WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 26-BOR-2858**

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 West Virginia Office of Inspector General Common Chapters Manual. This fair hearing was convened on October 14, 2026.

The matter before the Hearing Officer arises from the Respondent's decision to terminate the Appellant's Adult Medicaid benefits as outlined in a notice dated September 23, 2026.

At the hearing, the Respondent appeared by Kristyne Hoskins, Economic Service Worker Senior, West Virginia DoHS. The Appellant was self-represented. All 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 was a recipient of Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits.

2) On September 23, 2026, the Respondent sent the Appellant a Notice of Decision indicating that Adult Medicaid benefits would be terminated effective October 2026 due to excessive income.

3) The Respondent calculated the Appellant's earned income as $1,668.80 bi-weekly.

4) By utilizing the bi-weekly multiplier of 2.15, the Respondent calculated the Appellant's gross monthly earned income as $3,587.92.

5) The Appellant did not dispute the amount of income calculated by the Respondent.

6) The Appellant has received continued Adult Medicaid benefits pending a hearing decision.

7) The Appellant was approved for Medicaid benefits through the Breast and Cervical Cancer Program effective November 2026.

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 23.10.4 states the following regarding MAGI Adult Medicaid**:**

> 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).

West Virginia Income Maintenance Manual Chapter 4.7.3 states that the only allowable income disregard for MAGI Medicaid 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.

West Virginia Income Maintenance Manual Chapter 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.

West Virginia Income Maintenance Manual Chapter 4, Appendix A, states that the gross income limit for a one-person MAGI Medicaid Assistance Group is $1,769 per month (133% of the Federal Poverty Level).

DISCUSSION

To be eligible for MAGI Adult Medicaid benefits, policy states that income must be equal to or below 133% of the FPL for the Assistance Group size ($1,769 per month for a one-person household).

The Respondent calculated the Appellant's gross monthly income as $3,587.92. The Appellant did not dispute the amount of her gross monthly income.

The Respondent's decision to terminate Adult Medicaid benefits effective October 2026 is affirmed.

CONCLUSIONS OF LAW

1) To be eligible for MAGI Adult Medicaid benefits, gross income must be at or below 133% of the FPL for the household size.

2) The income limit for a one-person MAGI Adult Medicaid household is $1,769 per month (133% of the FPL).

3) The Appellant has gross monthly income of $3,587.92.

4) The Appellant's income is excessive for Adult Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to terminate the Appellant's MAGI Adult Medicaid benefits effective October 2026.

ENTERED this 21st day of October 2026.

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Pamela L. Hinzman
State Hearing Officer