



March 11, 2026



RE: [REDACTED] v. WV DoHS BFA  
ACTION NO.: 26-BOR-1243

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 people 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,

Amy Hayes  
State Hearing Officer  
Member, State Board of Review

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

cc: Kristyne Hoskins, Department Representative

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

[REDACTED]

**Appellant,**

v.

**Action Number: 26-BOR-1243**

**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 February 26, 2026.

The matter before the Hearing Officer arises from the January 7, 2026 decision by the Respondent to deny Medicaid benefits.

At the hearing, the Respondent appeared by Kristyne Hoskins, Economic Service Worker Senior, West Virginia Department of Human Services (DoHS). The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Medical Assistance application submitted by [REDACTED] on December 22, 2025
- D-2 MAGI Medicaid Income Budget screen print with determination date January 6, 2026
- D-3 Case comments screen prints dated January 6 through February 12, 2026
- D-4 Notice from West Virginia Department of Human Services (DoHS) to [REDACTED] dated January 7, 2026
- D-5 Income Summary screen print last updated date February 12, 2026
- D-6 Member Copy of payment statement from [REDACTED] Life Insurance Company [REDACTED] to [REDACTED] dated January 23, 2026

## **Appellant's Exhibits:**

A-1 Social Security Administration Benefit Verification Letter to [REDACTED] dated February 17, 2026

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 Modified Adjusted Gross Income (MAGI) Medicaid on December 22, 2025. (Exhibit D-1)
- 2) The Appellant reported that he receives a gross amount of \$2,444.00 a month as a disability benefit from his previous employer. (Exhibit D-6)
- 3) The Appellant's application for MAGI Medicaid was denied on January 7, 2026, because his income was above the income limit. (Exhibit D-4)
- 4) The Appellant receives monthly disability benefits from the Social Security Administration in the amount of \$2,037.90 beginning December 2025. (Exhibit A-1)

### **APPLICABLE POLICY**

**The Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 435, describes Medical Assistance Coverage for Individuals age 19 or older and under age 65 at or below 133 percent FPL, in pertinent part:**

#### **§ 435.119 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 4, Section 4.3.2 CHART 2 describes Countable Sources of Income for MAGI, in pertinent part:**

**4.3.2 CHART 2 – Countable Sources of Income**

- Pensions and Annuities
- Retirement Accounts and Profit-Sharing Plans
- Self-Employment and Business Income
- Social Security Benefits
- Unemployment Benefits
- Wages, Salaries, and Tip Income
- **Other:**
  - o Disability Pension Plans Paid by Employer

**West Virginia Income Maintenance Manual, Chapter 4 describes Calculating MAGI (What Income is Counted), in pertinent part:**

**4.7.2 Calculating MAGI (What Income Is Counted)**

MAGI-based income includes:

- Adjusted gross income (taxable income less deductions/adjustments), excluding:
  - o Certain taxable American Indian/Alaska Native income
  - o Taxable scholarships/awards used for educational purposes
- Non-taxable Social Security benefits
- Tax-exempt interest
- Foreign earned income

To calculate the MAGI, determine the adjusted gross income amount for each member of the MAGI household whose income will count, for the current month. The MAGI differs from the adjusted gross income, because MAGI accounts for additions and adjustments. The Worker uses the budgeting method established in Section 4.6.1, Budgeting Method, to anticipate future income amounts, consider past income sources, and build monthly income amounts based upon the applicant’s reported income.

**West Virginia Income Maintenance Manual Chapter 4 Appendix A program income limits:**

133% of the Federal Poverty Level (FPL) for a one-person assistance group: \$1,735

**DISCUSSION**

The Appellant applied for Modified Adjusted Gross Income (MAGI) Medicaid as an assistance group (AG) of one. The Respondent denied his application because his income exceeded the income limit for this type of assistance. The Appellant appeals the denial.

The income limit for MAGI Medicaid is set by the federal government. The Appellant is older than 19 years old but younger than 65 years old. At the time of the Appellant’s application, the income limit for this type of assistance was 133% of the federal poverty level for a one-person

assistance group, which was \$1,735. On his application, the Appellant reported \$2,400 monthly disability compensation.

Unearned income is counted for purposes of determining eligibility for MAGI Medicaid. Policy states that disability pension plans paid by a former employer are countable income. The preponderance of evidence showed that the income of the Appellant exceeded the monthly income limit of \$1,735. The Respondent correctly denied the Appellant's eligibility for MAGI Medicaid.

The Appellant contended that he has begun receiving Social Security benefits as demonstrated by the benefit verification letter. The amount of the Appellant's monthly disability benefits is \$2,037. It is unclear from the record whether this income will be in addition to his previously reported disability compensation or take the place of it. Policy states that Social Security Benefits are also countable sources of income. The addition or substitution of this income does not change the determination by the Respondent that the Appellant's income exceeded the limit of \$1,735 per month to qualify for MAGI Medicaid, because \$2,037 also exceeds \$1,735.

The Appellant contends that he needs health insurance and does not have any. The Appellant may be eligible for a Medicaid coverage group with a spenddown provision. In order to be eligible for a spenddown provision, the Appellant would have to apply for and be determined to be eligible for a Medicaid coverage group with a spenddown provision. The Appellant's eligibility for such a program could only be determined if he applied for that program. The Appellant may also be able to apply for health insurance coverage through the Federally Facilitated Marketplace (FFM).

### **CONCLUSIONS OF LAW**

- 1) Eligibility for MAGI Medicaid is based on income, and the Appellant's gross unearned income of \$2,444 exceeded the allowable income limit of \$1,735 for a one-person AG.
- 2) The Appellant's Social Security Administration benefits are also countable income and would exceed \$1,735.
- 3) Based on Medicaid policy, the Respondent correctly denied the Appellant's application for Medicaid because his income exceeds the limit.

**DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the decision of the Respondent to deny the Appellant's MAGI Medicaid application because his income exceeds 133% of the Federal Poverty Level.

**ENTERED this 11th day of March 2026.**

---

**Amy Hayes  
State Hearing Officer  
Member, Board of Review**