



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of the Inspector General
Board of Review**

**Jeffrey H. Coben, MD
Interim Cabinet Secretary**

**Sheila Lee
Interim Inspector General**

October 11, 2023

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 23-BOR-2648

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,

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

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

cc: Ruth Skinner, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 23-BOR-2648

**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 October 10, 2023.

The matter before the Hearing Officer arises from the August 23, 2023, decision by the Respondent to deny Medicare Premium Assistance Program benefits.

At the hearing, the Respondent appeared by Robert Gowers, Economic Service Worker Senior, WVDHHR. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Medicaid redetermination form received by Respondent on July 25, 2023
- D-2 Notice of Decision dated August 23, 2023
- D-3 Fair Hearing Request received by Respondent on August 24, 2023
- D-4 Notice of Decision dated February 14, 2023 (regarding SNAP benefits)

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 a Medicaid redetermination form to the Respondent on July 25, 2023 (Exhibit D-1).
- 2) The Appellant receives \$2,301.90 in gross monthly Social Security Disability income per month.
- 3) The Appellant was notified on August 23, 2023, that Medicare Premium Assistance Program (MPAP) benefits were denied due to excessive income (Exhibit D-2).
- 4) The Respondent calculated the Appellant's net countable monthly income for Medicare Premium Assistance Programs as \$2,281.90 (\$2,301.90 gross monthly income minus SSI \$20 Disregard) (Exhibit D-2).
- 5) The income limit for a one-person MPAP Assistance Group is \$1,641 per month (Exhibit D-2).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 4.12.1 states the following regarding income limits for Medicare Premium Assistance Programs, including Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLIMB), and Qualifying Individuals (QI-1).

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. See Appendix A.

West Virginia Income Maintenance Manual Chapter 4, Appendix A, states that the QI-1 income limit (highest MPAP income limit) for one person is \$1,641 per month.

West Virginia Income Maintenance Manual Chapter 14.12.1 states that countable income for MPAPs is determined by subtracting any allowable disregards and deductions from the total countable gross income. This section indicates that the SSI-Related Medicaid income disregards in Chapter 14.14.2 are used in calculating countable income for MPAPs. The only allowable unearned income disregards listed in Chapter 14.14.2.B.1 are the SSI \$20 Disregard, unearned income diverted to a PASS, one-third of child support intended for the SSI-Related child, and a portion of lump sum death benefits.

DISCUSSION

Policy states that the income limit for Medicare Premium Assistance Programs for a one-person Assistance Group is \$1,641 per month.

The Appellant did not dispute his countable income as calculated by the Respondent, but testified that his net Social Security income and his household living expenses should be considered when determining eligibility for Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits.

As the Appellant qualifies for the \$20 SSI Income Disregard, and there is no information that he qualifies for the other permissible unearned income disregards specified under MPAP policy, his monthly income is excessive for Medicare Premium Assistance Programs.

CONCLUSIONS OF LAW

- 1) The income limit for the Medicare Premium Assistance Program for a one-person Assistance Group is \$1,641 per month.
- 2) The Appellant's countable unearned income is \$2,281.90 per month.
- 3) The Respondent correctly denied the Appellant's MPAP benefits based on excessive income.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Respondent's action to deny MPAP benefits.

ENTERED this 11th day of October 2023.

**Pamela L. Hinzman
State Hearing Officer**