



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL

Jim Justice
Governor

BOARD OF REVIEW
1400 Virginia Street
Oak Hill, WV 25901

Bill J. Crouch
Cabinet Secretary

February 14, 2017



RE: [REDACTED] v. WV DHHR
ACTION NO.: 17-BOR-1050/17-BOR-1051

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,

Kristi Logan
State Hearing Officer
Member, State Board of Review

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

cc: Janet Howard, [REDACTED] County DHHR

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

██████████,

Appellant,

v.

**Action Number: 17-BOR-1050 SNAP
17-BOR-1051 MEDICAID**

**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 February 7, 2017, on an appeal filed January 9, 2017.

The matter before the Hearing Officer arises from the November 9, 2016 decision by the Respondent to deny the Appellant's application for Supplemental Nutrition Assistance Program and Adult Medicaid benefits.

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

Department's Exhibits:

D-1 inROADS Supplemental Nutrition Assistance Program and Medicaid Application dated October 21, 2016

D-2 Paystubs dated October 14, 2016, and October 28, 2016

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 applied (D-1) for Supplemental Nutrition Assistance Program (SNAP) and Adult Medicaid benefits on or around October 21, 2016.
- 2) The Respondent issued a Notice of Decision on November 9, 2016, advising the Appellant that SNAP and Adult Medicaid benefits were denied due to excessive income.
- 3) The Respondent determined the Appellant's gross monthly household income as \$1,843.23.
- 4) The income limit for an Assistance Group of two (2) for SNAP benefits is \$1,736 monthly.
- 5) The income limit for an Assistance Group of two (2) for Adult Medicaid benefits is \$1,335.
- 6) The Appellant did not feel that all her monthly expenses were taken into consideration when her eligibility for SNAP and Adult Medicaid was determined.

APPLICABLE POLICY

West Virginia Income Maintenance Manual §10.4(C)(1) [SNAP] states that when no AG [Assistance Group] member is elderly or disabled, the gross income must be equal to or less than the gross income limit (130% of the Federal Poverty Level) in Appendix A of policy. If so, the AG qualifies for the disregards and deductions from the total gross monthly income. If the gross income exceeds the amount in Appendix A, the AG is ineligible for SNAP benefits.

The Affordable Care Act required a new methodology for determining how income is counted and how household composition and size are determined when establishing financial eligibility for all three Insurance Affordability Programs (IAP) - Medicaid, CHIP and Advance Premium Tax Credits (APTC) through the Exchange. Modified Adjusted Gross Income (MAGI) methodologies apply to individuals whose eligibility for Medicaid is determined for coverage effective on or after January 1, 2014.

West Virginia Income Maintenance Manual §§10.8(B) and 10.8(C) [Adult Medicaid] states that to determine the MAGI household size the following step-by-step methodology is used for each applicant

This methodology must be applied to each applicant in the MAGI household separately:

STEP 1: IS THE APPLICANT A TAX FILER?

IF YES: The applicant's MAGI household includes him or herself, each individual they expect to claim as a tax dependent, and his or her spouse if residing with the tax filer. This is known as the tax filer rule.

MAGI household income is the sum of the MAGI-based income of every individual included in the individual's MAGI household. The MAGI household is determined using the MAGI methodology established above. Income of each member of the individual's MAGI household is counted. The adjusted gross income is then compared to 133% of the Federal Poverty Level (FPL) for the appropriate AG size to determine eligibility for MAGI Medicaid.

West Virginia Income Maintenance Manual Chapter 10 Appendix A lists 133% FPL for an AG of two (2) is \$1,776.

West Virginia Income Maintenance Manual Chapter 10 Appendix A lists 130% FPL for an AG of two (2) as \$1,736.

DISCUSSION

To qualify for SNAP benefits, the SNAP Assistance Group's total gross monthly income must not exceed 130% of the Federal Poverty Level for the size of the Assistance Group.

The Appellant's total gross monthly income was determined to be \$1,843.23. The income limit for SNAP benefits (130% FPL) for a 2-person Assistance Group is \$1,776.

To qualify for Adult Medicaid benefits, the total gross monthly income must be below 133% FPL for the size of the Assistance Group.

The income limit (133% FPL) for Adult Medicaid benefits for a 2-person Assistance Group is \$1,736.

The Appellant did not contest the amount of income that was used by the Respondent in the determination of SNAP and Adult Medicaid eligibility, but contended that her monthly expenses were not taken into consideration when she was denied.

When a household does not consist of any elderly (age 60) or disabled individuals, the household's gross income must not exceed the allowable limit as found in policy. Once the gross income test is met, the household's deductions are then applied to the gross income to determine the monthly SNAP allotment. The Appellant's countable gross income exceeded the allowable limit in policy, therefore, her monthly expenses could not be considered.

There are no income deductions that can be applied to the gross income in determining eligibility for Adult Medicaid benefits, and as such, the Appellant's total gross income exceeded the allowable limit as found in policy.

CONCLUSIONS OF LAW

- 1) Policy stipulates that to be eligible for SNAP and Adult Medicaid benefits, the countable gross income must not exceed the limits for the size of the Assistance Group.

- 2) The Appellant's gross monthly income of \$1,843.23 exceed the allowable limit of \$1,776 for SNAP benefits and \$1,736 for Adult Medicaid benefits.
- 3) The Appellant's application for SNAP and Adult Medicaid benefits was correctly denied.

DECISION

It is the decision of the State Hearing Officer to **uphold** the decision by the Department to deny the Appellant's application for Supplemental Nutrition Assistance Program (SNAP) and Adult Medicaid benefits.

ENTERED this 14th day of February 2017

**Kristi Logan
State Hearing Officer**