



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
203 East Third Avenue  
Williamson, WV 25661

Jim Justice  
Governor

Bill J. Crouch  
Cabinet Secretary

August 30, 2017



RE: [REDACTED] v. WV DHHR  
ACTION NOS: 17-BOR-2165 (Medicaid)  
17-BOR-2166 (SNAP)

Dear Mr. [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 Health and Human Resources. 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,

Stephen M. Baisden  
State Hearing Officer  
Member, State Board of Review

Encl: Appellant's Recourse to Hearing Decision  
Form IG-BR-29

cc: Jennifer Fischer, Economic Service Supervisor

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BOARD OF REVIEW**

██████████,

Appellant,

v.

**ACTION NOs.: 17-BOR-2165 (Medicaid)  
17-BOR-2166 (SNAP)**

**WEST VIRGINIA DEPARTMENT OF  
HEALTH AND HUMAN RESOURCES,**

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 West Virginia Department of Health and Human Resources' (WV DHHR) Common Chapters Manual. This fair hearing was convened on August 24, 2017, on an appeal filed July 25, 2017.

The matter before the Hearing Officer arises from the July 7, 2017 decision by the Respondent to deny the Appellant's application for QI-1 Medicare Premium Assistance Medicaid, and not to increase the Appellant's monthly allotment of Supplemental Nutritional Assistance Program (SNAP) benefits.

At the hearing, the Respondent appeared by Representative Jennifer Fischer, Economic Service Supervisor. The Appellant appeared *pro se*. Appearing as a witness for the Appellant was his wife ██████████. All participants were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Letter from Department to Appellant, dated July 7, 2017
- D-2 West Virginia Income Maintenance Manual (WV IMM) Chapter 9, §9.12
- D-3 Screen print from Appellant's computer case record summarizing household income
- D-4 WV IMM Chapter 10, §10.3.UUU
- D-5 WV IMM Chapter 10, §10.3.TTTT
- D-6 WV IMM Chapter 10, Appendix A (Desk Guide)
- D-7 Second letter from Department to Appellant, dated July 7, 2017

- D-8 Screen print from Appellant's computer case record showing SNAP eligibility and amount calculations
- D-9 Screen print from Appellant's computer case record showing SNAP calculations regarding medical expense deductions from household income
- D-10 Screen print from Appellant's computer case record showing SNAP calculations regarding additional medical expense deductions from household income
- D-11 Screen print from Appellant's computer case record showing Appellant's enrollment in Medicare Part A and Part B

**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 SNAP benefits for himself and his wife. He applied for Medicare Premium Assistance Medicaid (QI-1) for himself on July 6, 2017.
- 2) On July 7, 2017, the Department sent the Appellant a letter (Exhibit D-1) informing him that his application for QI-1 was denied due to excessive income.
- 3) On July 7, 2017, the Department sent the Appellant a second letter (Exhibit D-7) informing him that his SNAP benefits would not increase from \$27 per month.
- 4) The Appellant requested a fair hearing based on the denial of his QI-1 application and the fact that his SNAP monthly allotment did not increase.

**APPLICABLE POLICY**

WV Income Maintenance Manual (IMM), Chapter 9, §9.12 reads as follows:

**QUALIFIED MEDICARE BENEFICIARIES (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB), and QUALIFIED INDIVIDUALS (QI-1)**

A. The Assistance Group

**NOTE:** Both Members of a couple must receive the same level of coverage, QMB, SLIMB or QI-1

1. Who must be included

The individual or couple, eligible for QMB, SLIMB or QI-1 must be included in the AG.

2. Who cannot be included  
Only the individual or couple who is eligible for QMB, SLIMB or QI-1 is included in the AG.

B. The Income Group

1. Eligible Individual with No Spouse  
Count only the individual's income.
2. Eligible Couple – No Medicaid Long-Term Care Services  
Count the couple's income.
3. Eligible Individual with Ineligible spouse – No Medicaid Long-Term Care Services  
Consider the income of the ineligible spouse to determine if it must be deemed.
4. Eligible Individual – One or Both Members of a Couple Receives Medicaid Long-Term Care Services in a Nursing Home, ICF/MR or a Community-Based Waiver  
Count only the individual's income.

C. The Needs Group

1. Individual with No Spouse  
The income limit for a single individual is used.
2. Eligible Couple – No Medicaid Long-Term Care Services  
The income limit for a couple is used.
3. Eligible Individual with Ineligible Spouse, No Income Deemed, No Medicaid Long-Term Care Services  
The income limit for a single individual is used.
4. Eligible Individual with Ineligible Spouse, Income Deemed, No Medicaid Long-Term Care Services  
The income limit for a couple is used.
5. Eligible Individual – One or Both Members of a Couple Receives Medicaid Long-Term Care Services in a Nursing Home, ICF/MR or a Community-Based Waiver  
The income limit for a single individual is used.

### **DISCUSSION**

The Appellant applied for Medicare Premium Assistance Medicaid on July 6, 2017. The Department denied his application due to excessive income, and informed him of the denial by a letter dated July 7, 2017 (Exhibit D-1).

The Department's representative testified that the Appellant's QI-1 assistance group consisted of only himself. She testified that because his wife was not a recipient of Medicare, she was not eligible for QI-1. She testified that the Appellant's income group was an eligible individual with an ineligible spouse. She stated that the Appellant's spouse did not have income to be deemed. She stated that the Appellant's needs group was for an eligible individual with an ineligible spouse, with no income deemed. She stated that by policy, the Department used the income limit for a single individual to determine the Appellant's eligibility for QI-1.

The Department's representative provided a print-out from the Appellant's case record indicating the income counted toward his application for QI-1 was \$572 per month in Veterans' Administration benefits and \$837 per month Social Security, totaling \$1409. The income limit for a single individual to receive QI-1 is \$1377 (Exhibit D-6).

The Department's representative testified as to the factors that comprised the amount of the Appellant's SNAP benefit allotment, which was \$27 per month. The Appellant testified that although he felt \$27 per month was not enough to buy food for himself and his wife, he understood that the Department calculated his SNAP monthly issuance amount correctly. He added that his main concern was for the QI-1 Medicaid.

The Appellant testified that he could not afford to pay for the bottled oxygen he needed to assist with his breathing. He testified he had to pay for medications for himself and his wife, and needed to pay for some significant home repairs as well. He added that he did not know how he would be able to meet all of these financial obligations.

The Department correctly determined the Appellant's eligibility for QI-1 based on the income limit for a single individual. Because of this, the Department correctly determined that the Appellant received excessive income to qualify for QI-1. The Appellant did not contest the Department's determination of his monthly SNAP benefit monthly allotment.

### **CONCLUSION OF LAW**

Pursuant to WV IMM Chapter 9, §9.12, the Department acted correctly to deny the Appellant's application for QI-1, Medicare Premium Assistance Medicaid. The Appellant did not contest the Department's determination of his SNAP benefit monthly allotment.

### **DECISION**

It is the decision of the state Hearing Officer to **uphold** the Department's decision to deny the Appellant's application for QI-1 Medicare Premium Assistance and to **uphold** the Department's decision not to increase the Appellant's monthly SNAP allotment.

**ENTERED this 30<sup>th</sup> Day of August, 2017.**

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**Stephen M. Baisden**  
**State Hearing Officer**