



October 17, 2024

[REDACTED]

RE: [REDACTED] v. WVD_oHS
ACTION NO.: 24-BOR-3133

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: Angela Allen, WVD_oHS

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

██████████,

Appellant,

v.

Action Number: 24-BOR-3133

**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 October 9, 2024.

The matter before the Hearing Officer arises from the August 29, 2024, decision by the Respondent to deny Adult Medicaid benefits.

At the hearing, the Respondent appeared by Angela Allen, Economic Service Worker, WVDoHS. The Appellant appeared *pro se*. Appearing as a witness for the Appellant was ██████████ the Appellant's girlfriend. All witnesses were sworn, and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Case Comments from Respondent's computer system
- D-2 Verification checklist dated August 16, 2024
- D-3 Social Security Notice of Award dated August 24, 2024
- D-4 Appellant's pay stubs from ██████████
- D-5 Notice of Decision dated August 29, 2024

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 on July 16, 2024, and requested that the benefits be backdated for three months.
- 2) The Appellant is a one-person Assistance Group for Medicaid purposes.
- 3) The Respondent sent the Appellant a Verification Checklist on August 16, 2024, requesting copies of his pay stubs for the months of April 2024, May 2024, June 2024, and July 2024 (Exhibit D-2).
- 4) No pay stubs were provided for the month of April 2024, so the Respondent denied the Appellant's April 2024 Medicaid coverage based on lack of verification (Exhibit D-1).
- 5) Pay stubs were provided for May, June, and July 2024; however, the Respondent determined that the Appellant's income was excessive for Adult Medicaid benefits for those months and his Medicaid application was denied (Exhibit D-4).
- 6) The Respondent sent the Appellant a Notice of Decision on August 29, 2024, indicating that Medicaid was denied for April 2024 based on failure to supply requested verification (Exhibit D-5).
- 7) The Appellant received no income in April 2024 because he had surgery.
- 8) The Appellant returned to work on April 17, 2024, following his surgery.
- 9) The Appellant's May 3, 2024, pay stub covered the work period of April 14, 2024, through April 27, 2024 (Exhibit D-4).
- 10) The gross year-to-date income total on the Appellant's May 3, 2024, pay stub verifies that he had received zero pay since the pay date of February 23, 2024 (May 3, 2024, gross year-to-date income of \$4,715.87 minus the May 3, 2024, gross bi-weekly pay of \$1,102.64 = \$3,613.23, the gross year-to-date income total on the February 23, 2024, pay stub) (Exhibit D-4).
- 11) The Appellant received total gross income of \$3,978.64 in May 2024 and \$2,715.87 in June 2024 (Exhibits D-1 and D-4).
- 12) The Respondent averaged the Appellant's income for July 2024 using pay stubs dated June 28, 2024, and July 12, 2024 (the past 30 days of income from the application date of July

16, 2024). Average income using the bi-weekly multiplier was \$2,717.87 (Exhibits D-1 and D-4).

- 13) The Appellant began receiving Social Security Widower's Income in August 2024 and is currently unable to work (Exhibit D-3).

APPLICABLE POLICY

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 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 4.7.4 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 household is \$1,670 per month (133% of the Federal Poverty Level).

DISCUSSION

The gross income limit for a one-person MAGI Adult Medicaid household is \$1,670 per month (133% of the Federal Poverty Level).

The Appellant testified that he had shoulder surgery in March 2024 and was on medical leave. He stated that he had no income in March 2024 and did not return to work until April 17, 2024. The Appellant is currently unable to work and now only receives Social Security Widower's Income. The Appellant and his girlfriend indicated that they were confused by the August 29, 2024, denial letter because the only denial reason listed was failure to provide verification. They reportedly conveyed that the Appellant had no income for April 2024, but the Respondent's representative testified that she had been unaware that the Appellant had no income for that month. The Respondent's representative indicated that the Appellant could reapply for Medicaid benefits at any time and would likely be eligible since he only currently receives Social Security Widower's Income.

Evidence reveals that the Appellant received no income from [REDACTED] in April 2024. Therefore, the Appellant was eligible for Medicaid benefits based on zero income in April 2024. The Appellant's income exceeded MAGI Adult Medicaid income guidelines beginning May 2024.

CONCLUSIONS OF LAW

- 1) The gross income limit for a one-person MAGI Adult Medicaid household is \$1,670 per month (133% of the Federal Poverty Level).
- 2) The Appellant had zero income in April 2024.
- 3) The Appellant was income-eligible for MAGI Adult Medicaid benefits in April 2024.
- 4) The Appellant's income exceeded the MAGI Adult Medicaid income limits beginning May 2024.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's action to deny MAGI Adult Medicaid benefits for the month of April 2024. The Respondent's decision to deny Medicaid benefits based on excessive income beginning May 2024 was correct.

ENTERED this 17th day of October 2024

**Pamela L. Hinzman
State Hearing Officer**