

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

██████████,

Appellant,

v.

Action No.: 22-BOR-2617

**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 February 14, 2023, on an appeal filed December 15, 2022.

The matter before the Hearing Officer arises from the December 12, 2022, decision by the Respondent to approve Specified Low-Income Medicare Beneficiary (SLIMB) benefits and fail to evaluate eligibility for full coverage Medicaid benefits.

At the hearing, the Respondent appeared by Jessica Koch, Economic Services Supervisor, WVDHHR. The Appellant appeared *pro se*. Appearing as a witness for the Appellant was ██████████, the Appellant's wife. All witnesses were sworn and the following documents were admitted into evidence.

EXHIBITS

Department's Exhibits:

- D-1 Unearned Income information from Respondent's computer system
- D-2 SSI-Related Medicaid Income Budget information from Respondent's computer system
- D-3 West Virginia Income Maintenance Manual Chapter 4, Appendix A
- D-4 West Virginia Income Maintenance Manual Chapter 1.3.4.C
- D-5 Medicare Buy-In Program application received on October 3, 2022

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 submitted an application (DFA-QSQ-1) for the Medicare Buy-In Program on October 3, 2022 (Exhibit D-5).
- 2) At the time of application, the Appellant received monthly gross Social Security Disability Income (SSDI) of \$1,280 per month (Exhibit D-1).
- 3) The Respondent sent the Appellant a Notice of Decision on December 12, 2022, informing him that he was approved for Specified Low-Income Medicare Beneficiary (SLIMB) benefits.
- 4) The Appellant filed a Fair Hearing Request on December 15, 2022, indicating that he had wished to apply for full coverage Medicaid benefits because he cannot afford to pay co-pays for medical services.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 1.3.4.C states that the DFA-QSQ-1 application is used for Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLIMB), and Qualified Individual-1 (QI-1) applications only (Exhibit D-4).

West Virginia Income Maintenance Manual Chapter 1.2.3.A states that the worker must ensure that the client has an opportunity to apply for all of the Department's programs on the date that he expresses interest.

DISCUSSION

Policy states that the worker must ensure that a client has an opportunity to apply for all of the Department's programs on the date that he expresses interest. A DFA-QSQ-1 application is only used to determine eligibility for Medicare Premium Assistance Programs (QMB, SLIMB and QI-1).

The Appellant's wife testified that she had requested a Medicaid application for the Appellant, but the Respondent provided her with the DFA-QSQ-1 form. The Appellant testified that he has problems with his feet and desires full coverage Medicaid benefits.

The Respondent's witness, Jessica Koch, testified that the Appellant was only evaluated for Medicare Premium Assistance Program benefits because he had only submitted the DFA-QSQ-1

form, which is program specific. Ms. Koch indicated that she had reviewed the Appellant's income information and determined that he could possibly qualify for SSI-Related Medicaid benefits with a spenddown. The Appellant and his wife indicated that he does not currently have any unpaid medical bills to use toward a spenddown. Ms. Koch agreed to provide the Appellant with an application for full coverage Medicaid benefits. She also stated that the Appellant could apply for the hospital charity program to assist with expenses that his Medicare benefits do not cover.

Based on information provided during the hearing, the Respondent acted correctly in approving the Appellant's application for SLIMB benefits, but must evaluate the Appellant for regular Medicaid benefits since he had expressed an interest in full coverage Medicaid.

CONCLUSIONS OF LAW

- 1) Policy states that a worker must ensure that a client has an opportunity to apply for all of the Department's programs on the date that he expresses interest.
- 2) A DFA-QSQ-1 application is only used to determine eligibility for Medicare Premium Assistance Programs (QMB, SLIMB and QI-1).
- 3) The Appellant was provided with a DFA-QSQ-1 application to complete, but had expressed interest in full coverage Medicaid when the application was provided by the Respondent.
- 4) The Appellant was not evaluated for full coverage Medicaid.
- 5) The Appellant must be evaluated for full coverage Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to approve SLIMB benefits; however, the case is **REMANDED** to the Respondent for the evaluation of full coverage Medicaid benefits.

ENTERED this ____ Day of February 2023.

Pamela L. Hinzman
State Hearing Officer

