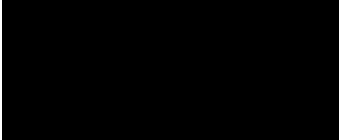




February 5, 2026



RE: [REDACTED] v. WVDoHS
ACTION NO.: 25-BOR-3514

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,

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

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

cc: Leane Soard, BFA

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

██████████

Appellant,

v.

Action Number: 25-BOR-3514

**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 February 5, 2026, on an appeal filed with the Board of Review on December 29, 2025.

The matter before the Hearing Officer arises from the December 11, 2025 decision by the Respondent to deny financial eligibility for Home and Community Based (HCB) Waiver Medicaid benefits.

At the hearing, the Respondent appeared by Leane Soard, Economic Service Worker-Senior. The Appellant was self-represented. Appearing as a witness for the Appellant was ██████████. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Notice of Decision dated December 11, 2025
- D-2 West Virginia Income Maintenance Manual Chapter 24.30
- D-3 West Virginia Income Maintenance Manual Chapter 4, Appendix A
- D-4 West Virginia Income Maintenance Manual Chapter 24.8.2.A.4
- D-5 Disbursement Confirmation from ██████████ dated December 5, 2025
- D-6 Computer printout of Data Exchange Social Security Administration benefits

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 Home and Community Based Waiver (HCB) Medicaid benefits.
- 2) The Appellant completed an eligibility redetermination in December 2025.
- 3) The Appellant reported his monthly income from the Social Security Administration in the amount of \$2391.00. (Exhibit D-6)
- 4) The Appellant reported the onset of a monthly pension income from [REDACTED] in the amount of \$528.16. (Exhibit D-5)
- 5) The Respondent calculated the Appellant's total monthly income to be \$2919.16.
- 6) The income limit for the HCB Waiver Medicaid program is \$2901.00 or 300% of the maximum SSI payment for a single individual.
- 7) On December 11, 2025, the Respondent issued a Notice of Decision (Exhibit D-1) informing the Appellant that his HCB Waiver Medicaid benefits would terminate, effective December 31, 2025, due to excessive income. (Exhibit D-1)

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 24.29.1

The waiver client is the only person in the assistance group.

West Virginia Income Maintenance Manual Chapter 24.29.2

Only the income of the waiver client is counted. No income eligibility determination is required for Supplemental Security Income (SSI) and Deemed SSI recipients. Income is not deemed.

Only the income of the waiver client is to be counted. No income is deemed to the client.

The determination of which income sources to count is the same as Supplemental Security Income (SSI)-Related Medicaid. See Chapter 4.

The client's monthly gross countable income must be equal to or less than 300% of the maximum SSI payment for a single individual.

There is no post-eligibility process for this coverage group.

DISCUSSION

The Appellant was a recipient of HCB Waiver Medicaid benefits. In November 2025, he began receiving income from a monthly pension through [REDACTED]. The Appellant reported the onset of the new monthly pension during a December 2025 annual Medicaid redetermination. The increase in monthly income resulted in the termination of the Appellant's HCB Waiver Medicaid benefits effective December 31, 2025, due to excessive income. The Appellant contests the denial. The Respondent must prove by a preponderance of the evidence that it correctly terminated the Appellant's financial eligibility for Medicaid services due to excessive income.

The Appellant receives a total monthly income from the Social Security Administration in the amount of \$2391. In November 2025, the Appellant began receiving a monthly pension from EquiTrust in the monthly amount of \$528.16. The Appellant's total monthly income was calculated in the amount of \$2919.16. The maximum income limit for the program is determined to be \$2901.00. Because the Appellant's monthly income exceeded the maximum income limit for the program, the Respondent terminated the Appellant's eligibility for the HCB Waiver Medicaid program.

The Appellant and his representatives offered no dispute to the income. The Appellant's representatives outlined the Appellant's health issues, indicating that the termination of the Medicaid benefits would place an undue financial burden on their household due to the purchase of medical supplies which would no longer be covered under Medicaid services.

Governing policy dictates that only the income of the waiver client is counted and the gross countable income may not exceed 300% of the SSI payment level, or \$2901.00, for a single individual. Evidence revealed the onset of an additional monthly pension income of \$528.16, which increased the Appellant's total monthly income to \$2919.16. Because the Appellant's total monthly income of \$2919.16 exceeds 300% of the SSI payment level for a single individual, the Respondent was correct in its decision to terminate the Appellant's financial eligibility for the HCB Waiver Medicaid program.

CONCLUSIONS OF LAW

- 1) Governing policy mandates that only the income of the waiver client is counted toward the financial eligibility for the HCB Waiver Medicaid program.
- 2) An individual's gross countable income cannot exceed 300% of the SSI payment amount for a single individual in determining financial eligibility for the HCB Waiver Medicaid program.
- 3) The Appellant receives a total monthly income of \$2919.16.
- 4) The income limit for the HCB Waiver Medicaid program is \$2901.00.
- 5) The Appellant's monthly income exceeds the maximum monthly amount for the HCB Waiver Medicaid program.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the decision of the Respondent to terminate the Appellant's financial eligibility for the HCB Waiver Medicaid program.

ENTERED this _____ day of February 2026.

Eric L. Phillips
Certified State Hearing Officer