



**State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
PO Box 6165
Wheeling, WV 26003**

**Joe Manchin III
Governor**

**Martha Yeager Walker
Secretary**

December 19, 2006

Dear Ms. _____

Attached is a copy of the findings of fact and conclusions of law on your hearing held December 7, 2006. Your hearing request was based on the Department of Health and Human Resources' proposal to terminate your SSI Medicaid benefits and decrease your Food Stamp benefits.

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.

Eligibility for the SSI Medicaid Program is based on current policy and regulations. Some of these regulations state as follows: According to the West Virginia Income Maintenance Manual Section 9.10 SSA makes the determination of need for SSI. Receipt of SSI is the only eligibility factor. West Virginia Income Maintenance Manual Section 10.4 indicates that when one household member is elderly or disabled eligibility is determined by comparing the countable income to the maximum net monthly income.

The information which was submitted at your hearing revealed that you are no longer a recipient of SSI. Your SSI benefits stopped effective October 2006 when you became eligible for Social Security Disability payments. When utilizing the higher Social Security Disability income in determining your Food Stamp eligibility a decrease in your Food Stamp benefits resulted.

It is the decision of the State Hearing Officer to uphold the proposal of the Department to terminate your benefits under the SSI Medicaid Program and decrease your Food Stamp allotment as proposed by the agency.

Sincerely,

Melissa Hastings
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Joyce Wilson, DHHR

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

_____ **Claimant,**

v.

**Action Numbers: 06-BOR-3145
06-BOR-3146**

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on December 7, 2006 for _____. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on December 7, 2006 on a timely appeal, filed October 16, 2006.

It should be noted here that the claimant's benefits have been continued pending a hearing decision.

II. PROGRAM PURPOSE:

The Program entitled SSI Medicaid is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

The amendment to the Social Security Act which established SSI and subsequent rules and regulations gave the states the same options regarding Medicaid coverage for SSI recipients. West Virginia elected to cover all SSI recipients and to accept SSA's determination process for SSI Medicaid. Consequently there is no application or eligibility determination process for SSI Medicaid. Instead the Department depends upon SSA for the information needed to open and close SSI Medicaid cases.

The purpose of the Food Stamp Program is to provide an effective means of utilizing the nation's abundance of food "to safeguard the health and well-being of the nation's population and raise levels of nutrition among low-income households." This is accomplished through the

issuance of EBT benefits to households who meet the eligibility criteria established by the Food and Nutrition Service of the U.S. Department of Agriculture

III. PARTICIPANTS:

_____ - Claimant via telephone
Joyce Wilson - Family Support Specialist

Presiding at the Hearing was Melissa Hastings, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question to be decided is whether the Department is correct in the decision to discontinue the claimant's medical card under SSI Medicaid and decrease her monthly Food Stamp allotment.

V. APPLICABLE POLICY:

Sections 2.11; 9.10; 10.4; Appendix A of Chapter 10 and 16.6 of the West Virginia Income Maintenance Manual

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- DHS-1a Notice of Decision addressed to Claimant dated 09/27/06 regarding SSI Medicaid
- DHS-1b Notice of Decision addressed to Claimant dated 09/27/06 regarding Food Stamp Benefits
- DHS-2 WV State Online Query SSI Information Response dated 10/01/06
- DHS-3 WV State Online Query RDSI Information Response dated 02/01/06
- DHS-4 Notice of Award from Social Security Administration dated 09/02/06
- DHS-5 West Virginia Income Maintenance Manual §16.6 Specific Medicaid Requirements
- DHS-6 West Virginia Income Maintenance Manual §Appendix A of Chapter 10
- DHS-7 West Virginia Income Maintenance Manual §10.4 Determining Eligibility and Benefit Level for the Food Stamp Program
- DHS-8 Food Stamp Allotment Determination screen EFAD from the agency's computerized eligibility system RAPIDS with a determination of 11/21/06

VII. FINDINGS OF FACT:

- 1) WV State Online Query SSI Information Response dated 10/01/0606 (**DHS2**) indicates claimant's SSI Gross payment amount is zero.
- 2) A Notice of Decision was sent to the Claimant dated 09/27/06 (**DHS1a**) informing her that her SS I Medicaid would stop effective October 2006. Reason: This individual no longer receives SSI.

- 3) A Notice of Decision was sent to the Claimant dated 09/27/06 (**DHS1b**) informing her that her Food Stamps would decrease from \$57 to \$10 effective 11/01/06 due to an increase in her income.
- 4) A Notice of Award from the Social Security Administration dated 09/02/06 (**DHS4**) addressed to Claimant indicates that Claimant was found to be disabled effective 09/01/05 with benefits starting in February 2006. The letter also indicates that payments would start effective October 2006 in the amount of \$835 per month with a back payment to be calculated and paid at a later date.
- 5) WV State Online Query RDSI Information Response dated 02/01/06 (**DHS3**) indicates that Claimant's Social Security Disability payments effective February 2006 were \$835.00.
- 6) Section 9.10 of the West Virginia Income Maintenance Manual states:

SSA makes the determination of need for SSI. Receipt of SSI is the only eligibility factor for SSI Medicaid.
- 7) Section 16.6A of the West Virginia Income Maintenance Manual states:

There is no application or eligibility determination process for SSI Medicaid. Instead the Department depends upon SSA for the information needed to open and evaluate continuing eligibility for SSI Medicaid cases.
- 8) Section 2.11 of the West Virginia Income Maintenance Manual states:

The worker closes the SSI Medicaid case when the client appears on the Need for Evaluation printout and the Worker determines he is no longer eligible for SSI Medicaid.
- 9) Section 10.4 of the West Virginia Income Maintenance Manual states:

When at least one AG member is elderly or disabled, eligibility is determined by comparing the countable income to the maximum net income found in Appendix A. The following steps are used to determine countable income for cases:
 - Step 1: Combine the monthly gross non-excluded earnings and monthly gross profit from self employment.
 - Step 2: Deduct 20% of Step 1
 - Step 3: Add the gross non-excluded unearned income, including the WV WORKS benefit and any amount reduced or being repaid to the WV WORKS due to failure to comply with a program requirement.
 - Step 4: Subtract the Standard Deduction found in Appendix B
 - Step 5: Subtract the Dependent Care Deduction up to the maximums found in Appendix B
 - Step 6: Subtract the amount of legally obligated child support actually paid.
 - Step 7: Subtract the Homeless Shelter Standard Deduction
 - Step 8: Subtract allowable medical expenses in excess of \$35
 - Step 9: Calculate 50% of the remaining income and compare it to the actual

- monthly shelter/utility cost or shelter amount.
- Step10: If the shelter/utility expense is equal to or less than step 9 no further computation is needed.
- Step 11: Compare the countable income to the maximum net income in Appendix A for the AG size.

To determine the coupon allotment, find the countable income and the number in the household in Appendix C.

- 10)** Food Stamp Allotment Determination (**DHS8**) indicates that Claimant's total household income used in determining Claimant's Food Stamp eligibility was \$1122 per month in unearned income. This total income came from the following undisputed sources:

Social Security	\$835
WV WORKS	\$262
Child Support Incentive	\$25
Total	\$1122

The eligibility determination was done based on the steps found in West Virginia Income Maintenance Manual section 10.4 (**DHS7**). The coupon allotment determined based on the above income was \$10 per month.

VIII. CONCLUSIONS OF LAW:

- 1) West Virginia Income Maintenance manual sections 2.11, 9.10 and 16.6 are clear that the receipt of SSI is the only factor used in determining eligibility for SSI Medicaid. Evidence is clear that Claimant's SSI benefits stopped in October 2006 when she was approved for Social Security Disability benefits.
- 2) West Virginia Income Maintenance manual section 10.4 provides detailed steps that are to be followed when calculating Food Stamp benefits for recipients. Evidence is clear that these steps were followed in making the determination that based on the Claimant's income her household was entitled to \$10 per month in Food Stamp benefits.

IX. DECISION:

It is the decision of the State Hearings Officer to **uphold** the agency's proposed action to terminate Claimant's Medicaid card effective October 2006 and to decrease the household's Food Stamp allotment effective October 2006 to \$10.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 19th Day of December, 2006.

Melissa Hastings
State Hearing Officer