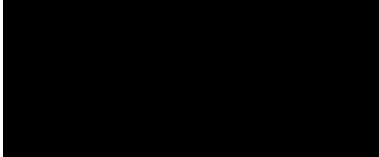




Ann Urling
Inspector General

July 1, 2026



RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 26-BOR-1986

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: Rose Spears, Department Representative
April Wilson, Department Representative

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

[REDACTED]

Appellant,

v.

Action Number: 26-BOR-1986

**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 June 18, 2026, on a timely appeal filed with the Board of Review on May 19, 2026.

The matter before the Hearing Officer arises from the April 30, 2026 decision by the Respondent to terminate the Appellant's Medicare Premium Assistance (MPA) / Qualified Individual (QI) benefits due to income exceeding the program guidelines.

At the hearing, the Respondent appeared by Eric Dotson. The Appellant represented himself. All witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Case summary
- D-2 Medicaid review form, date-stamped April 27, 2026
- D-3 West Virginia Income Maintenance Manual (WVIMM) excerpt
- D-4 Notice of decision, dated April 30, 2026
- D-5 Screen print from the Respondent's data system regarding the Appellant's case
WV State Online Query/RSDI Information Response
- D-6 West Virginia Income Maintenance Manual (WVIMM) excerpt
- D-7 West Virginia Income Maintenance Manual (WVIMM) excerpt
- D-8 West Virginia Income Maintenance Manual (WVIMM) excerpt

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 Medicare Premium Assistance (MPA), specifically Qualified Individual (QI) benefits.
- 2) The Medicaid coverage received through QI benefits is limited to the payment of the Medicare Part B premium.
- 3) The Appellant completed his QI review form on April 26, 2026, and the Respondent received it on April 27, 2026. (Exhibit D-2)
- 4) The Appellant received QI benefits for a one-person assistance group. (Exhibits D-2 and D-4)
- 5) The Appellant reported on the QI review form (Exhibit D-2) that his Social Security income was \$1,820 per month.
- 6) The Respondent worker verified the Appellant's reported Social Security income amount as \$1,820 per month, using a data exchange (Exhibit D-5) with the Social Security Administration.
- 7) The Appellant did not list deductions (Exhibit D-2) on his QI review form and did not propose deductions or disregards during the hearing.
- 8) The Respondent sent the Appellant a notice dated April 30, 2026 (Exhibit D-4), advising him that his QI benefits would stop, that he "...will not receive this benefit after 2026-05-31," and that the basis for the decision was, "Income is more than the income limit for you to receive benefits."
- 9) The notice (Exhibit D-4) provides a Statement of Calculation for the Appellant's QI budget, which lists \$1,820 gross unearned income, the \$20 disregard, countable net income of \$1,800, and the "Medical Needy Income Limit" of \$1,796.
- 10) The Appellant's countable net income for QI purposes exceeds the limit for QI eligibility.
- 11) The Appellant testified that he had a long work history and only applied for QI coverage once illness and circumstances out of his control necessitated the assistance.

APPLICABLE POLICY

The Code of Federal Regulations, 42 CFR § 435.123(b) details eligibility for Qualified Medicare beneficiaries. At 42 CFR § 435.125, the code details Qualified Individual coverage. The code provides, in part:

§ 435.123 Individuals eligible as qualified Medicare beneficiaries.

...

(b) *Eligibility.* The agency must provide medical assistance to individuals who meet all of the following:

(1) Are entitled to Medicare Part A based on the eligibility requirements set forth in § 406.5(a) or § 406.20(b) of this chapter or who are enrolled in Medicare Part B for coverage of immunosuppressive drugs based on eligibility requirements described in § 407.55 of this chapter.

(2) Have an income, subject to paragraphs (b)(2)(i) and (ii) of this section, that does not exceed 100 percent of the Federal poverty level.

(i) During a transition month (as defined in paragraph (b)(2)(ii) of this section), any income attributable to a cost of living adjustment in Social Security retirement, survivors, or disability benefits does not count in determining an individual's income.

(ii) A transition month is any month of the year beginning when the cost of living adjustment takes effect, through the month following the month of publication of the revised official poverty level.

(3) Have resources, determined using financial methodologies no more restrictive than SSI, that do not exceed three times the maximum resource level allowed under the SSI program, annually adjusted by increases in the Consumer Price Index for inflation as defined in section 1905(p)(1)(C) of the Act.

...

§ 435.125 Individuals eligible as qualifying individuals.

(a) *Basis.* This section implements sections 1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) of the Act.

(b) *Eligibility.* **The agency must provide medical assistance to individuals who meet the eligibility requirements in § 435.123(b), except that income is at least 120 percent, but is less than 135 percent of the Federal poverty level. (emphasis added)**

(c) *Scope.* Medical assistance included in paragraph (b) of this section includes the following:

(1) For individuals entitled to Medicare Part A as described in paragraph (b)(1) of this section, coverage for the Part B premium.

(2) For individuals enrolled under Medicare Part B for coverage of immunosuppressive drugs as described in paragraph (b)(1) of this section, only

payment of the Part B premium related to enrollment in Medicare Part B for coverage of immunosuppressive drugs.

West Virginia Income Maintenance Manual (WVIMM) § 23.12.3 sets the income limit for Qualified Individual (QI) at 135% of the Federal Poverty Level (FPL) and notes, in pertinent part:

Medicaid coverage is limited to payment of the Medicare, Part B premium. 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 outlines income calculation for QI eligibility, and § 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 QI income limit for a one-person household is \$1,796.

DISCUSSION

The Respondent terminated the Appellant's QI benefits due to excessive income. The Appellant contests this decision. The Respondent must show, by a preponderance of the evidence, that it correctly terminated the Appellant's QI benefits on this basis.

The Appellant was a recipient of QI benefits who completed a review of his QI eligibility in April 2026. The Appellant completed the review form, noting the QI benefits were intended for himself and that his income was Social Security of \$1,820 per month. The Respondent uses a data exchange with the Social Security Administration and verified the Appellant's reported income amount as correct. The Appellant offered no dispute of the income or disregards used by the Respondent but testified that he asked for the hearing in order for someone to "take a complete look." The Board of Review may not modify policy or make policy exceptions. Therefore, the sole income disregard applicable to the Appellant and allowable by QI policy is a \$20 disregard. The remaining countable income for the Appellant, according to income methodology set by the program policy, is \$1,800 per month. The income limit for the program is \$1,796 monthly, and the Appellant is only over the limit by \$4. The Respondent properly notified the Appellant of its decision to terminate his QI benefits due to excessive income.

The Appellant testified that he had a long work history. He applied for QI benefits after a bout of illness and a series of circumstances out of his control. Unfortunately, the Appellant is clearly over the income limit by a small amount, and the Board of Review may neither modify the QI income limits nor the QI income disregards or deductions. The Respondent's decision to terminate the Appellant's QI benefits due to excessive income is affirmed.

CONCLUSIONS OF LAW

- 1) Because the Appellant's sole income source is \$1,820 in monthly Social Security benefits, the Respondent correctly determined this amount as the Appellant's total monthly countable income for QI purposes.
- 2) Because the Appellant receives unearned income, the Respondent correctly applied a \$20 disregard in the calculation of the Appellant's income, and the Respondent correctly determined the Appellant's monthly countable net income for QI purposes as \$1,800.
- 3) Because the QI income limit for one person is \$1,796, the Respondent correctly terminated the Appellant's QI benefits due to excessive income.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's April 30, 2026 decision to terminate the Appellant's Medicare Premium Assistance (MPA) / Qualified Individual (QI) benefits due to income over the program guidelines.

ENTERED this 1st day of July 2026.

Todd Thornton
State Hearing Officer