WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 26-BOR-2498**

WV 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 J[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 1, 2026.

The matter before the Hearing Officer arises from the July 15, 2026 decision by the Respondent to deny the Appellant's application for Medicaid benefits.

At the hearing, the Respondent appeared by Amanda Simmons, Economic Services Supervisor. The Appellant was self-represented. Appearing as a witness for the Appellant was his son, [redacted] The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:
D-1 Notice of Medicaid and/or WVCHIP denial, dated July 15, 2026
D-2 Notice of Medicare Premium Assistance approval, dated February 4, 2026

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 Medicare Premium Assistance (MPA) benefits, specifically the Qualified Medicare Beneficiary (QMB) program category.

2) Because the Appellant received a Cost-of-Living Adjustment (COLA) in January 2026, his unearned income increased from $1,324 to $1,361 per month.

3) On February 2, 2026, the Respondent issued notification to the Appellant that his MPA eligibility was recalculated due to the COLA increase and his MPA changed to the Specified Low-Income Medicare Beneficiary (SLIMB) program category. (Exhibit D-2)

4) On July 14, 2026, the Appellant applied for Medicaid coverage seeking a denial letter to present to the hospital.

5) In calculating the assets for the Appellant's July 14, 2026 application, the Respondent's worker used the current asset information contained in his case record: vehicle assets of $2,625, liquid assets of $404, and personal property assets of $120, totaling $3,149 of countable assets. (Exhibit D-1)

6) On July 15, 2026, the Respondent issued notification to the Appellant that he was over the allowable asset limit for Medicaid eligibility of $2,000. (Exhibit D-1)

APPLICABLE POLICY

WV Income Maintenance Manual (IMM), Chapter 4, §4.12.1, Determining Eligibility, explains that *c*ountable income is determined by subtracting any allowable disregards and deductions from the total countable gross income.

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.

WV IMM, Chapter 1, §1.16.11.B SLIMB and QI-1: SLIMB and QI-1 clients do not receive a Medical ID card. Medicaid coverage is limited to payment of the Medicare, Part B, premium. This is accomplished by the BMS Buy-In Unit.

WV IMM, Chapter 23, §23.11.3, SSI-RELATED (MNIL, Subject to Spenddown):

Individuals who meet the SSI definition of aged, blind or disabled are eligible for Medicaid when all of the following conditions are met. Aged means 65 years or over.

- Countable income is under the Medically Needy Income Limit (MNIL). The income eligibility requirement is detailed in Chapter 4. However, no SSI-Related case is denied due only to excess income. Instead, the Worker must deduct incurred medical bills from countable income for the six-month Period of Consideration. This process is called spenddown and details of this procedure are in Chapter 4. Eligibility and the amount of the spenddown, if any, are determined using the MNIL. The level of the MNIL is determined by each state according to federal guidelines. By law, the MNIL cannot exceed 133% of the State's former AFDC cash assistance payment level, rounded to the nearest $100, for a family of the same size.

WV IMM, Chapter 23, §23.11.4, *SSI-Related/Non-Cash Assistance*:

Income: SSI Payment Level Assets: $2,000 Individual $3,000 Couple

Individuals who meet the SSI definition of aged, blind, or disabled are eligible for Medicaid when all of the following conditions are met. Aged means 65 years or over. All requirements in Chapter 13 for determining disability or blindness for SSI-Related coverage groups apply to this coverage group:

- Countable income must be under the SSI Maximum Payment level; see Chapter 4, Appendix A. The SSI-Related income eligibility determination methodology detailed in Section 4.14 applies to this coverage group. Income sources are the same as those in the SSI-Related column in the chart of income sources in Section 4.3 for this coverage group.
- Countable assets do not exceed the limits for the SSI-Related program described in Chapter 5. All SSI-Related asset methodologies found in Chapter 5 apply to this coverage group. Assets are the same as those in the SSI-Related group's column in the list of assets in Chapter 5.5 for this coverage group.

WV IMM, Chapter 10, §10.4.4.D Cost-of-Living Adjustments (COLAs) in Federal Benefits:

Recipients of federal benefits, such as RSDI, SSI, Black Lung, or VA Benefits, may receive periodic COLAs. RSDI/SSI increases are handled in accordance with instructions in Appendix A of this chapter. All other federal benefit COLAs are treated as any other change, except that the client is not required to report the change.

WV IMM, Chapter 5, §5.3.3, **Determination of the Value of Countable Assets**:

Only the client's equity, or portion of actual ownership, is considered, unless otherwise specified in Section 5.5 or 5.6. Equity is determined only as follows:

- Determine the CMV of the asset.
- Multiply the number of installment payments remaining by the amount of the installment payment.

- Subtract the result of the calculation from the CMV. The remainder is the equity value.

When the Worker determines that the equity value of an asset, or of several assets, will increase to above the asset limit before the next redetermination, he must set an eligibility system alert to recheck asset eligibility. **When the client disagrees with the Department of Human Services-determined (DOHS) value of an asset, it is his responsibility to provide verification of the actual value. [**Emphasis added]

WV IMM, Chapter 7, §7.2.2 When Verification is Not Required, in part:

Verification is not required from the individual when … the information is known, or available to the Department of Human Services (DOHS).

DISCUSSION

The Appellant was receiving Qualified Medicare Beneficiary (QMB) benefits under the Respondent's Medicare Premium Assistance (MPA) program. In January 2026, the Appellant received a COLA increase in his Social Security Administration (SSA) benefits. The Appellant's SSA income went from $1,324 to $1,361 per month. Accordingly, the Respondent recalculated the Appellant's MPA benefits and determined that he was no longer eligible for Qualified Medicare Beneficiaries (QMB) program category but was eligible for the Specified Low-Income Medicare Beneficiary (SLIMB) program category. The SLIMB program category only pays for the cost of the Medicare premium payments. The notification of the change was issued to the Appellant on February 4, 2026.

On July 14, 2026, the Appellant requested a Medicaid denial letter to present to the hospital. Using the existing information in the Appellant's case file, the Respondent's worker processed the Medicaid application. The Appellant's Medicaid application was denied on the basis of exceeding the allowable asset limit of $2,000. A denial letter was issued on July 15, 2026.

The Appellant appeals the July 15, 2026 Medicaid denial, asserting that he cannot afford to buy additional insurance to cover his many medical costs.

The Respondent's representative, Amanda Simmons, testified that the Appellant's case file contained several vehicles as assets, which contributed to the finding of excessive assets. There was some question as to whether those listed vehicles were available or in possession of the Appellant. However, no documentation was provided at the hearing to verify that some of the Appellant's vehicles were not available to the Appellant at the time of the application.

The Respondent showed by a preponderance of evidence that it correctly denied the Appellant's July 2026 Medicaid application based upon excessive assets.

CONCLUSIONS OF LAW

1) Policy allows for those eligible under the Medically Needy category to meet a spenddown amount for Medicaid coverage if assets do not exceed $2,000.

2) The Appellant's total assets were calculated to be $3,149, which included vehicles in his case file valued in total of $2,625.

3) There was no evidence presented to show that the Appellant did not have access to any of the assets used in the calculation for the July 2026 Medicaid denial.

4) The Respondent correctly denied the Appellant's July 2026 Medicaid application.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to deny spenddown coverage Medicaid.

ENTERED this 15th day of September 2026.

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Lori Woodward**,** Certified State Hearing Officer