



April 11, 2024

[REDACTED]

RE: [REDACTED] v. WVDoHS
ACTION NO.: 24-BOR-1787

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,

Eric L. Phillips
State Hearing Officer
Member, State Board of Review

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

cc: Rebecca Skeens, BFA

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

██████████,

Appellant,

v.

Action Number: 24-BOR-1787

**WEST VIRGINIA DEPARTMENT OF
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 ██████████. 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 April 10, 2024, on an appeal filed March 25, 2024.

The matter before the Hearing Officer arises from the January 29, 2024 decision by the Respondent to terminate the Appellant's Qualified Individual Medicare Beneficiary service benefits.

At the hearing, the Respondent appeared by Rebecca Skeens, Economic Service Worker. The Appellant appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Medicaid Redetermination dated December 1, 2023
- D-2 Notice of Decision dated January 29, 2024
- D-3 West Virginia State Online RSDI Query dated April 5, 2024
- D-4 Computer printout of Unearned Income
- D-5 West Virginia Income Maintenance Manual § 10.4.2.B.1
- D-6 West Virginia Income Maintenance Manual § 4.12

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 Qualified Individual Medicare Beneficiary assistance, a Medicare Buy-In program.
- 2) On December 1, 2023, the Appellant submitted a redetermination to determine her eligibility for services. (Exhibit D-1)
- 3) The Appellant previously reported the receipt of unearned income from the Social Security Administration (SSA) in the monthly amount of \$1549.00. (Exhibit D-1)
- 4) The Respondent determined that the Appellant receives monthly unearned income from the SSA totaling \$1737.70. (Exhibit D-3)
- 5) The Appellant pays a Medicare monthly premium in the amount of \$174.70.
- 6) The maximum Qualified Individual I monthly income limit for one person is \$1695.00.
- 7) On January 29, 2024, the Respondent issued notice to the Appellant (Exhibit D-2) informing her that her Qualified Individual I benefit would terminate effective February 29, 2024 due to excessive income.

APPLICABLE POLICY

West Virginia Income Maintenance Manual § 23.12.3 documents in part:

Medicaid coverage is limited to payment of the Medicare Part B premium. An individual or couple (spouses) is eligible for limited* Medicaid coverage when all 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;
- The individual or couple must meet the asset test detailed in Chapter 5; and
- The individual or couple is not eligible for any full-coverage Medicaid group

Medicaid coverage is limited to payment of the Medicare, Part B premium. The Buy-In Unit pays the Medicare premium.

West Virginia Income Maintenance Manual § 4.12.1 documents in part:

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

West Virginia Income Maintenance Manual § 4.14.2.A.1 documents in part:

The remainder of the \$20 income disregard.

DISCUSSION

The Qualified Individual Medicare Beneficiary program provides Medicaid coverage to individuals which is limited to the payment of the Medicare Part B premiums. Income eligibility for the program is met when an individual's monthly income is greater than 120% of the Federal Poverty Level (\$1507.00), but less than or equal to 135% of the Federal Poverty Level (\$1695.00).

The Respondent, through a data exchange query with the SSA (Exhibit D-3), determined the Appellant's monthly RSDI benefit to be \$1737.70, which exceeded the income eligibility standards for the Qualified Individual Medicare Beneficiary program. On January 29, 2024, the Respondent terminated the Appellant's Qualified Individual benefits due to excessive income. The Appellant disputes the income calculation in the eligibility determination and appeals the Respondent's decision. The Respondent must prove by a preponderance of the evidence that the Appellant's income exceeded 135% of the Federal Poverty Level.

The Respondent utilized the Appellant's monthly unearned income of 1737.70, before Medicare

premium deductions of \$174.70, in the determination of income eligibility. After a \$20.00 gross unearned income disregard, the Appellant's countable net income for the program was \$1717.70, which exceeded the Medically Needy Income Limit of \$1695.00 or 135% of the Federal Poverty Level.

The Appellant disputes the income utilized in the calculation of her eligibility, citing that her monthly income received from the SSA is \$1663.00. The Appellant proffered testimony concerning financial hardships and the adverse impact in which the denial of Medicaid benefits would affect her household.

Governing policy for the Qualified Individual Medicare Beneficiary program dictates that income eligibility is established when an individual's monthly income is greater than 120% of the Federal Poverty Level, or \$1507.00, but less than or equal to 135% of the Federal Poverty Level, or \$1695.00. The Appellant's countable income after available deductions was \$1717.70, which exceeded the income limit of \$1695.00 (135% Federal Poverty Level); therefore, the Respondent's decision to terminate the Appellant's eligibility due to excessive income is affirmed.

CONCLUSIONS OF LAW

- 1) The Qualified Individual Medicare Beneficiary program is a limited Medicaid program which provides reimbursement payment for Medicare Part B premiums.
- 2) An individual's monthly income cannot exceed 135% of the Federal Poverty Level or \$1695.00.
- 3) The Appellant's monthly countable unearned income, after deductions, is \$1717.70.
- 4) The Appellant's monthly countable unearned income exceeds 135% of the Federal Poverty Level.

DECISION

It is the decision of the State Hearing Officer to uphold the Respondent's decision to terminate Qualified Individual Medicare Beneficiary assistance due to excessive income.

ENTERED this ____ day of April 2024.

Eric L. Phillips
State Hearing Officer