



December 10, 2025

RE: [REDACTED] v. WV DoHS
ACTION NO: 25-BOR-3158

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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Trevor Wayne, WV DoHS

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

[REDACTED]
Appellant,

v.

Action Number: 25-BOR-3158

**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 West Virginia Office of Inspector General Common Chapters Manual. This fair hearing was convened on December 2, 2025.

The matter before the Hearing Officer arises from the Respondent's termination of Adult Medicaid benefits as outlined in a notice dated October 15, 2025.

At the hearing, the Respondent appeared by Trevor Wayne, Economic Service Worker, WV DoHS. The Appellant was self-represented. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Notice of Decision dated October 15, 2025
- D-2 Medicare eligibility information from Respondent's computer system
- D-3 Case Comments from Respondent's computer system

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 Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits.
- 2) The Appellant began receiving Medicare Part B effective September 1, 2025 (Exhibit D-2).
- 3) The Respondent determined that the Appellant is no longer eligible for Adult Medicaid benefits due to the receipt of Medicare Part B.
- 4) The Respondent sent the Appellant a Notice of Decision on October 15, 2025, indicating that she was ineligible for Medicaid benefits effective November 2025 (Exhibit D-1).
- 5) A Case Comment from the Respondent's computer system, entered posthumously on November 19, 2025, states that a Department supervisor contacted the Social Security Administration and the Appellant on October 23, 2025, and informed the Appellant that a Medicare Premium Beneficiary ("buy-in") application would be mailed to her so that her eligibility could be determined for that program (Exhibit D-3).

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.

West Virginia Income Maintenance Manual Chapter 10.8.3 states that MAGI Adult Medicaid benefits are closed when the individual:

- Turns age 65;
- Begins receiving Medicare Part A or B; or
- Are parents or other caretaker relatives living with a dependent child under the age of 19 and the child no longer receives minimum essential coverage.

The Assistance Group (AG) is closed the month following the month of the change and after advance notice for the adverse action. The AG must be evaluated for all other Medicaid coverage groups prior to closure.

DISCUSSION

Policy states that MAGI Adult Medicaid benefits are closed when an individual begins receiving Medicare Part A or Part B. The Assistance Group must be evaluated for all other Medicaid coverage groups **prior to closure** [emphasis added].

The Appellant, a recipient of Medicare Part B, expressed confusion about the loss of her Medicaid benefits. Trevor Wayne, Economic Service Worker with the Respondent, testified that the Department provided a Medicare Premium Assistance Program application to the Appellant and will evaluate the Appellant for that coverage. The Appellant testified that she did not receive the Medicare Premium Assistance Program application previously sent to her, but that she had been hospitalized and another family member may have discarded it. Mr. Wayne stated that he would send the Appellant a new application for the program.

The Respondent sent the Appellant a Notice on October 15, 2025, informing her that Medicaid would close effective November 1, 2025. While policy requires that Adult Medicaid benefits be closed when an individual begins receiving Medicare Part A or Part B, it also states that the Assistance Group must be evaluated for all other Medicaid coverage groups **prior** to closure. The Respondent, who testified that she did not receive her Medicare Premium Assistance Program application, has not been evaluated for all other Medicaid coverage groups. Therefore, the Respondent's action to terminate Medicaid prior to alternative coverage evaluation cannot be affirmed.

CONCLUSIONS OF LAW

- 1) The Appellant was a recipient of MAGI Adult Medicaid benefits.
- 2) The Appellant began receiving Medicare Part B in September 2025.
- 3) Policy requires that Adult Medicaid benefits be terminated when an individual begins receiving Medicare Part A or Part B.
- 4) Policy also requires that the Assistance Group be evaluated for all other Medicaid coverage groups prior to closure.
- 5) The Respondent sent the Appellant a Notice of Decision indicating that Medicaid would close effective November 1, 2025.
- 6) The Appellant has not been evaluated for all other Medicaid coverage groups.

- 7) The Respondent must evaluate the Appellant's eligibility for alternative Medicaid coverage groups.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's action to terminate Adult Medicaid benefits. The issue is **REMANDED** to the Respondent to evaluate the Appellant for alternative Medicaid coverage groups.

ENTERED this 10th day of December 2025.

**Pamela L. Hinzman
State Hearing Officer**