



July 10, 2024

[REDACTED]

RE: [REDACTED] v. WV DoHS/ BFA  
ACTION NO.: 24-BOR-2462

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 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,

Tara B. Thompson, MLS  
State Hearing Officer  
Member, State Board of Review

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

cc: Justin Thorne, Mitchell Parlett, Pamela Trickett – [REDACTED] DoHS

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

████████████████████,

**Appellant,**

v.

**Action Number: 24-BOR-2462**

**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 ██████████. 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 July 3, 2024.

The matter before the Hearing Officer arises from the Respondent's May 20, 2024 decision to terminate the Appellant's Adult Medicaid benefits.

At the hearing, the Respondent appeared by Mitchell Parlett, ██████████ DoHS. The Appellant appeared and represented himself. Both parties were placed under oath and the following exhibits were admitted as evidence:

**Department's Exhibits:**

- D-1 Notice, dated April 15, 2024
- D-2 Notice, dated May 20, 2024
- D-3 West Virginia Income Maintenance Manual (WVIMM) Chapter 23 policy excerpt
- D-5 WVIMM Income Chart
- D-5 WVIMM Chapter 4 policy excerpt
- D-6 WVIMM Chapter 4 policy excerpt
- D-7 Employment Income screen print
- D-8 Paystubs, dated April 5, 2024
- D-9 Income 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 Adult Medicaid benefits.
- 2) On May 20, 2024, the Respondent issued a notice advising the Appellant his Adult Medicaid benefits would stop after May 31, 2024, because his \$2,387.05 gross monthly earned income exceeded the eligibility limit.
- 3) On April 18, 2024, the Appellant submitted his review form (Exhibit D-1).
- 4) The review form pre-populated \$701.82 bi-weekly employment wages for 29 weekly hours of work at Reintegrate Appalachia (Exhibit D-1).
- 5) The Appellant submitted recent pay stubs to verify the current amount of his income during the review (Exhibit D-7).
- 6) The Respondent deducted mileage pay from the Appellant's countable income (Exhibit D-8).
- 7) The bi-weekly pay stubs submitted reflected \$1,106 gross earned income for 78.5 hours of work; and \$1,114.51 for 77.37 hours of work (Exhibit D-7).

### **APPLICABLE POLICY**

**West Virginia Income Maintenance Manual (WVIMM) § 4.3.2 *Countable Sources of Income* provides in relevant sections:** For determining Modified Adjusted Gross Income (MAGI) Medicaid Adult Group eligibility, bonuses and awards, wages, salaries, and tip income are countable sources of income.

**WVIMM § 23.10.4 *Adult Group* provides in relevant sections:** To be eligible, income must be equal to or below 133% FPL.

**WVIMM Chapter 4 *Income Limits* provides:** For a one-person Assistance Group (AG), 133% FPL is \$1,670.

## **DISCUSSION**

After the Appellant completed his eligibility review, the Respondent terminated his Adult Medicaid benefits because his income exceeded the eligibility limit. The Appellant testified that he depends on his Medicaid benefits to pay for his medical costs and requested that the denial be reconsidered.

The Respondent bears the burden of proof and had to demonstrate by a preponderance of evidence that the Appellant's income exceeded the Medicaid eligibility limit for Adult Medicaid.

The Respondent testified that the income used was based on the paystubs submitted by the Appellant. The Appellant did not contest the amount of income or calculations used to determine his eligibility. During the hearing, the Appellant testified he understood that his income exceeded the eligibility limit and inquired about reapplication when he begins school and his income decreases. The Respondent instructed the Appellant regarding his right to re-apply at any time.

The policy provides that for the Appellant to be eligible for Adult Medicaid, his income could not exceed \$1,670. The preponderance of evidence revealed that the Appellant's \$2,387.05 gross monthly income exceeded the Adult Medicaid eligibility limit.

## **CONCLUSIONS OF LAW**

- 1) To be eligible for Adult Medicaid, the Appellant's gross monthly income could not exceed \$1,670.
- 2) The preponderance of evidence revealed that the Appellant's \$2,387.05 gross monthly income exceeded the Adult Medicaid eligibility limit.
- 3) The Respondent correctly terminated the Appellant's Adult Medicaid benefits.

## **DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to terminate his Adult Medicaid eligibility after May 31, 2024.

**ENTERED this 10<sup>th</sup> day of July 2024.**

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Tara B. Thompson, MLS  
**State Hearing Officer**