



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
203 E. Third Avenue  
Williamson, WV 25661

Earl Ray Tomblin  
Governor

Rocco S. Fucillo  
Cabinet Secretary

July 20, 2012

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Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held July 13, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to terminate your SNAP benefits due to your failure to verify certain information, and on the Department's alleged decision to deny your SSI-Related Medicaid application.

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 SNAP program is based on current policy and regulations. These regulations provide that SNAP recipients on a 24-month review cycle must complete a 12-month contact review yearly. (West Virginia Income Maintenance Manual §2.2.B.5)

The information submitted at your hearing demonstrated that the Twelve-Month Contact Review of Eligibility form was not received by the Kanawha County office of the WV DHHR. The information submitted at your hearing indicated that the letter you received informing you that your SSI-Related Medicaid application was denied was sent to you in error.

It is the decision of the State Hearing Officer to **Uphold** the decision of the Department to terminate your SNAP benefits because the Twelve-Month Contact Review form was not received, and to **Uphold** the decision of the Department not to issue SSI-Related (Spend-down) Medicaid benefits to you.

Sincerely,

Stephen M. Baisden  
State Hearings Officer  
Member, State Board of Review

cc: Erika Young, Chairman, Board of Review  
Tera Pendleton, WV DHHR, Kanawha County Office

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

**IN RE: -----,**

**Claimant,**

**v.**

**ACTION NO: 12-BOR-1319  
(SNAP termination)**

**WEST VIRGINIA DEPARTMENT OF  
HEALTH AND HUMAN RESOURCES,**

**ACTION NO: 12-BOR-1378  
(SSI-Related Medicaid denial)**

**Respondent.**

**DECISION OF STATE HEARING OFFICER**

**I. INTRODUCTION:**

This is a report 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 by telephone conference call on July 13, 2012, on timely appeals filed May 23, 2012, and May 31, 2012.

**II. PROGRAM PURPOSE:**

The Program entitled the Supplemental Nutrition Assistance Program, or SNAP, is administered by the West Virginia Department of Health & Human Resources (DHHR.)

The purpose of the Supplemental Nutrition Assistance 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.

The 1965 Amendments to the Social Security Act established, under Title XIX, a Federal-State medical assistance program commonly known as Medicaid. The Department of Health and Human Resources administers the Medicaid Program in West Virginia in accordance with Federal Regulations. The Bureau for Medical Services is responsible for development of regulations to implement Federal and State requirements for the program. The Department of Health and Human Resources processes claims for reimbursements to providers participating in the program.

**III. PARTICIPANTS:**

-----, Claimant

Tera Pendleton, WV DHHR, [REDACTED] County Office, Department's representative

Presiding at the Hearing was Stephen M. Baisden, State Hearing Officer and member of the Board of Review.

All participants offering testimony were placed under oath.

**IV. QUESTIONS TO BE DECIDED:**

The questions to be decided are whether or not the Department's decision to terminate Claimant's SNAP benefits is correct and whether or not the Department denied Claimant's application for SSI-Related Medicaid.

**V. APPLICABLE POLICY:**

WV Income Maintenance Manual §2.2.B

**VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

**Department's Exhibits:**

- D-1 CMCC Screen print from RAPIDS System showing Income Maintenance worker case comments made from May 24, 2012, through June 18, 2012, in Claimant's case
- D-2 SNAP 12-Month Contact form, dated April 23, 2012
- D-3 Letter from Department to Claimant, dated May 18, 2012
- D-4 Letter from Department to Claimant, dated May 25, 2012
- D-5 Screen print from RAPIDS showing Medicaid receipt history for Claimant

**VII. FINDINGS OF FACT:**

- 1) On May 23, 2012, Claimant submitted a hearing request based on the Department's decision to terminate his SNAP benefits. According to the request, Claimant completed a mail-in SNAP review form and mailed it to the Department, but the Department closed his SNAP benefits because the form was not received. On May 31, 2012, Claimant submitted a second hearing request based on the Department's decision to deny his application for SSI-Related Medicaid.

- 2) Department's Representative stated that on April 23, 2012, the Department sent Claimant a SNAP 12-Month Contact form (Exhibit D-2), asking him to complete it and return it to the WV DHHR, ----- County office, by May 1, 2012. She stated that this form was not returned to the ----- DHHR, so the Department issued Claimant a letter on May 18, 2012, indicating his SNAP benefits would be terminated at the end of that month. (Exhibit D-3.) Claimant testified that he completed the form and returned it by mail shortly after receiving it. He stated that he had no verification that he did so, and added that he placed the material in an envelope and sent it by first-class mail.
- 3) Department's Representative stated that on May 25, 2012, the Department sent Claimant a notice indicating that his SSI-Related Medicaid application had been denied because he had not submitted unpaid medical bills to meet a spenddown within thirty (30) days of the application date. (Exhibit D-4.) She stated that this letter was sent to Claimant by mistake. She stated that this letter was from Claimant's RAPIDS letter history, concerning an SSI-Related Medicaid application he had made in 2011, before he was approved for Social Security Disability benefits. The letter says on page 2:

ACTION: Your application for Medicaid dated 5/31/11 has been denied.

REASON: You failed to meet your spenddown within 30 days from application date.

Department's Representative stated that the date, May 31, 2011, indicates this letter concerned an older application, and she stated that she did not know why this letter from Claimant's letter history was sent to him again. Department's Representative stated that since Claimant receives Social Security Disability benefits, he applied for and was approved for Qualified Medicare Beneficiary (QMB) Medicaid, a medical assistance program that pays a recipient's Medicare premium and certain other health care-related costs. She submitted a screen print from Claimant's case record indicating that his QMB eligibility has continued uninterrupted since he was approved for the program. (Exhibit D-5.) The Claimant did not dispute the position of the Department's Representative that he did not apply for SSI-Related Medicaid.

- 4) West Virginia Income Maintenance Manual, Chapter 2.2.B.5 states in pertinent part:

#### **12-Month Contact Review of Eligibility**

All SNAP AG's certified for 24 months must have a review completed in the 12th month of eligibility. This review differs from a full-scale redetermination as follows:

- The 12-month contact review may be completed by mail, phone, or by inROADS; and
- No interview is conducted unless the client requests one.

RAPIDS automatically mails a DFA-SNAP-12 to the 24-month AG's in the 11th month. Failure to complete the 12-month contact results in case closure.

**VIII. CONCLUSIONS OF LAW:**

- 1) Policy dictates that a SNAP recipient on a 24-month review cycle must complete a 12-month review by mail, telephone or "inROADS," an internet review service. Although Claimant testified that he returned the review form by mail, the Department did not receive it. The Department acted correctly to terminate Claimant's SNAP benefits because the review form was not received.
- 2) The Department was correct not to approve Claimant for SSI-Related Medicaid. Claimant had not applied for this benefit.

**IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the proposal of the Department to terminate Claimant's SNAP benefits because his 12-month contact review form was not received at his county DHHR office. The State Hearing Officer also **upholds** the proposal of the Department to not extend SSI-Related Medicaid to Claimant because he had not applied for this benefit since he began receiving QMB.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 20<sup>th</sup> day of July 2012.**

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**Stephen M. Baisden  
State Hearing Officer**