



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

**Bill J. Crouch  
Cabinet Secretary**

**Board of Review  
State Capitol Complex  
Building 6, Room 817-B  
Charleston, West Virginia 25305  
Telephone: (304) 352-0805 Fax: (304) 558-1992**

**Jolynn Marra  
Inspector General**

March 10, 2022

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 22-BOR-1160

Dear [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: Joshua Fetty, DHHR

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

██████████,

**Appellant,**

**v.**

**Action No.: 22-BOR-1160**

**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 1, 2022, on an appeal filed January 27, 2022.

The matter before the Hearing Officer arises from the January 19, 2022 decision by the Respondent to deny Medicaid benefits due to excessive income.

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

**EXHIBITS**

**Department's Exhibits:**

- |     |   |
|-----|---|
| D-1 | Printout of Case Comments (excerpt)<br>Entries dated October 2021 and November 2021 |
| D-2 | Policy citation, West Virginia Income Maintenance Manual, § 23.12.2                 |
| D-3 | Notice of Decision, dated November 22, 2021   |

**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 Medicaid benefits – specifically, a limited coverage Medicaid category known as Qualified Medicare Beneficiary (QMB).
- 2) On November 22, 2021, the Respondent issued a notice of decision to the Appellant regarding his Medicaid application. (Exhibit D-3)
- 3) This notice (Exhibit D-3) advised the Appellant that he was approved for Medicare Premium Assistance, effective December 2021.
- 4) The Appellant had \$1169.10 in countable net income for Medicaid (Exhibit D-3) at the time of his Medicaid application.
- 5) The Appellant had an assistance group (AG) size of one (1) at the time of his Medicaid application.
- 6) The income limit for Specified Low-Income Medicare Beneficiary (SLIMB) was \$1288 at the time of the Appellant’s Medicaid application.
- 7) The income limit for Qualified Medicare Beneficiary (QMB) was \$1074 at the time of the Appellant’s Medicaid application.
- 8) The Appellant was approved for SLIMB Medicaid coverage.
- 9) The Appellant was denied for QMB Medicaid coverage.

### **APPLICABLE POLICY**

West Virginia Income Maintenance Manual (WVIMM), §4.12 addresses Medicaid income eligibility for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLIMB), and Qualifying Individuals (QI-1) categories.

At §4.12.1, this policy outlines the steps to determining income eligibility, and reads, in pertinent part:

Countable income is determined as follows:

Step 1: Determine the total countable gross unearned income and subtract the appropriate disregards and deductions. See Section 4.14.2.

Step 2: Determine the total countable gross earned income and subtract the appropriate disregards and deductions. See Section 4.14.2.

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. See Section 4.14 for SSI-Related deeming procedures.

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% 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.

WVIMM, §4.14.2, lists the income deductions and disregards, and at §4.14.2.B.1, policy provides the following regarding the SSI \$20 Disregard:

A \$20 disregard is applied to the total gross unearned income. If unearned income is less than \$20, the remainder is subtracted from earned income, prior to the application of any other earned income disregards and deductions.

WVIMM, Chapter 4, Appendix A, provides a table of income limits for QMB, SLIMB, and QI-1. For a one-person assistance group (AG), these income limits are: \$1074 (QMB), \$1288 (SLIMB), and \$1449 (QI-1).

## **DISCUSSION**

The Appellant applied for Medicaid categories that assist with Medicare premium amounts. The Appellant has appealed the Respondent's decision to deny his Medicaid application for QMB due to excessive income. The Respondent must prove by preponderance of the evidence that the Appellant's Medicaid application for QMB was correctly denied on this basis.

The Appellant did not dispute income amounts or household size factors. The Appellant testified regarding the reasons he needs QMB Medicaid coverage. The Appellant was approved for SLIMB Medicaid coverage as a result of his November 2021 application, but this category of

coverage is not as broad as QMB coverage. The Respondent mailed the Appellant an approval letter for SLIMB coverage because he was approved under that category. The income and household composition factors from the November 2021 approval letter were not disputed, and these amounts support the Respondent action.

The Appellant had household income of \$1189.10 per month (Exhibit D-3), and after a \$20 disregard allowed by policy, the remaining countable net income of \$1169.10 per month exceeds the \$1074 limit set for QMB Medicaid. Because this amount was in the range for SLIMB Medicaid coverage, the Appellant was approved under this category.

The Appellant testified regarding his medical problems. He indicated that he requires many surgeries and medical procedures and needs QMB Medicaid coverage to afford them. He testified about car problems and other financial difficulties that necessitate the more comprehensive coverage provided by QMB Medicaid over SLIMB Medicaid. However, the determination of QMB coverage in the Appellant's case was due to undisputed income amounts and income limits set by policy.

The Respondent was correct to deny the Appellant's application for QMB Medicaid based on excessive income.

### **CONCLUSIONS OF LAW**

- 1) Because the Appellant has countable monthly income more than the program limit for QMB (\$1074), the Respondent must not approve QMB Medicaid coverage for the Appellant.
- 2) Because the Appellant has countable monthly income less than the program limit for SLIMB (\$1288), the Respondent correctly approved SLIMB Medicaid coverage for the Appellant.

### **DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to deny the Appellant's application for QMB Medicaid benefits.

**ENTERED this \_\_\_\_ Day of March 2022.**

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