



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

Earl Ray Tomblin  
Governor

Karen L. Bowling  
Cabinet Secretary

January 16, 2015



RE: [REDACTED] v. WV DHHR  
ACTION NOS.: 14-BOR-3701 (Medicaid)  
14-BOR-3702 (SNAP)

Dear Mr. [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,

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

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

cc: Tera Pendleton, WV DHHR, [REDACTED] Office

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

██████████,

**Claimant,**

v.

**ACTION NO.: 14-BOR-3701 (Medicaid)  
14-BOR-3702 (SNAP)**

**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' (WV DHHR) Common Chapters Manual. This fair hearing was convened on January 8, 2015, on an appeal filed November 17, 2014.

The matter before the Hearing Officer arises from the November 12, 2014 decision by the Respondent to discontinue the Claimant's receipt of Medicaid and to deny his application for the Supplemental Nutritional Assistance Program (SNAP) benefits because his income was above the income guidelines for both of these programs.

At the hearing, the Respondent appeared by Representative Tera Pendleton of the WV DHHR, ██████████ Office. The Claimant appeared *pro se*. Both participants were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Case recordings from September 12, 2012 through December 31, 2014, from Claimant's SNAP and Medicaid case record
- D-2 Mail-in benefits review form signed by Claimant on October 23, 2014
- D-3 Paycheck earning statements for Claimant's spouse and employment income screen prints from Claimant's case record
- D-4 Letter from Department to Claimant dated November 12, 2014 (notification of Adult Group Medicaid termination)
- D-5 MAGI Medicaid Income Budget screen print from Claimant's case record
- D-6 Letter from Department to Claimant dated November 12, 2014 (notification of SNAP denial of application)
- D-7 SNAP Budget screen print from Claimant's case record

**Claimant'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) On November 12, 2014, the WV Department of Health and Human Resources (DHHR) issued to the Claimant a letter (Exhibit D-4) informing him that the Department was terminating his receipt of Adult Group Medicaid benefits due to excessive income. Also on November 12, 2014, the WV Department of Health and Human Resources (DHHR) issued to the Claimant a letter (Exhibit D-6) informing him that the Department was terminating his household's receipt of SNAP benefits due to excessive income.
- 2) The Claimant's Adult Group Medicaid assistance group (AG) consisted of himself and his spouse. The gross income for the AG was entered on the Employment Income screen of the Claimant's computerized case record (Exhibit D-3). The gross income for the Claimant's AG was \$1856.52 for the month of October 2014.
- 3) The income limit for Adult Group Medicaid is 133% of the Federal Poverty Level. There are two individuals in the Claimant's Medicaid AG. 133% of the Federal Poverty Level for a two-person household is \$1744 per month.
- 4) The Claimant's SNAP assistance group (AG) also consisted of himself and his spouse. The income limit for SNAP is 130% of the Federal Poverty Level. 130% of the Federal Poverty Level for a two-person household is \$1705 per month.
- 5) The Claimant did not dispute the amount of his household's gross income. He stated that he was approved for Medicaid just a few months before this denial, and since nothing had changed in his household's income, he did not understand why his household no longer is eligible for this income. He stated that he has not worked since March 2014, and while he is waiting for a determination on his application for Social Security - Disability benefits, he and his wife are having great financial difficulties. He added that he was particularly concerned about his Medicaid because he is in need of certain medications.

**APPLICABLE POLICY**

WV Income Maintenance Manual (WV IMM) Chapter 16, §16.5.F, states that the gross income limit for Adult Group Medicaid is 133% of the Federal Poverty Level.

WV IMM Chapter 10, Appendix A, states that 133% of the Federal Poverty Level for a two-person assistance group is \$1744 per month.

WV IMM Chapter 10, Appendix A, states that the gross income limit for a SNAP AG of two is 130% of the Federal Poverty Level, or \$1705 per month.

### **DISCUSSION**

The Claimant did not dispute the amount of his household's income. The Department acted correctly to discontinue the Claimant's receipt of Adult Group Medicaid and to deny his application for SNAP.

### **CONCLUSIONS OF LAW**

- 1) The Department was correct to discontinue the Claimant's eligibility for Adult Group Medicaid benefits due to excessive income, pursuant to WV IMM Chapter 16, §16.5.F and Chapter 10, Appendix A.
- 2) The Department was correct to deny the Claimant's application for SNAP benefits due to excessive income, pursuant to WV IMM Chapter 10, Appendix A.

### **DECISION**

It is the decision of the state Hearing Officer to **uphold** the Department's decision to discontinue the Claimant's eligibility for Adult Group Medicaid, and to **uphold** the Department's decision to deny his application for SNAP benefits, due to excessive income.

**ENTERED this 16<sup>th</sup> Day of January, 2015.**

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**Stephen M. Baisden**  
**State Hearing Officer**