



August 29, 2024

[REDACTED]

RE: [REDACTED] v. WVDoHS
ACTION NO.: 24-BOR-2796

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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Heather Perry, WVDoHS

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

██████████,

Appellant,

v.

Action Number: 24-BOR-2796

**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 West Virginia Office of Inspector General Common Chapters Manual. This fair hearing was convened on August 27, 2024.

The matter before the Hearing Officer arises from the July 22, 2024, decision by the Respondent to deny Adult Medicaid benefits.

At the hearing, the Respondent appeared by Heather Perry, Economic Services Supervisor, WVDoHS. The Appellant appeared *pro se*. All witnesses were sworn, and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Notice of Decision dated July 22, 2024
- D-2 Case Comments from Respondent's computer system
- D-3 West Virginia Income Maintenance Manual Chapter 4.7
- D-4 Employment Income information
- D-5 Letter from Appellant dated July 15, 2024, and income information from Appellant's Medicaid application

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 in July 2024.
- 2) The Appellant indicated on his application that he was employed at [REDACTED] and had a gross income of \$3,080.26 per month (Exhibit D-5).
- 3) The Appellant indicated in a letter dated July 15, 2024, that he earns around \$36,000 per year (Exhibit D-5).
- 4) The Respondent divided the Appellant's stated income of \$36,000 per year by 12 months, calculating his gross monthly income as \$3,000 (Exhibits D-2 and D-4).
- 5) The Respondent sent the Appellant a Notice of Decision on July 22, 2024, indicating that his Medicaid application was denied because income was excessive for Adult Medicaid benefits (Exhibit D-1).

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.

West Virginia Income Maintenance Manual Chapter 23.10.4 states, in pertinent 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).

West Virginia Income Maintenance Manual Chapter 3.7.3 states, in pertinent 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.

West Virginia Income Maintenance Manual Chapter 4.7.2 states that eligibility for the MAGI coverage group is determined by using the adjusted gross income (for each member of the MAGI household whose income will count) for the current month. The MAGI differs from the adjusted gross income because MAGI accounts for additions and adjustments. The worker uses the budgeting method established in Section 4.6.1, Budgeting Method, to anticipate future income amounts, consider past income sources, and build monthly income amounts based upon the applicant's reported income.

West Virginia Income Maintenance Manual Chapter 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.

West Virginia Income Maintenance Manual Chapter 4.6.1.D states 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.

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 income limit for a one-person MAGI Medicaid Assistance Group is \$1,670 (133% of the Federal Poverty Level).

DISCUSSION

Policy states that to be eligible for the MAGI Adult Medicaid Group, income must be equal to or below 133% of the Federal Poverty Level for the Needs Group size.

The Appellant testified that he was attacked by wasps on July 9, 2024, and had to be treated at the hospital. As a result, he incurred emergency squad and hospital bills. The Appellant stated that he only wants Medicaid for the month of July 2024 to cover the medical bills he incurred as a result of the wasp attack. The Appellant testified that he was informed he could receive a 30-day medical card and that is all he needs to cover his July 2024 medical bills. He stated that he is doing everything he can to keep food on the table and just needs temporary assistance. The Appellant indicated that his hours will be cut at [REDACTED] and questioned why he received a notice indicating that he was eligible for Medicaid for the month of April 2024.

Heather Perry, Economic Services Supervisor with the Respondent, testified that the Department does not have a 30-day medical card program. She stated that the Appellant received the approval letter for April 2024 in error.

As the Appellant's household income exceeds the gross income limit for a one-person MAGI Medicaid Assistance Group, the Respondent's decision to deny Medicaid benefits is affirmed.

CONCLUSIONS OF LAW

- 1) The Appellant's gross monthly household income was calculated as \$3,000 per month at the time of his Medicaid application.
- 2) The income limit for a one-person Assistance Group for MAGI Adult Medicaid is \$1,670 per month.
- 3) As the Appellant's monthly household income exceeded the income limit for the MAGI Adult Medicaid Program, the Respondent's decision to deny Medicaid benefits based on excessive income is affirmed.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to deny MAGI Adult Medicaid benefits.

ENTERED this 29th day of August 2024

**Pamela L. Hinzman
State Hearing Officer**