



August 12, 2026

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 26-BOR-2344

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,

Lori Woodward, J.D.
Certified State Hearing Officer
Member, State Board of Review

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

cc: Anna Yoder, WV DoHS/BFA

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



Appellant,

v.

Action Number: 26-BOR-2344

**WV 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 August 5, 2026.

The matter before the Hearing Officer arises from the July 9, 2026 decision by the Respondent to deny the Appellant's application for Modified Adjusted Gross Income (MAGI) Medicaid (also referred to as Adult Medicaid) benefits.

At the hearing, the Respondent appeared by Anna Yoder, Economic Service Supervisor. The Appellant was self-represented. The witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Summary
- D-2 Notice of Adult Medicaid denial, dated July 9, 2026
- D-3 Income Chart, desk guide, Effective July 4, 2026
- D-4 Pay statements, pay dates May 31 and June 15, 2026
- D-5 School Clothing Allowance Application, dated July 20, 2026
- D-6 Completed Medicaid / WV CHIP Coverage review form, received date July 20, 2026

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) On July 9, 2026, the Respondent issued notification to the Appellant that her Adult Medicaid was stopping after July 31, 2026, due to being over the allowable income limit. (Exhibit D-2)
- 2) The Appellant began new employment on May 11, 2026.
- 3) The Appellant submitted pay statements from May 31 and June 15, 2026, which showed she receives bi-monthly pay in the gross amount of \$2,750. (Exhibit D-4)
- 4) The Appellant's gross monthly income equaled \$5,500 (\$2,750 x 2), or 171% FPL (Federal Poverty Level). (Exhibit D-2)
- 5) The Appellant's Needs Group (NG) equals five, herself and four children.
- 6) The allowable income limit for a NG of 5 for Adult Medicaid is \$4,288, or 133% FPL. (Exhibit D-3)
- 7) The Appellant is over the income limit for Adult Medicaid eligibility.

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 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.

WV IMM, Chapter 23, §23.10.4, states, in part: As a result of the Affordable Care Act (ACA), the Adult Group was created, effective January 1, 2014. Eligibility for this group is determined using MAGI methodologies established in Section 4.7. Medicaid coverage in the Adult Group is provided to individuals who are aged 19 or older and under age 65.

...

To be eligible for the Adult Group, income must be equal to or below 133% of the Federal Poverty Level (FPL).

WV IMM, Chapter 3, §3.7.3, states, in 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.

WV IMM, Chapter 4, §4.7.3, states that the only allowable income disregard is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. The 5% FPL disregard is not applied to every MAGI eligibility determination and should not be used to determine the MAGI coverage group for which an individual may be eligible. The 5% FPL disregard will be applied to the highest MAGI income limit for which an individual may be determined eligible.

WV IMM, Chapter 4, §4.6.1.D, explains that conversion of income to a monthly amount is accomplished by multiplying an actual or average amount as follows:

- Weekly amount x 4.3
- Bi-weekly amount (every two weeks) x 2.15
- **Semi-monthly (twice/month) x 2.** [Emphasis added]

WV IMM, Chapter 4, §4.7.4, states that 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, no disregard is necessary, and no further steps are required.
- Step 3: If the result from Step 2 is greater than the appropriate limit, 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.

WV IMM, Chapter 4, Appendix A, sets the income limit for a five-member household at \$4,288, or 133% of FPL.

DISCUSSION

On July 9, 2026, the Respondent issued a notification to the Appellant that her Adult Medicaid benefits would stop after July 31, 2026, due to being over the income limit for eligibility. The income used to calculate the Appellant's eligibility was based on two pay statements she submitted from her new employment. These pay statements, from May 31 and June 15, 2026, showed that she receives a semi-monthly gross income of \$2,750. The Appellant's needs group is five, which includes herself and four children. Because policy requires that income be calculated to reflect a monthly amount, the Respondent calculated the Appellant's gross monthly income to be \$5,500 (\$2,750 x 2), or 171% of FPL.

Policy sets the income limit for a five-member MAGI group for Adult Medicaid benefits as \$4,288, or 133% of the Federal Poverty Level (FPL). Once the monthly gross income is determined, a 5% income disregard may be used as a deduction if it would bring the AG's income below the 133% FPL income limit. No disregard may be applied to the Appellant's gross monthly income as it would not bring the Appellant's income below the 133% FPL. The Appellant is over the allowable income limit for Adult Medicaid benefits.

The Appellant does not dispute her reported bi-monthly gross income of \$2,750. Instead, the Appellant contends that because of her medical needs, she requires Medicaid and argues that the determination of gross income should consider her expenses.

Authority has not been granted to the Board of Review to change or make exceptions to the policy. The Hearing Officer may only determine if the Respondent followed the policy when deciding the Appellant's Medicaid eligibility. Adult Medicaid policy does not allow consideration of medical need or household expenses in calculating the gross monthly income amount used for determining eligibility.

Because the Appellant's gross monthly income of \$5,500, or 171% FPL, is over the allowable income limit for Adult Medicaid eligibility in an NG of five, the Respondent's decision to close the Appellant's Adult Medicaid benefits is affirmed.

CONCLUSIONS OF LAW

- 1) Policy sets the income limit for Adult Medicaid to be 133% of the FPL. For a NG of five, the income limit is \$4,288.
- 2) The Appellant's monthly countable net income was determined to be \$5,500, which is 171% of FPL.
- 3) The Respondent closed the Appellant Adult Medicaid benefits.

DECISION

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

ENTERED this 12th day of August 2026.

Lori Woodward, Certified State Hearing Officer