



**State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
1027 N. Randolph Ave.  
Elkins, WV 26241**

**Earl Ray Tomblin  
Governor**

**Karen L. Bowling  
Cabinet Secretary**

July 20, 2016



RE: [REDACTED] v. WVDHHR  
ACTION NO.: 16-BOR-1780

Dear Ms. [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,

Pamela L. Hinzman  
State Hearing Officer  
Member, State Board of Review

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

cc: Leslie Bonds, WVDHHR

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

██████████,

**Appellant,**

**v.**

**Action Number: 16-BOR-1780**

**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' Common Chapters Manual. This fair hearing was convened on July 14, 2016, on a request for appeal filed April 21, 2016.

The matter before the Hearing Officer arises from the April 6, 2016 decision by the Respondent to deny the Appellant's Medicare Premium Assistance benefits.

At the hearing, the Respondent appeared by Leslie Bonds, Economic Services Supervisor, WVDHHR. The Appellant appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- |     |   |
|-----|---|
| D-1 | Hearing Request Notification (IG-BR-29)   |
| D-2 | Notice of Decision dated April 6, 2016, returned to Department with Fair Hearing Request Form and notes from Appellant on April 21, 2016                  |
| D-3 | Application for the Qualified Medicaid Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLIMB) and Qualified Individuals (QI-1) Programs |
| D-4 | West Virginia Income Maintenance Manual Chapter 10.16   |
| D-5 | West Virginia Income Maintenance Manual Chapter 10, Appendix A  |
| D-6 | Hearing Summary   |

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 April 6, 2016, the Respondent issued notice (D-2) to the Appellant, informing her of its decision to deny Medicare Premium Assistance benefits based on excessive income.
- 2) Leslie Bonds, Economic Services Supervisor with the Department, testified that the Appellant's total household income includes the Appellant's gross monthly Social Security benefits of \$1,369.90 and her husband [REDACTED] gross unemployment benefits of \$420 per week (or \$1,806 per month based on the Department's converted income calculations). Total household income was calculated as \$3,175.90 per month.
- 3) The monthly income limit for a two-person Assistance Group for the Qualified Medicare Beneficiaries (QMB) Program is \$1,335; the income limit for the Specified Low Income Medicare Beneficiaries (SLIMB) Program is \$1,602 per month; and the income limit for the Qualified Individuals (QI-1) Program is \$1,803 per month. Ms. Bonds testified that the Appellant was also evaluated for the Adult Medicaid Program; however, she did not have any medical bills with which to meet a spenddown.

### **APPLICABLE POLICY**

West Virginia Income Maintenance Manual Chapter 10.16.B. (D-4) states that countable income for Medicare Premium Assistance Programs is determined by subtracting any allowable disregards and deductions from the total non-excluded gross income.

West Virginia Income Maintenance Manual Chapter 10, Appendix A (D-5) states that the gross monthly income limit for the QMB Program for a two-person Assistance Group is \$1,335. The income limits for SLIMB and QI-1 are \$1,602 and \$1,803, respectively.

### **DISCUSSION**

Policy has established the highest income limit for the Department's Medicare Premium Assistance Programs as \$1,803 for a two-person Assistance Group. As the Department calculated the Appellant's gross monthly household income as \$3,175.90 - and the Appellant did not dispute that amount - denial of the Appellant's Medicare Premium Assistance application is affirmed.

### **CONCLUSIONS OF LAW**

The Department acted correctly in denying the Appellant's Medicare Premium Assistance application based on excessive income.

### **DECISION**

It is the decision of the State Hearing Officer to UPHOLD the Department's decision to deny Medicare Premium Assistance benefits.

**ENTERED this 20th Day of July 2016.**

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**Pamela L. Hinzman**  
**State Hearing Officer**