



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
PO Box 6165
Wheeling, WV 26003

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

October 2, 2008

Dear _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 18, 2008. Your hearing request was based on the Department of Health and Human Resources' denial of your application for Qualified Individual 1 benefits through the Medicaid program.

In arriving at a decision, the State Hearings 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.

Eligibility for the Qualified Individuals (Q-1 and Q-2) Programs is based on current policy and regulations. Some of these regulations state as follows: Qualified Individual (Q-1 and Q-2) Programs provide limited coverage under the Medicaid Program for eligible **individuals or couples who are eligible for Medicare, Part A** and who meet specified income test. The maximum qualifying income for eligibility for the QI-1 program for one person is \$1170 per month.

The information, which was submitted at your hearing, revealed that your monthly income (\$1479) exceeds the maximum income allowed for one person to qualify for the Qualified Individual 1 Program.

It is the decision of the State Hearings Officer to **Uphold** the action of the Department to deny the application for Qualified Individual 1 benefits.

Sincerely,

Melissa Hastings
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Kelly O'Bright, WVDHHR

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

_____,

Claimant,

v.

Action Number: 08-BOR-2008

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on September 18, 2008 for _____. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on September 18, 2008 on a timely appeal, filed August 28, 2008.

II. PROGRAM PURPOSE:

The Qualified Medicare Beneficiaries (QMB), the Specified Low Income Medicare Beneficiaries (SLIMB), and the Qualified Individuals (QI-1 and QI-2) Programs provide limited coverage under the Medicaid Program for eligible individuals or couples who are eligible for Medicare, Part A and who meet specified income tests. The QMBV program has a lower maximum income level and provides coverage of all Medicare co-insurance and deductibles as well as payment of the Medicare premium. SLIMB and QI-1 have higher maximum income levels and provide only for the payment of the Medicare Part B premium. .

III. PARTICIPANTS:

Claimant's Witnesses

_____, Claimant

_____, Claimant's wife

Department's Witnesses:

Kelly O'Bright – Economic Service Worker

Lori Brown – Economic Service Worker

Presiding at the Hearing was Melissa Hastings, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is whether the Department was correct in determining ineligibility for the Qualified Individual Program 1.

V. APPLICABLE POLICY:

West Virginia Income Maintenance policy §9.12 and 11.4

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 West Virginia Income Maintenance policy §9.12 and 11.4
- D-2 DFA-QSQ-1 (Qualified Individuals application) received August 14, 2008
- D-3 Photocopy of Medicare Health Insurance card for _____
- D-4 Notice from Social Security Administration dated December 7, 2007
- D-5 Photocopy of case comments dated July 18, 2008 through August 27, 2008
- D-6 Notice of Decision dated August 27, 2008

Claimant's Exhibits

None

VII. FINDINGS OF FACT:

- 1) Claimant filed an application (D2) for Qualified Individual 1 benefits on August 14, 2008.
- 2) Section II of the application (D2) indicates that the Claimant receives \$1479 per month in Social Security Disability payments. A notification letter from the Social Security Administration (D4) confirms this Social Security Disability amount. This is the only income listed in the home.
- 3) Included with the application was a copy of a Medicare Health Insurance card (D3) for Claimant. The card indicates that the Claimant is entitled to Medicare Part A and Part B coverage effective September 1, 2008.
- 4) A Notice of Decision (D6) was issued to the Claimant dated August 27, 2008 stating the following:

Your 08/15/08 application for Qualified Medicare Beneficiary Coverage has been denied.

Income is more than the net income limit for you to receive benefit.

- 5) Testimony from the agency's representative indicates that the notification letter also states that the Claimant was asset ineligible. This was issued in error. The only asset the Claimant has is his vehicle and it is excluded from consideration. The only issue that caused the denial of the application was the Claimant's income.
- 6) WV Income Maintenance Manual §9.12, Eligibility Determination Groups:
 - A. The Assistance Group (AG)

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 (IG)
 3. Eligible Individual with Ineligible Spouse
Consider the income of the ineligible spouse to determine if it must be deemed. See Chapter 10 for how to determine if the spouses's income is deemed.
 - C. The Needs Group (NG)
 4. Eligible Individual with Ineligible Spouse, No income deemed
The income limit for a **single** individual is used.
- 7) Claimant's testimony indicates that information provided to him by the Bureau of Senior Services leads him to believe that his income should be compared to a two person household as he and his wife should be treated as a couple.

VIII. CONCLUSIONS OF LAW:

- 1) Policy §9.12 provides the guidelines for determining the individuals who are to be included in the Qualified Individual 1 assistance group. It is clear that the only individuals who can be included in the assistance group are those individuals who are eligible for coverage i.e. receiving medicare and therefore eligible to have their monthly premiums paid. This policy is also clear that if an individual has a spouse with no income who does not qualify for the coverage that the income limit for a single individual is used to determine eligibility.

- 2) Evidence and testimony presented during this hearing show that the Claimant is a Social Security Disability recipient and is now qualified for Medicare. His spouse is not employed and has no income.
- 3) Based on these facts the agency properly evaluated the Claimant's income utilizing the income level for a one person household. As a result of this evaluation the Claimant's income (\$1479) exceeded the program requirements (\$1170).

IX. DECISION:

It is the decision of the State Hearings Officer to **Uphold** the agency's decision to deny the Claimant's application for .Qualified Individual 1 benefits.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 2nd Day of October, 2008.

**Melissa Hastings
State Hearing Officer**