



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
4190 Washington Street, West  
Charleston, WV 25313

Joe Manchin III  
Governor

Patsy A. Hardy, FACHE, MSN, MBA  
Cabinet Secretary

February 12, 2010

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held February 4, 2010. Your hearing request was based on the Department of Health and Human Resources' action to deny your Specified Low Income Medicare Beneficiary (SLIMB) application dated October 15, 2009.

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.

Eligibility for the Specified Low Income Medicare Beneficiary (SLIMB) Program is based on current policy and regulations. Some of these regulations state that for SLIMB the asset limit for a one (1) person Assistance Group (AG) is four thousand dollars (\$4000.00). (West Virginia Income Maintenance Manual §11.3, MAXIMUM ALLOWABLE ASSETS)

The information submitted at your hearing reveals that you reported countable assets in the amount of four thousand fifty three dollars (\$4053.00) when you applied for SLIMB on October 15, 2009. This amount exceeds the maximum asset limit for that time period which was four thousand dollars (\$4000.00).

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your October 15, 2009 application for Medicaid benefits through the Specified Low Income Medicare Beneficiary (SLIMB) Program.

Sincerely,

Cheryl Henson  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Tera Pendleton, [REDACTED] DHHR

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

-----,

**Claimant,**

**v.**

**Action Number: 09-BOR-2427**

**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 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 February 4, 2010 on a timely appeal, filed October 26, 2009. The record was left open until February 12, 2010 for the Claimant to submit additional documents.

**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. The maximum income level for QI-2 is 175% of the Federal Poverty Level. This program pays for a portion of the Medicare premium.

**III. PARTICIPANTS:**

-----, Claimant  
Tera Pendleton, (b)(6) DHHR

Presiding at the Hearing was Cheryl Henson, State Hearing Officer and a member of the State Board of Review.

**IV. QUESTIONS TO BE DECIDED:**

The question to be decided is whether the Department is correct in the decision to deny the Claimant's October 15, 2009 application for SLIMB.

**V. APPLICABLE POLICY:**

West Virginia Income Maintenance Manual §§11.3 and 16.6.D

**VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

**Department's Exhibits:**

- D-1 Notification letter dated December 7, 2009
- D-2 WV Income Maintenance Manual Section 11.3
- D-3 Copy of Claimant's consolidated bank statement for June 26, 2009

**Claimant's Exhibits:**

- C-1 Copy of Claimant's consolidated bank statement for January 28, 2010

**VII. FINDINGS OF FACT:**

- 1) The Claimant submitted an application for Specified Low Income Beneficiary (SLIMB) at the [REDACTED] County Department of Health and Human Resources office on October 15, 2009. The Department processed the application and on December 7, 2009 sent the Claimant a denial notification letter (D-1) which includes the following pertinent information:

ACTION: Your 10/15/09 application for Specified Low Income Medicare Beneficiary has been DENIED.

REASON: The amount of assets is more than is allowed for this benefit.

Your Countable Assets.....\$4053.86  
MA Asset Limit.....\$4000.00

- 2) The Department contends that the maximum allowable assets for the month of the Claimant's application are four thousand dollars (\$4000.00). The Department purports that the Claimant verified his assets in the amount of four thousand fifty three dollars and seventeen cents (\$4053.17) for the period of application, which it contends is excessive. Although the June 2009 consolidated bank account information (D-3) the Department used to calculate the Claimant's assets for the October 2009 application was not contemporaneous, the Claimant did not provide any additional evidence more relevant to the time period of the application to show a more current amount of his assets for the time period in question.

- 3) The West Virginia Income Maintenance Manual §11.3 states that for the period of the Claimant's application, that being October 15, 2009, the maximum assets allowable for SLIMB was four thousand dollars (\$4000.00).
- 4) The West Virginia Income Maintenance Manual §16.6.D states in pertinent part:

**D. SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB)  
(SLMB)**

Income: 101%-120% FPL                      Assets: \$4000 Individual \$6000 Couple

An individual or couple (spouses) is eligible for limited\* Medicaid coverage when all of the following conditions are met:

- The individual must be eligible, not just enrolled, for Medicare, Part A, in any of three ways:
  - By being age 64 years, 9 months old or older; or
  - By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or
  - By having end stage renal disease
- The individual or couple must meet the income test detailed in Chapter 10. Note: RSDI COLA's are disregarded in determining income eligibility through March of the year in which they are effective.
- The individual or couple must meet the asset test detailed in Chapter 11.

\*Medicaid coverage is limited to payment of the Medicare, Part B, premium.

**1. Medical Card Issuance**

No medical card is issued to those whose sole Medicaid coverage group is SLIMB. The Buy-In Unit is responsible for buying-in to Medicare, Part B, for the Client.

The beginning date of SLIMB eligibility may be backdated up to 3 months prior to the month of application, provided all eligibility requirements were met. When SLIMB eligibility ends, it ends effective the month following the month in which ineligibility occurs or whenever the advance notice period ends.

**2. Nursing Facility Services**

Eligibility for SLIMB alone does not cover the Medicare co-insurance and/or deductibles associated with nursing facility services. However, the client may be dually eligible for SLIMB and Medicaid nursing facility services as described in Chapter 17.

**VIII. CONCLUSIONS OF LAW:**

- 1) Policy provides that the asset limit for SLIMB during the month of October 2009 is four thousand dollars (\$4000.00); therefore, SLIMB applicant's total countable assets must not exceed this amount in order to meet the asset test.
- 2) The Claimant verified his countable assets for the October 15, 2009 application as four thousand fifty three dollars and seventeen cents (\$4053.17), which exceeds the maximum allowable assets for SLIMB for that time period.
- 3) Based on the evidence, the Claimant clearly has failed to show that he is eligible for SLIMB benefits for the month of application.

**IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying the Claimant's October 15, 2009 application for Medicaid benefits through the Specified Low-Income Medicare Beneficiary (SLIMB) Program.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 12<sup>th</sup> Day of February, 2010.**

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**Cheryl Henson  
State Hearing Officer**