



September 12, 2024

[REDACTED]

RE: [REDACTED] v. DoHS/BFA
ACTION NO.: 24-BOR-3000

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 assure 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,

Kristi Logan
Certified State Hearing Officer
Member, State Board of Review

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

cc: Laurette Mincey, [REDACTED] DoHS

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

██████████

Appellant,

v.

Action Number: 24-BOR-3000

**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 September 10, 2024.

The matter before the Hearing Officer arises from the August 19, 2024, decision by the Respondent to terminate the Appellant’s Adult Modified Adjusted Gross Income (MAGI) Medicaid benefits.

At the hearing, the Respondent appeared by Margaret Fain, ██████████ DoHS. The Appellant represented himself. The 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 MAGI Adult Medicaid benefits.
- 2) The Appellant turned 65 years old on August 17, 2024.
- 3) The Appellant is a Medicare recipient.
- 4) The Respondent sent a notice to the Appellant on August 19, 2024, advising that his MAGI Adult Medicaid benefits would be terminated August 31, 2024, as he had aged out of the program.

APPLICABLE POLICY

Code of Federal Regulations Title 42 §435.119 explains eligibility for the MAGI Adult group:

- (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 explains Medicaid eligibility:

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 Modified Adjusted Gross Income (MAGI) methodologies established in Section 4.7. Medicaid coverage in the Adult Group is provided to individuals who meet the following requirements:

- They are age 19 or older and under age 65;
- They are not eligible for another categorically mandatory Medicaid coverage group:
 - SSI
 - Deemed SSI
 - Parents/Caretaker Relatives
 - Pregnant Women
 - Children Under Age 19
 - Former Foster Children
- They are not entitled to or enrolled in Medicare Part A or B; and
- The income eligibility requirements described in Chapter 4 are met.

Parents or other caretaker relatives living with a dependent child under the age of 19 are not eligible for Medicaid in the Adult Group unless the child is receiving benefits under Medicaid, WVCHIP, or otherwise enrolled in minimum essential health coverage (MEC).

DISCUSSION

Pursuant to policy and federal regulation, MAGI Adult Medicaid benefits are provided to individuals who are age 19 and older and under the age of 65. Individuals who are enrolled in Medicare are not eligible for MAGI Adult Medicaid benefits.

The Appellant was a recipient of MAGI Adult Medicaid benefits. The Respondent terminated the Appellant's MAGI Adult Medicaid benefits effective August 31, 2024, after he attained the age of 65.

The Appellant contended that he is a disabled veteran and he was under the impression that the governor of West Virginia had awarded Medicaid eligibility to veterans for life. The Appellant did not dispute his age or enrollment in Medicare.

The Board of Review cannot make policy exceptions and can only determine if the action taken by the Respondent was in accordance with policy and federal regulation. The Appellant is 65 years old and enrolled in Medicare and is therefore no longer eligible for MAGI Adult Medicaid benefits. Furthermore, there is currently no bill or declaration on behalf of the governor of West Virginia that supersedes the eligibility requirements found in policy. The Respondent's decision to terminate the Appellant's MAGI Adult Medicaid benefits is affirmed.

CONCLUSIONS OF LAW

- 1) To be eligible for MAGI Adult Medicaid benefits, an individual must be between the ages of 19 and 64 and cannot be enrolled in Medicare.
- 2) The Appellant turned 65 years old in August 2024 and is enrolled in Medicare.
- 3) The Appellant no longer meets the criteria to continue receiving MAGI Adult Medicaid benefits.

DECISION

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

ENTERED this 12th day of September 2024.

Kristi Logan
Certified State Hearing Officer