December 17, 2025

[redacted]

RE: [redacted] v. WV DoHS BFA
ACTION NO.: 25-BOR-3343

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 people 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,

Amy Hayes
State Hearing Officer
Member, State Board of Review

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

cc: Kristyne Hoskins, Department Representative

WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 25-BOR-3343**

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 December 10, 2025.

The matter before the Hearing Officer arises from the October 31, 2025 decision by the Respondent to approve the Appellant for Medicare Premium Assistance.

At the hearing, the Respondent appeared by Kristyne Hoskins, Economic Service Worker Senior, West Virginia Department of Human Services (DoHS). The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

D-1 West Virginia Department of Health and Human Resources Application for Medicare Buy-In Program completed by [redacted] and received by the Department of Human services (DoHS) on October 1, 2025
D-2 [redacted] Bank Summary of Accounts of [redacted] dated August 8, 2025 and September 10, 2025; letter from a financial representative; Verification Checklist from DoHS to [redacted] dated October 8, 2025; Statement of Individual Retirement Annuity through [redacted] Bank Summary of Accounts of [redacted] dated August 9, 2025
D-3 Income summary screen print for [redacted]
D-4 Medicare screen print for [redacted]
D-5 RSDI Information Response screen prints
D-6 Notification from DoHS to [redacted] dated October 31, 2025

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 is a recipient of Social Security Retirement, Survivors, and Disability Insurance (RSDI) benefits. (Exhibit D-5)

2) The Appellant's gross unearned income from RSDI is $1,386 per month. (Exhibit D-3)

3) The Appellant is enrolled in Medicare Part A and Medicare Part B. (Exhibit D-4)

4) The Appellant applied for Medicare Premium Assistance (MPA). (Exhibit D-1, Exhibit D-2)

5) On October 31, 2025, the Respondent notified the Appellant that she was approved for MPA at the Specified Low-Income Medicare Beneficiaries (SLIMB) level. (Exhibit D-6)

6) The Appellant was evaluated for other types of MPA, including Qualified Medicare Beneficiaries (QMB).

APPLICABLE POLICY

West Virginia Income Maintenance Manual, Section 23.8 describes Medicaid Eligibility Between Coverage Groups, in pertinent part:

The Worker must consider all the following information in determining eligibility and in establishing eligible cases.

23.8.1 Consideration of All Medicaid Coverage Groups
The client cannot be expected to know which Medicaid coverage group to apply for. When the client expresses an interest in applying for Medicaid, the Worker must explore eligibility for all Medicaid coverage groups.

The Worker does not have to take and process applications for all coverage groups, but Medicaid eligibility cannot be denied until the client has been considered for each coverage group. If the client is eligible under more than one coverage group, he is approved for the one that will provide him with the most benefits in the shortest time frame.

West Virginia Income Maintenance Manual, Section 4.12 describes the Income Eligibility for QMB, SLIMB, QI-1 (Categorically Needy, Mandatory), in pertinent part:

4.12.1 Determining Eligibility

Countable income is determined by subtracting any allowable disregards and deductions from the total countable gross income. Deemed income is addressed in Section 4.12.2 below.

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:

- 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.

West Virginia Income Maintenance Manual Chapter 4 Appendix A program income limits:

100% of the Federal Poverty Level (FPL) for a one-person assistance group: $1,305
120% of the FPL for one-person assistance group: $1,565

West Virginia Income Maintenance Manual Section 23.12.1 describes Medicare Premium Subsidies, in pertinent part:

23.12.1 Qualified Medicare Beneficiaries (QMB)

Income	Assets
100% FPL	$9,660 – Individual $14,470 – Couple

Medicaid coverage is limited to payment of the Medicare, Part A and Part B premium amounts and payment of all Medicare co-insurance and deductibles, including those related to nursing facility services. The Buy-In Unit pays the Medicare premium. Refer to Chapter 25 for details.

An individual or couple (spouses) is eligible for this limited Medicaid coverage when all the following conditions are met:

- The individual must be entitled to premium-free Medicare Part A and/or enrolled in Medicare Part B. He must be entitled to Medicare in any of the following three ways:
  - By being age 64 years and 9 months old or older;
  - By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or,
  - By having end-stage renal disease;
- The individual or spouses must meet the income test detailed in Chapter 4; and,
- The individual or spouses must meet the asset test detailed in Chapter 5.

23.12.2 Specified Low-Income Medicare Beneficiaries (SLIMB)

Income	Assets
101 – 120% FPL	$9,660 – Individual $14,470 – Couple

Medicaid coverage is limited to payment of the Medicare Part B premium. An individual or couple (spouses) is eligible for this limited Medicaid coverage when all of the following conditions are met:

- The individual must be enrolled in Medicare, Part A. He must be entitled in any of the following three ways:
  - By being age 64 years and 9 months old or older;
  - By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or,
  - By having end-stage renal disease;
- The individual or couple must meet the income test detailed in Chapter 4; and,
- The individual or couple must meet the asset test detailed in Chapter 5.

DISCUSSION

The Appellant contests the determination by the West Virginia Department of Human Services (DoHS) that she is only eligible for Specified Low-Income Medicare Beneficiary (SLIMB) Medicare Premium Assistance (MPA), a program in which Medicaid coverage is limited to payment of the Medicare Part B premium. The Respondent bears the burden of proof to demonstrate by a preponderance of evidence that it determined correctly that SLIMB was the appropriate MPA program for the Appellant.

The DoHS administers Medicaid, which provides comprehensive health insurance for eligible low-income adults and children and the aged, blind or disabled. Medicaid also provides assistance with Medicare cost-sharing for certain low-income individuals through Medicare Premium Subsidies.

There are many different categories of Medicaid programs. Eligibility for these programs depends

on many factors outlined in federal and state law, state regulations, and agency policy. The specific policy that describes the administration of the programs in West Virginia is the West Virginia Income Maintenance Manual (IMM). The IMM is available to the public and can be referenced at any time to learn about the eligibility requirements for all programs.

The IMM states: "When the client expresses an interest in applying for Medicaid, the Worker must explore eligibility for all Medicaid coverage groups." The Appellant applied for MPA and was evaluated for that type of assistance.

There is no evidence that the Appellant applied for or was denied Medicaid coverage. She only applied for MPA. If she applied for Medicaid, she would be evaluated for all Medicaid coverage groups.

There are four levels of MPA administered by the state to individuals who are enrolled in Medicare: Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLIMB), Qualified Individual (QI), and Qualified Disabled Working Individuals (QDWI). QMB is the most in-depth of the four and coverage includes payment of Medicare Part A and Part B premium amounts and payment of all Medicare co-insurance and deductibles, including those related to nursing facility services. SLIMB coverage is limited to payment of the Medicare Part B premium.

To be eligible for QMB, an applicant's income must be less than $1,305. To be eligible for SLIMB, an applicant's income must be between $1,305 and $1,565. The Respondent's representative Kristyne Hoskins testified that the Appellant was evaluated for all types of MPA. The Respondent determined that the Appellant was eligible for the SLIMB program because her income is $1,386. The Respondent determined that the Appellant was not eligible for QMB. The amount of income attributed to the Appellant was not refuted.

The Appellant contends that the amount of Social Security Retirement, Survivors, and Disability Insurance (RSDI) she receives is insufficient for her needs and that the Government needs to do more to help Seniors who worked and contributed to Social Security by paying taxes. She also contends that people she knows are receiving benefits such as other Medicaid coverage and Supplemental Nutrition Assistance Program (SNAP) benefits and that she should be receiving these benefits as well. The Appellant did not present any evidence regarding her eligibility or ineligibility for SNAP benefits.

The income limits for determining eligibility for Medicare Premium Assistance benefits programs are set by federal and state law. The Board of Review cannot pass judgment on policy itself. The Hearing Officer can only determine if the agency acted correctly and followed the policy based on the facts presented. The Board of Review must evaluate each case on its own merits and cannot make a determination of whether the benefits of other clients of the DoHS were issued correctly or incorrectly if they are not parties in the matter under review.

CONCLUSIONS OF LAW

1) The Appellant applied for Medicare Premium Assistance (MPA).

2) At the time of her application, the Appellant's gross unearned income was $1,386 per month which exceeded 100% of the Federal Poverty Level (FPL) of $1,305, but was less than 120% of the FPL of $1,565.

3) The Respondent correctly determined that the Appellant is eligible for MPA at the Specified Low-Income Medicare Beneficiary (SLIMB) level, but her income exceeds the income limit for the Qualified Medicare Beneficiary (QMB) level.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the action of the Respondent to approve Specified Low-Income Medicare Beneficiary (SLIMB) Medicare Premium Assistance (MPA) to the Appellant and to determine that she was not eligible for other MPA programs.

ENTERED this 17th day of December 2025.

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Amy Hayes
State Hearing Officer