



November 19, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 25-BOR-3192

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: Julie Williams, WV DoHS/BFA

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

██████████,

Appellant,

v.

Action Number: 25-BOR-3192

**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 ██████████. 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 November 18, 2025.

The matter before the Hearing Officer arises from the October 22, 2025 decision by the Respondent to terminate Adult Medicaid benefits.

At the hearing, the Respondent appeared by Julie Williams, 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:

None

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 Modified Adjusted Gross Income (MAGI) Medicaid (Adult Medicaid) benefits.
- 2) On October 2, 2025, the Appellant completed a SNAP redetermination wherein it was reported that her husband earned \$315 gross income per week.
- 3) The Respondent determined that an error had been made in calculating the Appellant's previously approved Adult Medicaid eligibility by calculating the earned income as bi-weekly, instead of weekly.
- 4) The Respondent determined that the Appellant's husband's gross monthly income averaged \$1,354.50 (\$315 x 4.3) and gross monthly unearned income from social security of \$1,414, for a combined total gross monthly income of \$2,768.50.
- 5) The gross monthly income limit for Adult Medicaid eligibility must be at or below 133% Federal Poverty Level (FPL), which for a household needs group (NG) of 2 is \$2,345.
- 6) On October 22, 2025, the Respondent issued notification to the Appellant that she was over the income limit to continue receiving Adult Medicaid benefits.

APPLICABLE POLICY

WV IMM, Chapter 10, §10.6: Individuals who receive Medicaid experience the same kinds of changes between application and the first redetermination, and between subsequent redeterminations, as individuals who receive the Supplemental Nutrition Assistance Program (SNAP) benefits and WV WORKS ... For Medicaid, there is no benefit level determined. Therefore, the individual is either eligible or ineligible. Every reported change results in a redetermination of eligibility.

WV IMM, Chapter 10, §10.6.5.A: When the client's circumstances change to the point that he becomes ineligible, the assistance group is closed.

WV IMM, Chapter 23, §23.10.4: To be eligible for the Adult Group, income must be equal to or below 133% of the Federal Poverty Level (FPL).

WV IMM, Chapter 3, §3.7.2: Income of each member of the individual's MAGI household is counted. The income group is determined using the MAGI methodology established in Section 3.7.3.

WV IMM, Chapter 3, §3.7.3: The household needs group (NG) is the number of individuals included in the MAGI household size based upon the MAGI rules for counting household members. ... 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.

WV IMM, Chapter 4, §4.7.3: 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, §4.6.1.D: Conversion of income to a monthly amount is accomplished by multiplying an actual or average amount as follows:

- Weekly amount x 4.3
- Biweekly amount (every two weeks) x 2.15
- Semimonthly (twice/month) x 2

WV IMM, Chapter 4, §4.7.4:

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, *Income Limits*:

133% of the FPL for a two-person NG, or \$2,345

100% of the FPL for a two-person NG, or \$1,763

DISCUSSION

During a SNAP eligibility redetermination on October 2, 2025, it was determined that the Appellant's husband had earned income of \$315 per week and gross unearned income of \$1,414 per month. In converting the earned income to a monthly average, his earned income totaled \$1,354.50 ($\315×4.3). When added to the unearned income of \$1,414, the Respondent calculated the household's countable income as \$2,768.50. The Respondent determined that the Appellant

was ineligible for Adult Medicaid benefits and issued notification of benefit closure on October 22, 2025.

Policy explains that with a few exceptions, the income of each member of the individual's MAGI household is counted. The income group is determined using the MAGI methodology established in the policy. Additionally, in evaluating Adult Medicaid eligibility, the needs group (NG) must be determined. The NG is the number of individuals included in the MAGI household size based upon the MAGI rules for counting household members. 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.

The Appellant did not contest that her husband's gross monthly unearned income is \$1,414 and that his gross weekly earned income is \$315. However, the Appellant believed that her husband's "take-home" pay of \$282 per week should have been used in the calculations. The Respondent's representative, Julie Williams, explained that policy requires gross income to be used in income calculations. The Appellant was also confused as to how the earned income was calculated for a total of \$1,354.50 per month.

Policy requires that when income is paid weekly, an average monthly income must be determined by multiplying that amount by 4.3. As the Appellant's husband has a consistent weekly pay of \$315, that amount is then multiplied by 4.3, which equals \$1,354.50 per month. The Respondent correctly calculated the earned income. Thus, when the gross earned income is added to the gross unearned income, the total is \$2,768.50. The income limit for Adult Medicaid eligibility for a NG of 2 is \$2,345, which is above the 133% federal poverty level limit established by policy.

Policy for Adult Medicaid eligibility does not allow any income disregards other than 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. It may only be used as a deduction if it brings the AG's gross income below the 133% FPL income limit. Policy sets forth the Adult Medicaid income limit for an NG of 2 as \$2,345 (133% FPL). To determine if the Appellant is eligible for the 5% disregard, the gross monthly income is divided by 100% of the FPL for the size of the assistance group: \$2,768.50 divided by \$1,763 = 1.57, which is then converted to a percentage, 157%. Since applying the 5% disregard would not bring the Appellant's income of 157% FPL below the allowable income limit of 133% of the FPL, the disregard is not applied. Although policy allows for some adjustments to income, the evidence did not show that these allowed subtractions applied. The Appellant's income is excessive to continue receiving Adult Medicaid benefits.

The Appellant was also confused as to why she received a notice that her Adult Medicaid was open. Ms. Williams explained that she reopened the Appellant's Adult Medicaid pending the outcome of this hearing. Additionally, the Appellant mentioned that her husband would be taking a leave of absence from work for a medical procedure and inquired whether she could reapply for benefits. It was explained to the Appellant that she always had the right to apply and that no decision had been made at the hearing. Prior to the adjournment of the hearing, it was reiterated to the Appellant that a written decision will be forthcoming, and her Adult Medicaid benefits were

open at least until such time as the decision is entered or would continue to be open pending the outcome of this hearing.

The Respondent showed by a preponderance of evidence that it correctly determined the Appellant to be over the income limit for Adult Medicaid eligibility.

CONCLUSIONS OF LAW

- 1) The income limit for a two-person NG for Adult Medicaid benefits is \$2,345.
- 2) The Appellant's NG has a monthly gross income of \$2,768.50, or 157% FPL.
- 3) The Appellant's income exceeds the eligibility limit to continue receiving Adult Medicaid benefits.
- 4) The Respondent correctly terminated the Appellant's Medicaid benefits.

DECISION

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

ENTERED this 19th day of November 2025.

Lori Woodward, Certified State Hearing Officer