



October 3, 2024

[REDACTED]

RE: [REDACTED] v. WVD<sub>o</sub>HS  
ACTION NO.: 24-BOR-3215

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 assure 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: Kristyne Hoskins, BFA

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

██████████,

**Appellant,**

v.

**Action Number: 24-BOR-3215**

**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 October 3, 2024, on appeal filed September 17, 2024.

The matter before the Hearing Officer arises from the August 28, 2024 decision by the Respondent to terminate the Appellant's Qualified Medicare Beneficiary (QMB) assistance.

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

**Department's Exhibits:**

- D-1 PRC2 dated August 21, 2024
- D-2 Case Comments dated August 27, 2024
- D-3 Computer printout of household income
- D-4 Computer printout of household assets
- D-5 Notice of Decision dated August 28, 2024 (QMB denial)
- D-6 Notice of Decision dated August 28, 2024
- D-7 West Virginia Income Maintenance Manual § 23.12

**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 Medicare Beneficiary (QMB) assistance.
- 2) The Appellant completed a redetermination of benefits on August 21, 2024. (Exhibit D-1)
- 3) At redetermination, the Appellant reported the addition of his spouse to the household. (Exhibit D-1)
- 4) The Appellant receives monthly income from the Social Security Administration (SSA) in the amount of \$1018.00.
- 5) The Appellant's spouse receives monthly income from the SSA in the amount of \$749.00.
- 6) On August 28, 2024, the Respondent issued a Notice of Decision (Exhibit D-5) which notified the Appellant that his QMB benefits would be terminated effective September 30, 2024, due to excessive income. (Exhibit D-5)
- 7) On August 28, 2024, the Respondent issued a Notice of Decision (Exhibit D-6) which notified the Appellant of a Medicare Premium Assistance approval for Specified Low-Income Medicare Beneficiary assistance effective October 1, 2024.

### **APPLICABLE POLICY**

West Virginia Income Maintenance Manual § 4.12 documents:

Countable 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.

West Virginia Income Maintenance Manual § 23.12.1

QMB-Income 100% of Federal Poverty Level

West Virginia Income Maintenance Manual § 23.12.2

SLMB-Income between 101-120% of Federal Poverty Level

## **DISCUSSION**

On August 28, 2024, the Respondent terminated the Appellant's Qualified Medicare Beneficiary (QMB) assistance due to excessive income. The Appellant appeals the Respondent's decision. The Respondent must prove by a preponderance of the evidence that it correctly terminated the Appellant's assistance based on income guidelines set forth by policy.

On August 21, 2024, the Appellant completed a redetermination for benefits and reported the addition of his spouse to his household. The Appellant's monthly income from the Social Security Administration was \$1018.00 and his spouse's was \$749.00. The total household income was determined to be \$1767.00. The Respondent determined that the household's total monthly income exceeded 100% of the Federal Poverty Level or \$1704.00. However, the Respondent determined that Appellant was income eligible for Specified Low Income Medicare Beneficiary (SLIMB) benefits because the total household income was less than 120% of the Federal Poverty Level or \$2045. On August 28, 2024, the Respondent issued Notice of Decisions to the Appellant informing him of the termination of QMB assistance due to excessive income (Exhibit D-5) and the approval of SLIMB assistance. (Exhibit D-6)

The Appellant presented questions regarding the differences between the Medicare Premium Assistance coverages. The Appellant provided testimony indicating that his spouse is no longer working due to her health conditions. The Appellant confirmed his spouse's receipt of income from the Social Security Administration, but to date has not received any such income. Kristyne Hoskins, Economic Service Worker Senior for the Respondent testified that the income information was verified through a data exchange with the Social Security Administration and effective September 2024. Additionally, Ms. Hoskins informed the Appellant of additional Medicaid programs which may be available to the Appellant's spouse with an additional application.

Medicaid eligibility for the QMB program is determined when an individual's countable household income is less than or equal to 100% of the Federal Poverty Level or \$1704 for an assistance group of two. The Appellant presented a total household income of \$1767.00 which exceeded the Medical Needy Income Limits for the QMB program. Because the Appellant's household monthly gross income exceeded the Medical Need Income Limits for the QMB program, the Respondent's decision to terminate the Appellant's QMB assistance is affirmed. Medical eligibility for the SLIMB program is determined when an individual's countable household income is greater than 100% of the Federal Poverty Level or \$1704, but less than 120% of the Federal Poverty Level or \$2045.00. The Appellant's total household income was less than the Medical Need Income Limit of \$2045; therefore, the Appellant was eligible for SLIMB services

### **CONCLUSIONS OF LAW**

- 1) Eligibility for Qualified Medicare Beneficiary benefits is determined when total household income is less than or equal to 100% of the Federal Poverty Level or \$1704.00.
- 2) Eligibility for Specified Low Income Medicare Beneficiary benefits is determined when total household income is greater than 100% of the Federal Poverty Level or \$1704.00, but less than or equal to 120% of the Federal Poverty Level or \$2045.00.
- 3) The Appellant's total household income was \$1767.00.
- 4) The Appellant's total household income exceeded 100% of the Federal Poverty Level or \$1704.00.
- 5) The Respondent's decision to terminate Qualified Medicare Beneficiary benefits is affirmed.

### **DECISION**

It is the decision of the State Hearing Officer to UPHOLD the Respondent's decision to terminate the Appellant's eligibility for the Qualified Medicare Beneficiary program.

**ENTERED this \_\_\_\_\_ day of October 2024.**

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Eric L. Phillips  
**State Hearing Officer**