



January 28, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS
ACTION NO.: 25-BOR-1026

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,

Angela D. Signore
State Hearing Officer
Member, State Board of Review

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

Cc: Hannah McComas, WV DoHS

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

██████████,

Appellant,

v.

Action Number: 25-BOR-1026

**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 January 22, 2025, on an appeal filed January 3, 2025.

The matter before the Hearing Officer arises from the determination by the Respondent to deny the Appellant's application for Medicare Premium Assistance (MPA) benefits.

At the hearing, the Respondent appeared by Hannah McComas, Economic Service Supervisor, Department of Human Services (DoHS). The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Income Maintenance Manual (WVIMM) Chapter 4 Appendix A
- D-2 WV People's Access to Help (PATH) eligibility system printout of Case Comments

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) On December 16, 2024, the Appellant applied for Medicare Premium Assistance (MPA) benefits for a one (1) person Assistance Group (AG).
- 2) Through a data exchange with the Social Security Administration (SSA), the Respondent verified that the Appellant's AG receives unearned income in the amount of \$2,021.70 per month. (Exhibit D-2)
- 3) The Respondent applied a \$20 income disregard to determine the AG's countable net income of \$2,001.70.
- 4) The Appellant was not eligible for any other income deductions.
- 5) Income limits for MPA benefits for a one (1) person AG are as follows: QMB- \$1,255 per month (100% Federal Poverty Level (FPL)); SLIMB- \$1,506 per month (120% FPL); and QI- \$1,695 per month (135% FPL). (Exhibit D-1)
- 6) The Appellant's countable monthly net income exceeds the \$1,255 income limit for Qualified Medicare Beneficiary (QMB) benefits for a one (1) person AG. (D-2 and D-3)
- 7) The Appellant's countable monthly net income exceeds the \$1,506 income limit for Specified Low-Income Medicare Beneficiary (SLIMB) benefits for a one (1) person AG.
- 8) The Appellant's countable monthly net income exceeds the \$1,695 income limit for Qualified Individual (QI) benefits for a one (1) person AG. (D-2 and D-3)
- 9) On December 19, 2024, the Respondent issued a notice of decision to the Appellant advising that his application for Medicare Premium Assistance was denied due to the Appellant's income exceeding the eligibility requirement.
- 10) The Appellant contested the Respondent's decision and requested a Fair Hearing on January 03, 2025.

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) § 4 Appendix A provides, in part:

Income limits for MPA Programs for a one-person Assistance Group are as follows: QMB- \$1,255 per month (100% Federal Poverty Level (FPL)); SLIMB- \$1,506 per month (120% FPL); and QI- \$1,695 per month (135% FPL).

WVIMM § 4.12.1 Determining Eligibility provides, in part:

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.

WVIMM §§ 4.14.2.B – 4.14.2.B.3 Unearned Income Disregards provides, in part:

- SSI \$20 Disregard - a \$20 disregard is applied to the total gross unearned income.
- Unearned Income Diverted to a PASS - any unearned income diverted to a PASS account is deducted from income.
- One-third of the child support intended for the SSI-Related child is disregarded.
- Death Benefits - The portion of a lump-sum payment received as a result of the death of an individual, which is used to pay the expenses of the last illness and burial of that individual, is deducted.

DISCUSSION

On December 16, 2024, the Appellant submitted an application for Medicare Premium Assistance (MPA) benefits. On December 19, 2024, the Respondent issued a Notice of Denial advising the Appellant that his income exceeded the allowable limit to receive MPA benefits. The Appellant contested the Respondent's decision and questioned if all allowable disregards and deductions from his total countable gross income were properly applied in order to meet income eligibility guidelines for MPA benefits. The Respondent bears the burden of proof to establish that the action taken against the Appellant was in accordance with policy. The Respondent had to prove by a preponderance of evidence that the Appellant's monthly income exceeds MPA benefit eligibility.

West Virginia Medicaid provides three types of MPA programs: Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLIMB), and Qualified Individual-1 (QI-

1). Each program has a different allowable income level to meet eligibility requirements: QMB - \$1,255 per month (100% Federal Poverty Level (FPL)); SLIMB - \$1,506 per month (120% FPL); and QI - \$1,695 per month (135% FPL). Pursuant to policy, the following are the only allowable disregards and deductions for MPA eligibility purposes: a \$20 disregard, any unearned income diverted to a PASS, one-third of any child support intended for an SSI-Related child, and/or a portion of a lump-sum payment received as a result of the death of an individual if used to pay the expenses of the last illness and burial of that individual.

The Appellant's unearned income of \$2,021.70 per month is uncontested. The Appellant is entitled to one income disregard of \$20. Because there was no evidence or testimony provided to establish that the Appellant was eligible for any other deductions, the Appellant's total countable income for MPA benefit purposes is \$2,001.70. Because the Appellant's countable monthly income exceeds the allowable limit of \$1,695 per month as established by policy, the Respondent correctly denied the Appellant's MPA application.

CONCLUSIONS OF LAW

- 1) Pursuant to policy, to be eligible for Medicare Premium Assistance (MPA) benefits, the Appellant's gross monthly income must be at or below 135% of the Federal Poverty Level (FPL).
- 2) For a one (1) person Assistance Group (AG), the income limit is \$1,695 per month.
- 3) The Appellant's income amount of \$2,001.70 exceeds the 135% FPL for a one (1) person AG.
- 4) Because the Appellant's countable monthly income exceeds the allowable limit established by policy, the Respondent correctly denied the Appellant's MPA application.

DECISION

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

ENTERED this 28th day of January 2025.



**Angela D. Signore
State Hearing Officer**