



January 22, 2026

[REDACTED]

RE: [REDACTED] v. WVDoHS-BFA
ACTION NO.: 25-BOR-3503

Dear Mr. [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,

Eric L. Phillips
State Hearing Officer
Member, State Board of Review

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

cc: Austin Pack, BFA

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

████████████████████

Appellant,

v.

Action Number: 25-BOR-3503

**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 January 22, 2026, on an appeal filed with the Board of Review on December 23, 2025.

The matter before the Hearing Officer arises from the November 10, 2025, decision by the Respondent to approve Medicaid assistance.

At the hearing, the Respondent appeared by Austin Pack, Economic Service Worker Senior. The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Notice of Decision dated November 10, 2025
- D-3 Case Comments dated December 23, 2025
- D-4 Hearing Request dated December 22, 2025

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 Medicaid benefits.
- 2) On November 7, 2025, a redetermination was completed regarding the associated Medicaid benefits.
- 3) On November 10, 2025, a Notice of Decision (Exhibit D-2) was issued to the Appellant documenting that his eligibility for Medicaid benefits was reviewed and renewed effective January 1, 2026.
- 4) On December 22, 2025, the Appellant requested a fair hearing but was unsure of the reasoning for the request and indicated that he needed to consult with his mother. (Exhibit D-3 and Exhibit D-4)

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 23.8.2 documents:

Applicants who have income below the Modified Adjusted Gross Income (MAGI) standard and are determined eligible for coverage in a MAGI coverage group should be promptly enrolled into the MAGI coverage group. MAGI Medicaid groups are:

- Adult Group
- Parents/Caretaker Relatives
- Pregnant Women
- Children Under Age 19 West Virginia Children's Health Insurance Program (WVCHIP) is also a MAGI group.

The client may also pursue eligibility for non-MAGI Medicaid coverage groups while enrolled in the MAGI group.

Clients who are determined to meet the eligibility requirements for coverage in both a MAGI category and a non-MAGI category at application may choose to enroll in the non-MAGI category.

The DOHS must request all additional information needed to evaluate the client's potential eligibility for a non-MAGI group when the client:

- Requests such a determination;

- Submits the application developed for non-MAGI coverage groups;
- Indicates potential eligibility on the single-streamlined application or renewal form; or,
- If the DOHS otherwise has information indicating such potential eligibility. For example, a referral for long-term care services from a community agency.

West Virginia Income Maintenance Manual Chapter 1.2.4 documents:

The client's responsibility is to provide complete and accurate information about his circumstances so that the Worker is able to make a correct determination about his eligibility.

West Virginia Income Maintenance Manual Chapter 3.7.3 states, in pertinent part:

The needs group is the number of individuals included in the Modified Adjusted Gross Income (MAGI) household size based upon the MAGI rules for counting household members.

The applicant's MAGI household includes themselves, each individual he expects to claim as a tax dependent, and his spouse if residing with the tax filer.

West Virginia Income Maintenance Manual Chapter 4.7.1 documents in part:

Income of each member of the individual's MAGI household is counted.

West Virginia Income Maintenance Manual Chapter 4.7.4 documents in pertinent part:

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 (133% FPL), no disregard is necessary, and no further steps are required.

Step 3: If the result from Step 2 is greater than the appropriate limit (133% FPL), 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.

West Virginia Income Maintenance Manual Chapter 4, Appendix A, documents in part:

For a one-person Assistance Group, 133% of the FPL is \$1670

For a one-person Assistance Group, 100% of the FPL is \$1255

DISCUSSION

The Appellant was a recipient of Modified Adjusted Gross Income (MAGI) Medicaid. In November 2025, the Appellant completed a redetermination for benefits and was reapproved, effective January 1, 2026, for a twelve-month period. On December 22, 2025, the Appellant submitted a fair hearing request but was unsure of the contested issue and needed to consult with his mother.

The Appellant indicated that he underwent a dental procedure and questioned why his Medicaid assistance was not on file with his dental provider. The Respondent rebutted that the agency's responsibility is to determine Medicaid eligibility and any billing issues would need to be directed to his provider.

Based on an evidentiary review, the Respondent completed a Medicaid review and appropriately determined ongoing eligibility for a one-year period. Any dispute concerning billing issues would need to be directed to the Appellant's medical provider or the Bureau of Medical Services.

The Respondent's decision to approve Medicaid benefits is affirmed.

CONCLUSIONS OF LAW

- 1) In November 2025, the Appellant completed a Medicaid eligibility review and was determined eligible for Medicaid benefits effective January 2026.
- 2) There was no disputed adverse action; therefore, the Respondent was correct in its decision to approve Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the action of the Department to approve Medicaid benefits effective January 1, 2026.

ENTERED this _____ day of January 2026.

Eric L. Phillips
State Hearing Officer