



June 18, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 24-BOR-2085

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 (DoHS). 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,

Tara B. Thompson, MLS
State Hearing Officer
Member, State Board of Review

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

cc: Janet Howard, DoHS

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

██████████,

Appellant,

v.

Action Number: 24-BOR-2085

**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 ██████████. 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 May 21, 2024.

The matter before the Hearing Officer arises from the Respondent's April 11, 2024 decision to deny the Appellant's eligibility for Qualified Medicare Beneficiaries (QMB).

At the hearing, the Respondent appeared by Janet Howard, DoHS. The Appellant appeared and represented himself. Both witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

NONE

Appellant's Exhibits:

A-1 Bank Statements for February 1, 2024 to February 29, 2024

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 Medicare Beneficiary (QMB) benefits.
- 2) The Respondent completed the Appellant's QMB eligibility review on April 11, 2024.
- 3) On February 1, 2024, \$1,281 gross unearned income from the Social Security Administration was deposited into the Appellant's account (Exhibit A-1).
- 4) On March 29, 2024, the Respondent issued a notice advising the Appellant's QMB benefits would stop after April 30, 2024 because his income exceeded the eligibility limit.
- 5) The March 29, 2024 notice reflected \$1,261 in countable net income after a \$20 income disregard was applied.
- 6) On April 11, 2024, the Respondent issued a notice denying the Appellant's QMB eligibility because the Appellant's income and assets exceeded the eligibility limit. The notice advised the Appellant was approved for Specified Low-Income Medicare Beneficiaries (SLIMB).

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) § 1.2.2.B Redetermination Process provides in relevant sections:

Periodic reviews of total eligibility for recipients are mandated by federal law.

WVIMM § 6.3.4.B Worker Requested Verification — State On-line Query (SOLQ) provides that SOLQ gives the Respondent direct access to the Social Security Administration's databases ... The information received includes SSI and RSDI details.

WVIMM § 23.12.1 Qualified Medicare Beneficiaries (QMB) provides that to be eligible for QMB, the household's income could not exceed 100% of the Federal Poverty Level.

WVIMM Chapter 4, Appendix A Income Limits provides that 100% of the FPL for a one-person household is \$1,255. To be eligible for QMB, the household's income had to be equal to or below \$1,255. To be eligible for SLIMB, a one-person household's income had to fall between \$1,256 and \$1,506.

WVIMM § 4.14.2 Income Disregards and Deductions and 4.14.2.B Unearned Income provides that income disregards and deductions may be applied if applicable: Earned Income, SSI \$20 Disregard, SSI Earned Income Disregard, SSI Impairment-Related Work Expenses, Earnings Diverted to a Plan to Achieve Self-Support (PASS), and SSI Student Child Earned Income Disregard.

For unearned income, 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, before the application of any other earned income disregards and deductions.

WVIMM Chapter 10, Appendix A RSDI/SSI Increases 2024 provides that in January 2024, the Supplemental Security Income (SSI) and Retirement, Survivors, and Disability Insurance (RSDI) recipients received a cost-of-living adjustment (COLA) of 3.2%.

WVIMM § 10.6.5.A AG Closures provides that when the client's circumstances change to the point he becomes ineligible, the AG is closed. The eligibility system

DISCUSSION

The Respondent completed the Appellant's eligibility review and determined his income exceeded the QMB eligibility limit but fell within the eligibility range for SLIMB coverage. The Appellant contested the Respondent's termination of his QMB benefits and argued that SLIMB coverage was inadequate to meet his needs.

The Appellant argued that his living expenses should be considered. The Appellant testified that he believes his benefits were decreased for political reasons related to terminating benefits for those who do not require them. He argued that without QMB benefits he cannot afford the additional cost of his medical care.

The Respondent bears the burden of proof and had to demonstrate by a preponderance of the evidence that the Appellant's QMB coverage was correctly terminated because his income exceeded the income eligibility limit.

During the hearing, the Respondent's representative testified that assets were not a factor in the Respondent's decision. During the hearing, the Appellant testified that he received \$1,242 monthly income and was unsure what income the Respondent considered.

The Respondent was provided with an opportunity to explain how the Respondent verified the Appellant's income and determined his eligibility. The Respondent's representative testified that the Appellant's income was verified via SOLQ in March 2024. The Respondent's representative testified that for 2023, the Appellant received \$1,242 gross unearned income. The Respondent's representative testified that in March 2024, the Appellant received \$1,281 gross unearned income.

The Respondent's representative testified that the Appellant's eligibility review was completed on April 11, 2024, after an increase in the Appellant's gross unearned income. The evidence revealed that the only income disregard eligible for application was the \$20 income disregard.

The Appellant testified that he was unaware of an increase in income; however, the bank statement submitted by the Appellant revealed that in February 2024, he received \$1,281 gross unearned income. After the Respondent explained the bank statement, the Appellant testified that he understood and affirmed the deposit amount was correct.

The policy provides that to be eligible for QMB, the Appellant's income could not exceed 100% of the FPL. Under the policy, individuals with income greater than 100% FPL but less than or equal to 120% FPL are eligible for SLIMB coverage. To be eligible for QMB, the household's income had to be equal to or below \$1,255. To be eligible for SLIMB, a one-person household's income had to fall between \$1,256 and \$1,506.

The preponderance of the evidence revealed that the Appellant's income exceeded 100% FPL but was less than 120% FPL. The Respondent proved by a preponderance of evidence that the Respondent correctly terminated the Appellant's QMB coverage and approved his SLIMB eligibility.

CONCLUSIONS OF LAW

- 1) The Respondent may terminate an individual's Medicaid QMB coverage when the household's gross monthly income exceeds 100% of the Federal Poverty Level (FPL).
- 2) The preponderance of evidence proved that the Appellant's income exceeded 100% FPL but was less than 120% FPL.
- 3) The preponderance of evidence proved that the Respondent correctly terminated the Appellant's QMB coverage.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to terminate the Appellant's Qualified Medicare Beneficiary benefit eligibility because his income exceeded the eligibility limit.

ENTERED this 18th day of June 2024.

Tara B. Thompson, MLS
State Hearing Officer