



July 22, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 25-BOR-2270

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,

Lori Woodward, J.D.
Certified State Hearing Officer
Member, State Board of Review

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

cc: Noelle Moore, WV DoHS/BFA

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

██████████,

Appellant,

v.

Action Number: 25-BOR-2270

**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 16, 2025.

The matter before the Hearing Officer arises from the June 13, 2025 decision by the Respondent to close the Appellant's Medicare Premium Assistance (MPA) benefits.

At the hearing, the Respondent appeared by Peter VanKleeck, Family Support Supervisor. The Appellant was self-represented. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Copy of Pay statement from ██████████
- D-3 Notice of closure of Specified Low Income Medicare Beneficiary assistance, dated June 13, 2025
- D-4 Notice of denial of Medicare Premium Assistance benefits, dated June 13, 2025
- D-5 WV Income Maintenance Manual (WV IMM), Chapter 4, §4.12.1
- D-6 WV Income Maintenance Manual (WV IMM), Chapter 4, Appendix A

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 receiving Specified Low Income Medicare Beneficiary (SLIMB) assistance.
- 2) The Appellant reported employment on June 12, 2025 and submitted a paystub showing gross bi-weekly earnings of \$795 from May 23, 2025. (Exhibits D-1 and D-2)
- 3) The Appellant's gross monthly earned income was determined to equal \$1,709.25 (\$795 x 2.15)
- 4) The Appellant receives Social Security income in the amount of \$1,492 per month.
- 5) The Respondent determined that the Appellant's countable monthly income after all allowable disregards to equal \$2,294.12. (Exhibit D-1)
- 6) On June 12, 2025, the Respondent sent notification to the Appellant that he was over the income limit for SLIMB assistance. (Exhibit D-3)
- 7) The Appellant was evaluated for other MPA assistance and was determined to be over the income limit for eligibility. (Exhibit D-4)
- 8) The highest income limit for MPA eligibility for an assistance group of 135% of the Federal Poverty Level (FPL), or \$1,761.

APPLICABLE POLICY

WV IMM, Chapter 23, §4.12.1 Determining Eligibility: Countable income is determined as follows:

Step 1: Determine the total countable gross unearned income and subtract the appropriate disregards and deductions. See Section 4.14.2.

Step 2: Determine the total countable gross earned income and subtract the appropriate disregards and deductions. See Section 4.14.2.

Step 3: Add the results from Step 1 and Step 2 to achieve the total monthly countable income.

Step 4: Compare the amount in Step 3 to the QMB, SLIMB, or QI-1 income levels for the appropriate number of persons. See Section 4.14 for SSI-Related deeming procedures. If the

amount is less than or equal to the QMB, SLIMB, or QI-1 income levels, the client(s) is eligible.

Eligibility for these coverage groups is determined as follows:

- Qualified Medicare Beneficiary (QMB) – Income is less than or equal to 100% Federal Poverty Level (FPL).
- Specified Low Income Medicare Beneficiary (SLIMB) – Income is greater than 100% FPL, but less than or equal to 120% FPL.
- QI-1 – Income is greater than 120% FPL, but less than or equal to 135% FPL.

WV IMM, Chapter 4, Appendix A lists income limits:

100% FPL for a one-person assistance group: \$1,305

120% FPL for a one-person assistance group: \$1,565

135% FPL for a one-person assistance group: \$1,761

DISCUSSION

Policy establishes the income limit for the Medicare Premium Assistance (MPA) categories. Qualified Medicare Benefit (QMB) as 100% of the FPL; Specified Low-Income Medicare Beneficiary (SLIMB) as up to 120% of the FPL; and Qualifying Individuals (QI-1) as up to 135% of the FPL.

The Appellant was receiving SLIMB assistance in a single-person assistance group (AG). The Appellant reported employment on June 12, 2025 and submitted a paystub showing gross bi-weekly earnings of \$795 from May 23, 2025. The Respondent determined that the Appellant's gross monthly earned income was \$1,709.25 (\$795 x 2.15). The Appellant also receives Social Security income in the amount of \$1,492 per month. In calculating the Appellant's countable monthly income after all allowable disregards, the amount was determined to be \$2,294.12. On June 12, 2025, the Respondent issued a notification to the Appellant that his SLIMB assistance was closing due to being over the allowable income limit and that he had been evaluated for other categories of MPA which he was found to be ineligible based on his income. The highest monthly allowable income for MPA eligibility for an assistance group of one is 135% of the Federal Poverty Level (FPL), or \$1,761.

The Appellant did not contest the amount of his unearned income, however, noted that his employment was seasonal and would end in September 2025. The Appellant disagreed with policy which he believed punished those who are truthful in reporting their income. However, the Board of Review (BOR) does not have the authority to change policy. The BOR can only determine whether the Respondent followed the policy in terminating the Appellant's SLIMB benefits. As the Appellant was over the income limit for MPA eligibility, the Respondent's decision to terminate the Appellant's MPA benefits is affirmed.

CONCLUSIONS OF LAW

- 1) The income for a one-person assistance group for MPA eligibility must be less than or equal to 135% of the federal poverty level, or \$1,761 monthly.
- 2) The Appellant's countable net income, after all disregards allowed by policy, is \$2,294.12.
- 3) The Appellant's income is excessive to continue receiving MPA benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to terminate the Appellant's MPA Medicaid benefits.

ENTERED this 22nd day of July 2025

Lori Woodward, Certified State Hearing Officer