



December 17, 2025

RE: [REDACTED] WV DoHS/BFA
ACTION NO.: 25-BOR-3396

[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: Lisa Ward, Pamela Trickett, Justin Thorne — DoHS

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

[REDACTED]

Appellant,

v.

Action Number: 25-BOR-3396

**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 December 16, 2025.

The matter before the Hearing Officer arises from the Respondent's decision on November 24, 2025, to terminate the Appellant's eligibility for Medicaid Work Incentive (M-WIN) benefits.

At the hearing, the Respondent appeared by Lisa Ward, 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 Hearing Request Form
- D-2 DoHS Notice, dated November 30, 2025
- D-3 Medicaid Work Incentive Computation Sheet
- D-4 West Virginia Income Maintenance Manual (WVIMM) excerpt

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 M-WIN for a one-person Assistance Group (AG).
- 2) The Appellant is a recipient of Qualified Individual (QI-1) Medicare Premium Assistance.
- 3) On November 24, 2025, the Respondent issued a notice advising the Appellant her M-WIN benefits would end after November 30, 2025, because she did not pass the financial review (Exhibit D-2).
- 4) The Appellant is medically eligible for M-WIN.
- 5) The Appellant is employed and receives earned income.
- 6) The Appellant receives \$1,040 gross monthly Social Security Disability Insurance (SSDI) unearned income (Exhibit D-3).
- 7) The Respondent applied a \$20 unearned income disregard when determining the Appellant's M-WIN eligibility (Exhibit D-3).
- 8) The SSI limit for a one-person AG is \$967 (Exhibit D-3).
- 9) Because the Appellant failed the unearned income test, the Respondent did not consider the Appellant's earned income when determining her M-WIN eligibility (Exhibit D-3).

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) § 9.3.1 *Advance Notice Requirements* provides that a client must receive advance notice in all situations involving adverse actions except those described in the Adverse Actions Not Requiring Advance Notice section below.

The date on the notice must be the date it is mailed. The advance notice requirement is that notification be mailed to the client at least 13 days before the first day of the month in which the benefits are affected.

WVIMM § 9.3.1.A *Adverse Actions Requiring Advance Notice* provides that for Medicaid, advance notice must be provided when the AG is closed.

WVIMM § 9.3.1.C *Beginning and Ending of the Advance Notice Period* provides that the 13-day advance notice period begins with the date shown on the notification letter. It ends after the 13th calendar day has elapsed. If the 13-day notice period ends on a weekend or holiday, action is taken on the first subsequent workday.

WVIMM § 26.11.1 *MWIN Closures* provides that when the AG is closed for any reason, advanced notice is required.

WVIMM § 23.11.6 Medicaid Work Incentive Program (M-WIN); § 26.2.1 Specific M-WIN Requirements – Financial; and § 26.6 Income Limit provides that the eligibility income limit is 250% of the FPL when unearned income is at or below the Supplemental Security Income (SSI) payment level.

To be eligible, the individual must:

- Be at least age 16, but not yet 65;
- Be disabled as defined by the Social Security Administration (SSA);
- Be engaged in competitive employment; and
- Pay all required enrollment fees and premiums.

WVIMM § 26.6.6.A Determining Eligibility — Unearned Income Test provides that determination of financial eligibility has two parts: the unearned income test and determining countable income.

The first part is the unearned income test. If the client fails this test, he is ineligible.

Step 1: Determine the amount of countable unearned income

Step 2: Subtract the \$20 SSI Disregard

Step 3: Compare the remainder of the current SSI payment for one person.

If the remainder exceeds the SSI payment, the client is ineligible, and no additional calculations are required. If the remainder is equal or less than the SSI payment, the Worker must determine countable income.

WVIMM Chapter 4, Appendix A Income Limits provides that the SSI Maximum for a one-person AG is \$967.

DISCUSSION

The Appellant underwent an eligibility review for M-WIN benefits and was determined to be over the unearned income eligibility limit. During the hearing, the Appellant did not refute the Respondent's decision or amount of income considered but argued that she could not afford her necessary medical equipment, and requested that an exception be applied due to her potential loss of life if she could not access her required medical equipment. The Respondent's representative testified that the Appellant is still actively receiving QI-1 Medicare Premium Assistance to cover the cost of her Medicare premium.

Authority has not been granted to the Board of Review to judge the policy, change the policy, or award exceptions to the policy. The Hearing Officer may only determine whether the Respondent correctly followed the established policy. The Respondent bears the burden of proof and had to demonstrate by a preponderance of evidence that the Appellant was correctly denied M-WIN eligibility because her unearned income exceeded the eligibility limit.

During the hearing, the Appellant testified that the Respondent's calculations were correct. According to the policy, if the client fails the unearned income test, the client is ineligible for M-WIN benefits. As the evidence revealed the Appellant's unearned income exceeded the \$967 SSI

maximum for a one-person AG, the Respondent correctly determined the Appellant was ineligible for continued M-WIN benefits.

Notification

When the Respondent terminates eligibility for a Medicaid AG, notification must be mailed to the client at least 13 days before the adverse action is taken. According to the submitted evidence, the November 24, 2025 notice advised that adverse action would take effect after November 30, 2025, which does not satisfy the advanced notice requirement.

Although the evidence revealed that the Respondent correctly determined the Appellant was ineligible for continued M-WIN benefits, the Respondent incorrectly terminated the Appellant's M-WIN eligibility after November 30, 2025, because proper advanced notice was not issued. Therefore, the Appellant's M-WIN benefits must be retroactively reinstated until proper advanced notice is issued.

CONCLUSIONS OF LAW

- 1) For M-WIN, the eligibility income limit is 250% of the FPL when unearned income is at or below the Supplemental Security Income (SSI) payment level.
- 2) For a one-person AG, the SSI maximum is \$967.
- 3) The preponderance of evidence demonstrated that the Appellant's \$1,040 gross monthly SSDI exceeded the \$967 SSI maximum for a one-person AG.
- 4) When a Medicaid AG is closed, notification must be mailed to the client at least 13 days before the first day of the month that the benefits are affected.
- 5) The preponderance of evidence revealed that the Respondent's notice failed to satisfy the advance notice requirement.
- 6) Because the Respondent failed to issue proper advanced notice before terminating the Appellant's M-WIN benefits, the decision to terminate her eligibility after November 30, 2025, cannot be affirmed.
- 7) The matter must be remanded for retroactive reinstatement of the Appellant's M-WIN eligibility and issuance of proper advanced notice of adverse action.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's decision to terminate the Appellant's M-WIN eligibility after November 30, 2025. The matter is **REMANDED** for retroactive reinstatement of the Appellant's M-WIN eligibility and issuance of proper advanced notice of adverse action.

ENTERED this 17th day of December 2025.

Tara B. Thompson, MLS
Certified State Hearing Officer