



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL**

**Bill J. Crouch
Cabinet Secretary**

**BOARD OF REVIEW
Raleigh County District
407 Neville Street
Beckley, WV 25801**

**Jolynn Marra
Interim Inspector General**

September 29, 2020

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 20-BOR-2149

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,

Kristi Logan
State Hearing Officer
Member, State Board of Review

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

cc: Leslie Bonds, [REDACTED] County DHHR

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

██████████,

Appellant,

v.

Action Number: 20-BOR-2149

**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 September 29, 2020, on an appeal filed September 10, 2020.

The matter before the Hearing Officer arises from the September 2, 2020, decision by the Respondent to deny the Appellant's application for Medicare Premium Assistance.

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

Department's Exhibits:

- D-1 Hearing Request Notification
- D-2 Hearing Request received September 10, 2020
- D-3 Notice of Denial dated September 2, 2020
- D-4 Application for Medicare Buy-In Program received September 1, 2020
- D-5 Bank Statement for August 2020
- D-6 West Virginia Income Maintenance Manual §23.12
- D-7 West Virginia Income Maintenance Manual §23.12.2
- D-8 West Virginia Income Maintenance Manual §23.12.3
- D-9 West Virginia Income Maintenance Manual §4.12
- D-10 West Virginia Income Maintenance Manual §4.14.2.A.6
- D-11 West Virginia Income Maintenance Manual Chapter 4 Appendix A

D-12 Department's Summary

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 applied for Medicare Premium Assistance on September 1, 2020 (Exhibit D-4).
- 2) The Appellant is the sole member of his assistance group.
- 3) The Appellant's gross monthly income is from Social Security benefits of \$959.60 and a pension of \$538.40 (Exhibit D-5).
- 4) The Respondent issued a Notice of Denial on September 2, 2020 advising the Appellant that his income exceeded the allowable limit to receive Medicare Premium Assistance benefits (Exhibit D-3).

APPLICABLE POLICY

West Virginia Income Maintenance Manual §4.12.1 states countable income for Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLIMB) and Qualified Individual (QI-1) coverage groups is determined as follows:

- Step 1: Determine the total countable gross unearned income and subtract the appropriate disregards and deductions.
- Step 2: Determine the total countable gross earned income and subtract the appropriate disregards and deductions.
- Step 3: Add the results from Step 1 and Step 2 to achieve the total monthly countable income.
- Step 4: Compare the amount in Step 3 to the QMB, SLIMB, or QI-1 income levels for the appropriate number of persons.

If the amount is less than or equal to the QMB, SLIMB, or QI-1 income levels, the client(s) is eligible.

Eligibility for these coverage groups is determined as follows:

- QMB – Income is less than or equal to 100% Federal Poverty Level (FPL).
- SLIMB – Income is greater than 100% FPL, but less than or equal to 120% FPL.
- QI-1 – Income is greater than 120% FPL, but less than or equal to 135% FPL.

West Virginia Income Maintenance Manual §4.14.2 lists the allowable unearned income deductions and disregards for QMB, SLIMB and QI-1 coverage groups as:

- SSI \$20 Disregard - a \$20 disregard is applied to the total gross unearned income.
- Unearned Income Diverted to a PASS - any unearned income diverted to a PASS account is deducted from income.
- One-third of the child support intended for the SSI-Related child is disregarded.
- Death Benefits - The portion of a lump-sum payment received as a result of the death of an individual, which is used to pay the expenses of the last illness and burial of that individual, is deducted.

West Virginia Income Maintenance Manual Chapter 4 Appendix A lists the income limits for QMB, SLIMB and QI-1 coverage groups as:

- QMB - \$1,064
- SLIMB - \$1,065 - \$1,277
- QI-1 - \$1,278 - \$1,437

DISCUSSION

Pursuant to policy, eligibility for the Medicare Premium Assistance program is determined by combining the assistance group's total gross income and subtracting allowable deductions. The Appellant's total gross monthly income is \$1,498 from Social Security and pension benefits.

The Appellant is entitled to the \$20 SSI disregard, making his total countable income \$1,478. The maximum income limit to qualify for Medicare Premium Assistance is \$1,437. The Appellant's income is excessive to receive Medicare Premium Assistance.

The Appellant testified that he only receives \$815 monthly in Social Security benefits, after his Medicare premium is deducted. The Appellant contested the use of his gross income in determining his eligibility for the program.

Policy does not allow for a deduction for the Appellant's Medicare premium from his Social Security income, therefore his gross amount of \$959.60 must be used in calculating his eligibility for Medicare Premium Assistance.

Whereas the Appellant's total countable income exceeds the allowable limit to receive Medicare Premium Assistance, the Respondent correctly denied his application.

CONCLUSIONS OF LAW

- 1) The income limit for an individual to receive Medicare Premium Assistance is \$1,437 monthly.
- 2) The Appellant's total countable income, after allowable deductions, is \$1,478 monthly.
- 3) The Appellant's income exceeds the allowable limit to receive Medicare Premium Assistance.

DECISION

It is the decision of the State Hearing Officer to uphold the Respondent's decision to deny the Appellant's application for Medicare Premium Assistance.

ENTERED this 29th day of September 2020.

**Kristi Logan
State Hearing Officer**