



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF INSPECTOR GENERAL  
BOARD OF REVIEW  
2699 Park Avenue, Suite 100  
Huntington, WV 25704

Jim Justice  
Governor

Bill J. Crouch  
Cabinet Secretary

May 26, 2017

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 17-BOR-1325

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,

Todd Thornton  
State Hearing Officer  
Member, State Board of Review

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

cc: Bryce Legg, Department Representative  
Lance Whaley, Department Representative

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

██████████,

**Appellant,**

v.

**Action Number: 17-BOR-1325**

**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 March 23, 2017, on an appeal filed February 23, 2017.

The matter before the Hearing Officer arises from the Respondent's February 21, 2017 decision to terminate the Appellant's Medicaid benefits.

At the hearing, the Respondent appeared by Bryce Legg. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Income Summary screen print from the Respondent's data system regarding the Appellant
- D-2 West Virginia Income Maintenance Manual (WVIMM), Chapter 10, Appendix A
- D-3 WVIMM, Chapter 10.6 (excerpt)

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 a category of Medicaid coverage limited to the payment of some costs related to Medicare coverage.
- 2) The Appellant's income from Social Security was updated in a "mass change," accomplished through a data exchange between the Respondent and the Social Security Administration (SSA).
- 3) The Appellant's countable income includes Social Security benefits and a pension which total \$1,473 monthly.
- 4) The Appellant's household consists of one (1) person.
- 5) The Appellant's countable monthly income exceeds the income limits for all three categories of limited Medicaid coverage related to Medicare for one-person households. (Exhibit D-2)
- 6) The Respondent notified the Appellant of Medicaid termination based on excessive income.

### **APPLICABLE POLICY**

The West Virginia Income Maintenance Manual (WVIMM), at §16.6, sets income limits for three categories of limited Medicaid coverage related to the payment of costs related to Medicare coverage: Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLIMB) and Qualified Individual (QI-1). QMB has an income limit of 100% of the Federal Poverty Level (FPL) (§16.6.C). SLIMB has an income limit of 120% of FPL (§16.6.D). QI-1 has an income limit of 134% of FPL (§16.6.E).

WVIMM, §10, Appendix A, indicates these income limits were as follows at the time of the Respondent's decision: \$1,005 (QMB); \$1,206 (SLIMB); and, \$1,357 (QI-1).

### **DISCUSSION**

The Respondent terminated the Appellant's Medicaid and the Appellant requested this hearing to contest this action.

The Respondent must show by a preponderance of the evidence that the Appellant's household is ineligible for Medicaid. The Respondent clearly established this in the hearing.

The Appellant's household consists of herself. There was no dispute of the gross income amounts counted by the Respondent in determining the Appellant ineligible for Medicaid. The Appellant contended there were deductions taken out of her income, but did not offer any

evidence that these deductions exist or are allowable by policy. The Appellant had previously verified her pension amount and her Social Security amount was verified by the SSA. The Appellant's countable income exceeds the limits for the limited Medicaid coverage groups. The Respondent was correct to terminate the Appellant's Medicaid on this basis.

### **CONCLUSION OF LAW**

- 1) Because the Appellant's household has excessive income for the Medicaid limited coverage groups (QMB, SLIMB, and QI-1), the Respondent must terminate her Medicaid benefits.

### **DECISION**

It is the decision of the State Hearing Officer to **uphold** the Respondent's termination of Medicaid for the Appellant's household.

**ENTERED this \_\_\_\_ Day of May 2017.**

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**Todd Thornton**  
**State Hearing Officer**