WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 26-BOR-2496**

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 September 8, 2026, on an appeal filed with the Board of Review on August 10, 2026.

The matter before the Hearing Officer arises from the August 4, 2026, decision by the Respondent to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Michael Tetreault, [redacted] County 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 Hearing Request Notification
D-2 Hearing Request received August 10, 2026
D-3 Case Comments
D-4 Data Exchange Social Security Administration Benefit Details
D-5 West Virginia Income Maintenance Manual §3.7
D-6 Notice of Termination dated August 4, 2026
D-7 Hearing Summary

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 Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits.

2) On August 3, 2026, the Appellant reported that he started receiving Social Security benefits of $1,202.90 per month (Exhibit D-3).

3) The Respondent verified the Appellant's benefit amount through its data exchange system with the Social Security Administration and discovered that the Appellant also became eligible for Medicare Parts A and B (Exhibits D-3 and D-4).

4) On August 4, 2026, the Respondent sent a notice to the Appellant advising that he would no longer receive Adult Medicaid benefits after August 31, 2026, due to his enrollment in Medicare Part A (Exhibit D-6).

5) Subsequent to the Adult Medicaid closure, the Appellant applied for and was approved for Qualified Medicare Beneficiary benefits.

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 3 explains eligibility determination groups:

3.7 Adult Group
The Patient Protection and Affordable Care Act, amended by the Health Care and Education Reconciliation Act of 2010, enacted March 30, 2010, are together referred to as the Affordable Care Act (ACA). The ACA established the categorically mandatory coverage group known as the Adult Group. Effective January 1, 2014, Medicaid coverage is provided to individuals age 19 or older and under age 65 who are not otherwise eligible for and enrolled in another categorically mandatory Medicaid coverage group and are not entitled to or enrolled in Medicare Part A or B. Eligibility for this group is determined using Modified Adjusted Gross Income (MAGI) methodologies established in Section 4.7.

3.7.1.A The Assistance Group – Who Must be Included?
Adults age 19 or older and under age 65.

3.7.1.B Who Cannot be Included?
- Individuals eligible for these categorically mandatory coverage groups:
    - Supplemental Security Income (SSI)
    - Deemed SSI
    - Parents/Caretakers o Pregnant Women
    - Children Under Age 19
    - Former West Virginia Foster Children
- **Individuals entitled to or enrolled in Medicare Part A or B**
- Parents or other caretaker relatives living with a dependent child under the age of 19, unless the child is also receiving benefits under Medicaid, WVCHIP, or other minimum essential coverage (MEC). See definition in Section 4.2.

If a woman indicates at application or review that she is pregnant, she is not eligible to be included in the Adult Group; she must be evaluated for the Pregnant Women coverage group.

West Virginia Income Maintenance Manual Chapter 10 explains case maintenance:

10.8 Adult Group
When a change is reported during the certification period that affects eligibility, the Department of Human Services (DoHS) must only request the information on the change reported. When the information is received, the assistance group (AG) is evaluated for rolling redetermination. The AG may be assigned a new certification period, if eligible, even though the AG is not due for a redetermination. Case comments must be made in the eligibility system to document any actions taken.

10.8.3 Assistance Group Closures
The AG must be closed when the individual(s):
- Turns age 65;
- **Begins receiving Medicare Part A or B**; or

- Are parents or other caretaker relatives living with a dependent child under the age of 19 and the child no longer receives minimum essential coverage.

The AG is closed the month following the month of the change and after advance notice for the adverse action. The AG must be evaluated for all other Medicaid coverage groups prior to closure.

DISCUSSION

The Affordable Care Act established the categorically mandatory coverage group known as the Adult Group. Effective January 1, 2014, Medicaid coverage is provided to individuals aged 19 or older and under age 65 who are not otherwise eligible for and enrolled in another categorically mandatory Medicaid coverage group and are not entitled to or enrolled in Medicare Part A or B.

The Appellant was a recipient of Adult Medicaid benefits. The Respondent terminated the Appellant's Adult Medicaid benefits when he became eligible for Medicare Parts A and B.

The Appellant did not dispute that he was enrolled in Medicare but was under the impression that he could qualify for both Medicare and full-coverage Medicaid. The Appellant contended that he is disabled and needs secondary insurance to supplement Medicare.

The Board of Review lacks the authority to change policy or make policy exceptions and can only decide if the Respondent's actions aligned with current policy. Policy stipulates that Adult Medicaid benefits must be terminated when the recipient enrolls in or becomes eligible for Medicare Part A. The Appellant is enrolled in Medicare therefore the Respondent acted in accordance with policy in the termination of Adult Medicaid benefits.

CONCLUSIONS OF LAW

1) MAGI Adult Medicaid coverage is provided to individuals aged 19 or older and under age 65 who are not otherwise eligible for and enrolled in another categorically mandatory Medicaid coverage group and are not entitled to or enrolled in Medicare Part A or B.

2) The Appellant enrolled in Medicare in August 2026.

3) As a recipient of Medicare, the Appellant is no longer eligible for Adult Medicaid benefits.

4) The Respondent's termination of the Appellant's Adult Medicaid benefits is affirmed.

DECISION

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

ENTERED this 9th day of September 2026.

_____

Kristi Logan
Certified State Hearing Officer