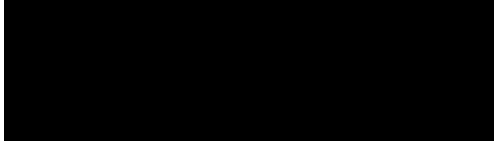




April 9, 2026



RE: [REDACTED] v. WVDoHS/BFA
ACTION NO.: 26-BOR-1337

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,

Todd Thornton
State Hearing Officer
Member, State Board of Review

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

cc: Ryan Thayer, Department Representative

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

[REDACTED]

Appellant,

v.

Action Number: 26-BOR-1337

**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 March 26, 2026, upon a timely appeal filed on February 19, 2026.

The matter before the Hearing Officer arises from the January 28, 2026 decision by the Respondent to change the Appellant’s Medicare Premium Assistance (MPA) category based on income.

At the hearing, the Respondent appeared by Ryan Thayer. The Appellant appeared by her sister, [REDACTED]. Ryan Thayer testified on the Respondent’s behalf. [REDACTED] testified on the Appellant’s behalf. All witnesses were placed under oath, and the following documents were admitted into evidence.

EXHIBITS

Department’s Exhibits:

- D-1 Screen print – Case Comments
- D-2 Screen print – Income Summary
- D-3 Screen print – Income Summary

- D-4 Notice of decision, dated January 28, 2026
- D-5 West Virginia Income Maintenance Manual, Chapter 4 (excerpt)
- D-6 Income Chart Desk Guide

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 Medicaid benefits in a one-person assistance group (AG).
- 2) The Appellant received a type of Medicaid known as Medicare Premium Assistance (MPA).
- 3) The Appellant received Social Security income in the amount of \$1,323 per month.
- 4) The Appellant's Social Security income increased to \$1,360 per month.
- 5) On January 27, 2026, the Respondent updated the Appellant's Medicaid case to reflect the increase in the Appellant's income. (Exhibit D-1, Case Comments, entry dated January 27, 2026)
- 6) The change in the Appellant's income changed her qualifying MPA coverage category, from Qualified Medicare Beneficiary (QMB) to Specified Low Income Medicare Beneficiary (SLIMB). (Exhibit D-1, Case Comments, entry dated January 27, 2026)
- 7) The Respondent worker noted in a January 27, 2026 case comment regarding the Appellant's case, "QMB changing to SLMB 3/2026 ongoing..." (Exhibit D-1, Case Comments, entry dated January 27, 2026)
- 8) The Respondent mailed the Appellant a notice, dated January 28, 2026, noting the Appellant was approved for Medicaid/MPA in the SLIMB coverage category. (Exhibit D-4)
- 9) This notice provides the Medicaid budget used by the Respondent to determine the Appellant's MPA coverage category and lists gross unearned income of \$1,360; countable net income of \$1,340 after a \$20 disregard; and the SLIMB income limit of \$1,596. (Exhibit D-4)

- 10) The Appellant's countable net income of \$1,340 (after applying a \$20 disregard to her gross unearned income of \$1,360) exceeds the QMB income limit of \$1,330. (Exhibit D-6)

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) § 23.12.1 sets the income limit for Qualified Medicare Beneficiaries (QMB) at 100% of the Federal Poverty Level (FPL) and notes, in pertinent part:

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...

WVIMM § 23.12.2 sets the income limit for Specified Low-Income Medicare Beneficiaries (SLIMB) at 120% of the FPL and notes, in part, "Medicaid coverage is limited to payment of the Medicare Part B premium."

WVIMM § 4.12.1 provides, in part:

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.
- QI-1 – Income is greater than 120% FPL, but less than or equal to 135% FPL.

See Appendix A.

WVIMM § 4.14.2.B.1 provides, in part:

A \$20 disregard is applied to the total gross unearned income. If unearned income is less than \$20, the remainder is subtracted from earned income, prior to the application of any other earned income disregards and deductions.

WVIMM Chapter 4, Appendix A is a table of income limits by program category and household size. The QMB income limit for a one-person household is \$1,330. The SLIMB income limit for a one-person household is \$1,596.

DISCUSSION

The Appellant has appealed the decision of the Respondent to change the Appellant's Medicare Premium Assistance (MPA) category based on income. The Respondent must show, by a preponderance of the evidence, that it correctly took this action.

The Appellant was a recipient of a type of Medicaid intended to assist with Medicare premiums. These Medicare Premium Assistance (MPA) categories have tiers of coverage with different income limits. The Appellant received QMB, which covers Medicare premiums for Part A and Part B, and has an income limit of 100% FPL. The Appellant's income changed, and the Respondent determined she was no longer eligible for QMB, but instead SLIMB. SLIMB covers only the Part B Medicare premium but has a higher income limit of 120% FPL.

The parties offered no dispute of income amounts, changes, disregards, or the methodology used to apply the income test. The Appellant receives Social Security income, and the Respondent uses a data exchange with the Social Security Administration to verify and update Social Security amounts and cost-of-living adjustments (COLAs). When the Appellant's income was updated with a COLA, the Respondent worker updated the Appellant's income, resulting in ineligibility for QMB but approval for SLIMB. The Appellant received \$1,323 in monthly Social Security income, which changed to \$1,360. This gross unearned income amount (\$1,360) produces countable net income for the Appellant in the amount of \$1,340 after applying a \$20 disregard allowed by policy. The \$1,340 amount exceeds the QMB income limit amount of \$1,330 but is under the SLIMB income limit of \$1,596. Although the Appellant is very close to the QMB income limit, the Board of Review is unable to modify policy or make policy exceptions. The Respondent clearly showed that the Appellant was not eligible for QMB but was eligible and approved for the SLIMB Medicaid/MPA coverage.

The Appellant's sister did not dispute income amounts but did want to appeal the case on her sister's behalf and explain her medical condition. The Appellant has significant medical problems, as described by her sister. The Appellant is hearing impaired, has a cardiac condition and Alzheimer's disease. The Appellant requires regular visits to the [REDACTED] for medical treatment. The Appellant has expensive upcoming medical tests. The change in the Appellant's

Medicaid coverage results in a shift in financial burden for costs not covered by Medicare. The Appellant clearly has medical problems and expensive medical treatment, but there is no policy provision for changing income limits for these reasons. The Board of Review is bound by applicable policy in its decisions. Based on the reliable testimony and evidence offered at the hearing, the Respondent correctly terminated the Appellant's QMB coverage and approved the Appellant for SLIMB coverage based on a change in her income.

CONCLUSIONS OF LAW

- 1) Because the Appellant is otherwise eligible for Medicaid/MPA but has countable net income over the QMB limit of \$1,330 per month, the Respondent must terminate her QMB coverage.
- 2) Because the Appellant is otherwise eligible for Medicaid/MPA and has countable net income under the SLIMB limit of \$1,596 per month, the Respondent must approve her for SLIMB coverage.
- 3) Because there is no policy provision allowing medical conditions to alter the QMB or SLIMB income limits, the Board of Review is bound by the limits set in policy.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's change in the Appellant's Medicare Premium Assistance (MPA) category based on income.

ENTERED this _____ day of April 2026.

**Todd Thornton
State Hearing Officer**