



October 30, 2024

[REDACTED]

RE: [REDACTED] v. DoHS/BFA  
ACTION NO.: 24-BOR-3274

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,

Kristi Logan  
Certified State Hearing Officer  
Member, State Board of Review

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

cc: Margaret Fain, [REDACTED] DoHS

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

████████████████████

**Appellant,**

v.

**Action Number: 24-BOR-3274**

**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 23, 2024.

The matter before the Hearing Officer arises from the September 18, 2024, decision by the Respondent to deny the Appellant’s application for Medicare Premium Assistance benefits.

At the hearing, the Respondent appeared by Margaret Fain, ██████████ DoHS. The Appellant represented himself. The witnesses were placed under oath and the following documents were admitted into evidence.

**Department’s Exhibits:**

None

**Appellant’s Exhibits:**

A-1 Medicare Premium Bill dated August 27, 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 applied for Medicare Premium Assistance benefits on September 16, 2024.
- 2) The Appellant became eligible for Medicare August 1, 2024.
- 3) The Appellant's Adult Medicaid benefits were terminated September 30, 2024.
- 4) The Appellant receives monthly Veteran's benefits of \$3,737.85.
- 5) The combined total of the Appellant's savings account, money market account and certificates of deposit as verified by a bank statement dated September 15, 2024, was \$119,950.90.
- 6) The Respondent issued a notice to the Appellant on September 18, 2024, advising that the income and assets exceeded the allowable limit to receive Medicare Premium Assistance.

## APPLICABLE POLICY

Code of Federal Regulations Title 42 §435.125 explains 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.
- (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 §4.12 explains income eligibility for Medicare Premium Assistance groups, including Qualified Individuals-1:

### **4.12.1 Determining Eligibility**

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:

- Qualified Medicare Beneficiary (QMB) – Income is less than or equal to 100% Federal Poverty Level (FPL).
- Specified Low Income Medicare Beneficiary (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 Chapter 4 Appendix A lists income limits:

100% FPL for a one-person assistance group: \$1,255

120% FPL for a one-person assistance group: \$1,506

135% FPL for a one-person assistance group: \$1,695

West Virginia Income Maintenance Manual Chapter 5 explains asset eligibility:

#### **5.4 Maximum Allowable Assets**

Maximum allowable assets for a one-person assistance group for Medicare Premium Assistance is \$9,430.

### **DISCUSSION**

Policy stipulates that the income limit for Medicare Premium Assistance benefits is \$1,695 monthly for a one-person assistance group. The maximum allowable assets for a one-person assistance group for Medicare Premium Assistance is \$9,430.

The Respondent denied the Appellant's application for Medicare Premium Assistance as his monthly income of \$3,737.85 exceeded the income limit of \$1,695 and his combined assets of \$119,950.90 exceeded the asset limit of \$9,430. The Appellant did not dispute the amount of income or assets used in the eligibility determination.

The Appellant testified that he received a bill from the Social Security Administration for his Medicare premium for October, November and December 2024 for \$873.50. The Appellant contended that he was still receiving Adult Medicaid benefits in August 2024 when he received the bill and Medicaid should have paid his Medicare premium for him.

Payment for Medicare premiums is limited to the individuals eligible for the Medicare Premium Assistance program. There are no provisions in policy that allow for a Medicare premium to be paid while receiving Medicaid. The Appellant's income and assets are excessive to receive Medicare Premium Assistance benefits, therefore he is not entitled to have his Medicare premium paid on his behalf.

### **CONCLUSIONS OF LAW**

- 1) The income limit for Medicare Premium Assistance benefits for a one-person assistance group is \$1,695.
- 2) The Appellant's monthly income of \$3,737.85 exceeds the income limit set forth in policy.
- 3) The asset limit for Medicare Premium Assistance benefits is \$9,430.
- 4) The Appellant's total combined assets of \$119,950.90 exceeds the asset limit set forth in policy.
- 5) The Appellant is ineligible to receive Medicare Premium Assistance benefits.

### **DECISION**

It is the decision of the State Hearing Officer to **uphold** the decision of the Respondent to deny the Appellant's application for Medicare Premium Assistance benefits.

**ENTERED this 30<sup>th</sup> day of October 2024.**

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**Kristi Logan**  
**Certified State Hearing Officer**