May 6, 2026

[redacted]

RE: [redacted] v. DoHS/BFA
ACTION NO.: 26-BOR-1793

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,

Kristi Logan
Certified State Hearing Officer
Member, State Board of Review

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

cc: Angela Mitchem, [redacted] County DoHS

WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 26-BOR-1793**

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 May 5, 2026.

The matter before the Hearing Officer arises from the April 7, 2026, decision by the Respondent to terminate Adult Medicaid benefits.

At the hearing, the Respondent appeared by Harold Mitchell, [redacted] County DoHS. The Appellant was self-represented. The witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:

None

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 applied for Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits on March 17, 2026.

2) The Appellant reported no income in the March 2026 application.

3) Adult Medicaid benefits for the Appellant were approved on March 24, 2026.

4) In April 2026, the Respondent received a data exchange alert from the Bureau of Employment Programs that the Appellant had started receiving Unemployment Compensation Income (UCI) of $430 weekly.

5) The Respondent calculated the Appellant's monthly income as $1,849.

6) The income limit for Adult Medicaid for a one-person assistance group is $1,769.

7) The Respondent sent a notice to the Appellant on April 7, 2026, advising that she would no longer receive Adult Medicaid benefits after April 30, 2026, due to excessive income.

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 Federal Poverty Level**
> (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 explains income eligibility:

> **4.7.1 Determining Income Counted for the MAGI Household**
> Income of each member of the individual's MAGI household is counted. The MAGI household is determined using the MAGI methodology established in Chapter 3.

4.7.4 Determining Eligibility
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.

4.6.1.D How to Use Past and Future Income
Conversion of income to a monthly amount is accomplished by multiplying an actual or average amount as follows:

- Weekly amount x 4.3
- Biweekly amount (every two weeks) x 2.15
- Semimonthly (twice/month) x 2

Chapter 4 Appendix A: Income Limits
133% of the FPL for a one-person AG: $1,769
100% of the FPL for a one-person AG: $1,330

DISCUSSION

Pursuant to policy, the income limit for a one-person assistance group for Adult Medicaid benefits is $1,769, or 133% of the federal poverty level. A 5% disregard is applied if the deduction would bring the assistance group's income below the 133% federal poverty level income limit.

The Appellant was a recipient of Adult Medicaid benefits. The Appellant started receiving UCI subsequent to the approval of Adult Medicaid benefits and when the income was added to her case, benefits were terminated due to excessive income.

The Respondent verified the Appellant's UCI of $430 weekly, which was converted to a monthly amount of $1,849 using the multiplier found in policy ($430 multiplied by 4.3 equals $1,849). The

Appellant's income is 139% of the FPL. The application of the 5% disregard would not bring her income equal to or below 133% of the FPL.

The Appellant questioned the use of her gross UCI instead of her net amount after taxes have been deducted. The Appellant did not dispute the amount of UCI attributed to her case but contended her income is less than $100 over the income limit for Adult Medicaid. The Appellant stated she has medical issues that require medication and she cannot afford health insurance.

The Board of Review lacks the authority to grant exceptions to policy and can only judge whether the Respondent's action to terminate the Appellant's Adult Medicaid benefits complied with policy. The Appellant's monthly UCI of $1,849 exceeds the allowable limit of $1,769 to continue receiving Adult Medicaid benefits.

Whereas the Appellant's income exceeds the allowable income limit found in policy, the Respondent's decision to terminate Adult Medicaid benefits is affirmed.

CONCLUSIONS OF LAW

1) The income limit for a one-person assistance group for MAGI Adult Medicaid benefits is $1,769.

2) The Appellant's gross monthly unearned income is $1,849, or 139% of the federal poverty level.

3) The application of the 5% disregard does not bring the Appellant's income equal to or less than 133% of the federal poverty level.

4) The Appellant's income is excessive to continue receiving MAGI Adult Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to **uphold** the decision of the Respondent to terminate the Appellant's Adult Medicaid benefits.

ENTERED this 6th day of May 2026.

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Kristi Logan
Certified State Hearing Officer