30, 2025, the Respondent terminated the Appellant's Medicaid assistance effective August 31, 2025, due to excessive income. (Exhibit D-3)

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.

On July 28, 2025, the Appellant reported her marriage and spousal income; therefore, all monthly household income was to be considered in the determination of the Appellant's Medicaid eligibility. The Respondent determined that the Appellant's household's countable income exceeded the income limits set forth by policy and terminated the Appellant's Medicaid eligibility effective August 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 of \$2345.00 per month.

The Respondent determined the Appellant's monthly household income to be \$2598.29 (\$1924.00 + \$674.29). This income included the Appellant's spouse's monthly income from the Social Security Administration of \$1924.00 and his weekly income from employment at [REDACTED]. The Respondent utilized an average of five submitted pay verifications in the amount of \$156.81. The Respondent determined the Appellant's spouse's monthly earned income from 7-11 to be \$674.29 (\$156.81 x 4.3). On July 30, 2025, the Respondent issued notice (Exhibit D-3) 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. The Appellant provided testimony which indicated her lack of Medicaid assistance creates a financial burden on her household and impacts her overall health. The Appellant provided lists of her medical doctors and cost of her prescriptions which total \$1589.82.

Evidence reveals that the Appellant's household income is 147% of the Federal Poverty Level (\$2598.29 / \$1763 100% of the FPL) and 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.

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 \$2598.29 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 September 2025.

Eric L. Phillips
Certified State Hearing Officer