



October 20, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 25-BOR-2756

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 (DoHS). 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
Certified State Hearing Officer
Member, State Board of Review

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

cc: Farrah Hedrick — [REDACTED] DoHS

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

[REDACTED],

Appellant,

v.

Action Number: 25-BOR-2756

**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 [REDACTED]. 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 17, 2025.

The matter before the Hearing Officer arises from the Respondent's July 22, 2025 decision to deny the Appellant's eligibility for Medicare Premium Assistance.

At the hearing, the Respondent appeared by Farrah Hedrick. The Appellant appeared and was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Income Maintenance Manual (WVIMM) Chapter 4 Income Chart
- D-2 WVIMM excerpts
- D-3 DoHS 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 applied for Medicare Premium Assistance.
- 2) On July 22, 2025, the Respondent issued a notice advising the Appellant his eligibility for Medicare Premium Assistance was denied because his \$2,176 gross unearned income exceeded the \$1,761.00 eligibility limit.
- 3) The Respondent considered a one-person assistance group (AG) when determining the Appellant's Medicare Premium Assistance eligibility.
- 4) The Respondent applied a \$20 income disregard when calculating the Appellant's eligibility.
- 5) The Appellant receives \$1,069 in gross monthly Social Security Disability/Wage Earner income and \$1,107 in gross monthly Social Security Surviving Child income (Exhibit D-3).

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) Chapter 4, Appendix A and § 4.12.1 Medicaid for QMB, SLIMB, QI-1 — Determining Eligibility provide that countable income is determined by subtracting any allowable disregards and deductions from the total countable gross income. To determine countable income:

Step 1: Determine the total countable gross unearned income ...

Step 2: Determine the total countable gross earned income ...

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 ...

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

The following Medicare Premium Assistance income eligibility limits for a one-person Assistance Group (AG):

QMB:	\$1,305
SLIMB:	\$1,565
QI-1:	\$1,761

If the countable income is less than or equal to QMB, SLIMB, or QI-1 income levels, the client is eligible. Eligibility for these coverage groups is determined as follows:

QMB:	Income is less than or equal to 100% FPL
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

WVIMM § 4.14.2.B.1 SSI \$20 Disregard provides that a \$20 disregard is applied to the total gross unearned income.

DISCUSSION

The Appellant applied for Medicare Premium Assistance and was denied because his income exceeded the eligibility limits for each coverage group. The Appellant argued that the gross amount of income should not be used and that he should be eligible for living-expense deductions.

During the hearing, the Appellant contested the income limits established by the policy. Authority has not been granted to the Board of Review to change the income limits. The Hearing Officer cannot judge the policy and can only determine if the Respondent followed the policy when deciding the Appellant's eligibility for Medicare Premium Assistance. Therefore, the Medicaid income eligibility limit in effect at the time of the Respondent's decision must be applied.

The Respondent bears the burden of proof and had to demonstrate by a preponderance of evidence that the Appellant was correctly denied Medicare Premium Assistance because his income exceeded the eligibility limits of the coverage groups. The Medicare Premium Assistance with the highest income limit is QI-1. To be eligible for QI-1 Medicare Premium Assistance, the Appellant's gross monthly income could not exceed \$1,761.

During the hearing, the Respondent's representative testified the Appellant was a one-person AG. The Appellant did not dispute his AG size.

According to the submitted evidence, the Appellant received \$1,107 and \$1,069 gross monthly unearned income. The Respondent's representative testified that the amounts were verified by the Social Security Administration data exchanges. During the hearing, the Appellant affirmed that the amount of gross income reflected was accurate but testified that he received \$884 Social Security Disability/Wage Earner income after his Medicare premium assistance is deducted.

To determine eligibility, the policy instructs the Respondent to determine the total countable gross unearned income:

$$\begin{array}{r} \$1,107 \\ + 1,069 \\ \hline \$2,176 \end{array} \quad \text{Gross Unearned Income}$$

According to the policy, a \$20 income disregard may be applied to determine the Appellant's countable net income.

$$\begin{array}{r} \$2,176 \\ - 20 \\ \hline \$2,156 \end{array} \quad \begin{array}{l} \text{Countable Gross Unearned Income} \\ \text{Income Disregard} \\ \text{Countable Net Income} \end{array}$$

During the hearing, the potential income disregards were reviewed with the Appellant. The preponderance of evidence did not indicate that the Appellant was eligible for any other income deductions or adjustments reflected in WVIMM § 4.12.2. Because the Appellant's \$2,156 countable income exceeded the \$1,761 income eligibility limit for QI-1, the Respondent correctly denied the Appellant's eligibility for Medicare Premium Assistance.

CONCLUSIONS OF LAW

- 1) To be eligible for Medicare Premium Assistance, the household's monthly income could not exceed \$1,761.
- 2) The preponderance of evidence demonstrated that the Appellant's \$2,156 countable net income exceeded the \$1,761 income eligibility limit.
- 3) Because the Appellant's income exceeded the \$1,761 income eligibility limit, the Respondent correctly denied the Appellant's eligibility for Medicare Premium Assistance.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to deny the Appellant's eligibility for Medicare Premium Assistance.

ENTERED this 20th day of October 2025.

Tara B. Thompson, MLS
Certified State Hearing Officer