



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
4190 Washington Street, West
Charleston, West Virginia 25313

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

April 8, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR
Action Nos.: 15-BOR-1557 (SNAP), 15-BOR-1558 (Medicaid) and
15-BOR-1559 (LIEAP)

Dear Ms. [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,

Donna L. Toler
State Hearing Officer
Member, State Board of Review

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

cc: Tera Pendleton, Economic Service Worker

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

██████████,

Claimant,

v.

**ACTION NOs.: 15-BOR-1557 (SNAP),
15-BOR-1558 (Medicaid), and
15-BOR-1559 (LIEAP)**

**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' (DHHR) Common Chapters Manual. This fair hearing was convened on April 7, 2015, on an appeal filed March 9, 2015.

The matter before the Hearing Officer arises from the Respondent's termination of Claimant's eligibility for Supplemental Nutrition Assistance Program (SNAP) and a denial of the Claimant's applications for Modified Adjusted Gross Income (MAGI) Medicaid, and Low-Income Energy Assistance Program (LIEAP) benefits.

At the hearing, the Respondent appeared by Tera Pendleton, Economic Service Worker. The Claimant appeared *pro se*. All participants were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Case Comments computer screen print dated June 19, 2014 through March 26, 2015
- D-2 Employment Income computer screen print for the Claimant, pay dates April 30, 2014 through January 17, 2015, and Employment Income computer screen print for ██████████, pay dates January 3, 2015 and January 17, 2015
- D-3 SNAP Budget and LIEAP Budget computer screen prints, determination date February 10, 2015
- D-4 Correspondence from Respondent to Claimant dated January 20, 2015
- D-5 Correspondence from Respondent to Claimant dated February 11, 2015

- D-6 Correspondence from Respondent to Claimant dated February 11, 2015
- D-7 West Virginia Income Maintenance Manual (IMM), Chapter 10, Appendix A

Claimant's Exhibits:

None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence, 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) On October 27, 2014, the Claimant applied for Modified Adjusted Gross Income (MAGI) Medicaid for a one-person household. The Claimant's application was processed by a Department worker on November 17, 2014, and pended for verification of household income. (Exhibit D-1)
- 2) On December 9, 2014, a Department worker documented that a SNAP review was processed for the Claimant's household. In case comments (a record of actions taken in the Claimant's case) it was noted that because income had been verified the previous month, the Claimant was approved for ongoing SNAP benefits. The Department's representative testified that she could find no record that the Claimant's income had been verified and mailed out a second request for verification of the Claimant's income in order to determine eligibility for MAGI Medicaid. (Exhibits D-1 and D-2)
- 3) On January 7, 2015, the Claimant provided verification of her November 2014 income for her MAGI Medicaid application. The Claimant received two (2) paystubs in November 2014, one on November 9 in the amount of \$688 and one on November 22 in the amount of \$671.57. The Department's representative stated that the average of the two pays received in the month of November was multiplied by 2.15 (bi-weekly multiplier) for a total of \$1461.54 per month. (Exhibit D-2)
- 4) On January 20, 2015, the Claimant was mailed notice that her application for Medicaid was denied for excessive income. (Exhibit D-4)
- 5) The income limit for MAGI Medicaid is 133% of the Federal Poverty Level (FPL), which, at the time of application, was \$1305 for a one-person household. (Exhibit D-7)
- 6) On February 10, 2015, a Department worker processed the Claimant's January 29, 2015 application for Low-Income Energy Assistance Program (LIEAP) benefits for a two-person household. The Claimant provided verification of monthly income by submitting paystubs received on January 3 and January 17, 2015 for herself and [REDACTED] (Mr. [REDACTED] who resided with the Claimant. The total gross monthly income for the household was \$1711.37. The income limit for LIEAP is 130% of the FPL, which at the time of application was \$1705 for a two-person household. (Exhibits D-2 and D-7)

- 7) On February 11, 2015, the Claimant was mailed notice that her application for LIEAP was denied for excessive income. (Exhibit D-5)
- 8) The Claimant was a recipient of Supplemental Nutrition Assistance Program (SNAP) benefits for a two-person household. As a result of an increase in household income reported in February 2015, the Claimant's household income exceeded the income limits for SNAP benefits. The gross monthly household income was \$1711.37. The income limit for SNAP is 130% of the FPL, which at the time of application was \$1705 for a two-person household. (Exhibit D-2 and D-7)
- 9) On February 11, 2015, the Claimant was mailed notice that her SNAP benefits were being terminated effective March 1, 2015, due to excessive income. (Exhibit D-6)
- 10) The Claimant did not dispute the income calculations made by the Department. The Claimant reported that Mr. [REDACTED] only works about once a month and has not worked since January 2015. The Department's representative advised the Claimant that if she has had a decrease in income she was welcome to reapply for benefits either in-person, via the internet or by mail. The Claimant requested a SNAP application be mailed to her.

APPLICABLE POLICY

West Virginia Income Maintenance Manual §2.2.B.2.b requires, regardless of reporting requirements, the worker to act on all changes reported during an application for burial assistance or an application or redetermination for any program of assistance, including SNAP benefits, which is entered in RAPIDS and includes an AG member.

West Virginia Income Maintenance Manual §2.2.C.2 2 indicates that when a reported change results in a decrease in benefits, the change is effective the following month, if there is time to issue advance notice. If not, the change is effective two months after it occurs.

West Virginia Income Maintenance Manual Chapter 10, Appendix A, states that 130% of the FPL for a two-person household is \$1705 per month. 133% of the FPL for a one-person household is \$1305 per month.

West Virginia Income Maintenance Manual §10.3.DD (Chart I), outlines income which is counted in the determination of eligibility for SNAP and includes earned income.

West Virginia Income Maintenance Manual 10.3 (Chart II) lists income which is counted in the determination of eligibility for MAGI Medicaid and includes all wages, salaries and tips.

West Virginia Income Maintenance Manual §16.5.F, states that the income limit for MAGI Medicaid is 133% of the Federal Poverty Level (FPL).

West Virginia Income Maintenance Manual §26.2.A.1 outlines income which is counted in the determination of eligibility for LIEAP and includes all income expected to be received in the month of application.

DISCUSSION

The Claimant did not contend that the Department erred in determining her monthly household income for MAGI Medicaid, LIEAP or SNAP benefits.

The Department acted correctly to deny the Claimant's application for Modified Adjusted Gross Income (MAGI) Medicaid. Policy is clear that the gross income limit for MAGI Medicaid is \$1305 per month for a one-person household, while the income for the Claimant was \$1461.54 per month.

The Department acted correctly to deny the Claimant's application for LIEAP. Policy is clear that the gross income limit for LIEAP is \$1705 per month for a two-person household, while the income for the Claimant's household was \$1711.37 per month.

The Department acted correctly to terminate the Claimant's SNAP benefits. Policy established that the gross income limit for SNAP is \$1705 per month for a two-person household, while the income for the Claimant's household was \$1711.37 per month. Additionally, policy indicates that when a reported change results in a decrease in benefits, the change takes place in the month following the report month, unless there is no time to provide advance notice. The Claimant reported an increase in income in January 2015, but the information was not acted upon by the Department until February 10, 2015. The Department was correct in terminating the Claimant's SNAP benefits in the second month following the report month (March 1, 2015).

CONCLUSION OF LAW

The Claimant's household income in the month of November 2014, \$1461.54 per month, is in excess of the income limit of \$1305 set forth by policy for MAGI Medicaid. The Claimant's household income in the month of January 2015, \$1711.37 per month, is in excess of the income limit of \$1705 per month set forth by policy for LIEAP and SNAP benefits.

DECISION

It is the decision of the State Hearing Officer to **uphold** the Department's decision to deny the Claimant's application for Modified Adjusted Gross Income (MAGI) Medicaid and Low-Income Energy Assistance Program (LIEAP) benefits, and to terminate the Claimant's Supplemental Nutrition Assistance Program (SNAP) benefits.

ENTERED this 8th Day of April 2015.

**Donna L. Toler
State Hearing Officer**