



November 19, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA  
ACTION NO.: 25-BOR-3218

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: Noelle Moore, WV DoHS/BFA

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

[REDACTED]

**Appellant,**

**v.**

**Action Number: 25-BOR-3218**

**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 November 19, 2025.

The matter before the Hearing Officer arises from the October 23, 2025 decision by the Respondent to deny Adult Medicaid benefits.

At the hearing, the Respondent appeared by Peter VanKleeck, 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 applied for Supplemental Nutrition Assistance Program (SNAP) and Medicaid benefits on October 21, 2025. (Exhibit D-1)
- 2) The Appellant receives gross monthly unearned income from social security in the amount of \$1,819.50. (Exhibit D-2)
- 3) The gross monthly income limit for Adult Medicaid eligibility must be at or below 133% Federal Poverty Level (FPL), which for an assistance group (AG) of 1 is \$1,735. (Exhibit D-3)
- 4) The Appellant was evaluated for other Medicaid coverage groups and may be eligible for spenddown Medicaid. (Exhibits D-1 and D-4)
- 5) On October 23, 2025, the Respondent issued notification to the Appellant that she was over the income limit for Adult Medicaid benefit eligibility.

## **APPLICABLE POLICY**

**WV IMM, Chapter 23, §23.10.4:** To be eligible for the Modified Adjusted Gross Income (MAGI) Medicaid (Adult Medicaid), income must be equal to or below 133% of the Federal Poverty Level (FPL).

**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, §4.7.4:**

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 one-person AG, or \$1,735

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

**DISCUSSION**

The Appellant applied for SNAP and Medicaid on October 21, 2025. The Appellant receives unearned income from the Social Security Administration in the gross amount of \$1,819.50. Because the Appellant was over the allowable income limit for Adult Medicaid, the Respondent denied her Medicaid application. Notification of the denial was sent to the Appellant on October 23, 2025.

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 a AG of 1 as \$1,735 (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: \$1,819.50 divided by \$1,305 = 1.39, which is then converted to a percentage, 139%. Since applying the 5% disregard would not bring the Appellant's income of 139% 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 over the allowable income limit for Adult Medicaid eligibility.

Although the Appellant did not contest the amount used in calculating her Adult Medicaid eligibility, she did have some questions regarding spenddown Medicaid. The Respondent's representative, Peter VanKleeck, explained that the Appellant was evaluated for other Medicaid program eligibility and could possibly be eligible for spenddown Medicaid. To date, the Appellant had submitted a total of \$6,775.31 in unpaid medical bills towards her \$9,594 spenddown amount. Mr. VanKleeck explained the spenddown requirements and reiterated that the Appellant may submit more unpaid medical bills at any time.

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 one-person AG for Adult Medicaid benefits is \$1,735.

- 2) The Appellant's monthly gross income is \$1,819.50, or 139% FPL.
- 3) The Appellant's income exceeds the eligibility limit to continue receiving Adult Medicaid benefits.
- 4) The Respondent correctly denied the Appellant's Medicaid benefits.

### **DECISION**

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

**ENTERED this 19<sup>th</sup> day of November 2025.**

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Lori Woodward, Certified State Hearing Officer