



October 28, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 25-BOR-2999

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 (DoHS). 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,

Tara B. Thompson, MLS
Certified State Hearing Officer
Member, State Board of Review

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

cc: Carrie Casto — [REDACTED] DoHS

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

[REDACTED],

Appellant,

v.

Action Number: 25-BOR-2999

**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 October 15, 2025.

The matter before the Hearing Officer arises from the Respondent's decision on August 27, 2025, to deny the Appellant's eligibility for West Virginia Children's Health Insurance (WV CHIP) benefits.

At the hearing, the Respondent appeared by Terri Mills, DoHS. The Appellant appeared and was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 DoHS Case Comments
- DoHS Screenprint
- D-2 DoHS Notice
- D-3 West Virginia Income Maintenance Manual (WVIMM) excerpts

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 Adult Medicaid and received WV CHIP benefits for her juvenile child, [REDACTED]
- 2) On August 27, 2025, the Respondent issued a notice advising the Appellant's eligibility for Adult Medicaid was denied because her income exceeded the eligibility limit (Exhibit D-2).
- 3) The notice issued on August 27, 2025, advised that Child [REDACTED] was ineligible for WV CHIP benefits because the Appellant's current health plan does not qualify Child [REDACTED] for WV CHIP.
- 4) On August 13, 2025, the Appellant submitted her Medicaid review form and indicated that she has insurance coverage for Child [REDACTED] (Exhibit D-1).
- 5) On September 3, 2025, the Appellant contacted Respondent Worker [REDACTED] by telephone and reported that she has insurance for Child [REDACTED] through her employer (Exhibit D-1).
- 6) The Appellant and Child [REDACTED] have group health plan insurance carried by [REDACTED] (Exhibit D-1).

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) § 22.16.1 Requirements for WV CHIP Children provides that individuals are eligible for WV CHIP when all of the following conditions are met:

1. At the time of application or redetermination, the child must not be financially eligible for Modified Adjusted Gross Income (MAGI) Medicaid coverage group
2. The child is not yet age 19, regardless of school attendance or course completion date
3. Household income is less than or equal to 300% FPL. See Chapter 4, Appendix A.
4. The child is not an inmate of a public institution.
5. The child is not a patient in an institution for mental diseases.
6. The child meets the Medicaid citizenship and related requirements found in Chapter 7 ...
7. The child does not have credible individual, public or private employer group health insurance coverage. Most children with other health coverage will not qualify for WV CHIP. See Appendix A Definitions. When an applicant drops his health insurance coverage, if otherwise eligible, his child may receive WV CHIP without a penalty the month after the insurance is no longer in effect. The parent is only required to drop the health insurance for the WV CHIP-eligible child.

WVIMM Chapter 2, Appendix A: Definitions of Insurance for WV CHIP provides that group health plan affects WV CHIP eligibility. *Group Health Insurance Coverage* is defined as health coverage offered in connection with a group health plan. *Group Health Plan* is defined as an employee welfare benefit plan that provides medical care and services to employees or their

dependents, as defined under the plan, directly or through insurance, reimbursement, or otherwise. A *Group Health Plan* may be public or private.

DISCUSSION

On August 27, 2025, the Respondent determined the Appellant was ineligible for Adult Medicaid and WV CHIP benefits. During the hearing, the Appellant testified that she was not contesting the denial of Adult Medicaid but requested that Child [REDACTED] still be found eligible for WV CHIP.

The Board of Review is required to follow the policy and federal regulations and cannot change the policy or award eligibility beyond the circumstances provided in the policy. The Respondent bears the burden of proof and had to demonstrate by a preponderance of evidence that Child [REDACTED] was ineligible for WV CHIP benefits because the Appellant has private insurance for Child [REDACTED]

According to the policy, to be eligible for WV CHIP, the child may not have credible individual public or private employer group health insurance coverage. The policy instructs that group health insurance coverage is defined as an employe benefit that provides medical care and services to employees or their dependents through insurance.

During the hearing, the Appellant did not dispute that Child [REDACTED] had private insurance provided by the Appellant's employer. The Appellant argued Child [REDACTED] needs braces that the Appellant cannot afford without WV CHIP coverage because her private insurance does not cover the full cost.

Testimony provided by the Appellant indicated that Child [REDACTED] has previously carried WV CHIP and private health insurance coverage. During the hearing, the Respondent's representative testified that Child [REDACTED] was previously receiving regular Medicaid and that due to the Appellant's income increase, she was switched to WV CHIP coverage. The Appellant did not dispute that she was over income for regular Medicaid coverage for Child [REDACTED]

During the hearing, the income considered on the notice was reviewed and the Appellant affirmed the verified income was correct. The Respondent testified that the Appellant was income-eligible for WV CHIP but did not qualify because of the Appellant's private insurance. Although the Appellant was income eligible for WV CHIP, the preponderance of evidence demonstrated that Child [REDACTED] was ineligible for WV CHIP because she has private health coverage through the Appellant's employer.

CONCLUSIONS OF LAW

- 1) To be eligible for WV CHIP, the child may not have credible individual public or private employer group health insurance coverage.
- 2) The preponderance of evidence demonstrated that Child [REDACTED] has private group health insurance through the Appellant's employer.

3) Because Child █ has private group health insurance through the Appellant's employer, the Respondent correctly denied her eligibility for WV CHIP.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to deny the Appellant's eligibility for WV CHIP benefits for Child █

ENTERED this 28th day of October 2025.

Tara B. Thompson, MLS
Certified State Hearing Officer