



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

Bill J. Crouch
Cabinet Secretary

**Board of Review
416 Adams Street Suite 307
Fairmont, WV 26554
304-368-4420 ext. 79326**

Jolynn Marra
Interim Inspector General

October 16, 2018

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NOS.: 18-BOR-2285 and 18-BOR-2286

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 Board of Review 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 that may be taken if you disagree with the decision reached in this matter.

Sincerely,

Tara B. Thompson
State Hearing Officer
State Board of Review

Enclosure: Appellant's Recourse
Form IG-BR-29

cc: Mary VanPelt [REDACTED] County DHHR

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

██████████,

Appellant,

v.

**Action Nos.: 18-BOR-2285 and
18-BOR-2286**

**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 (DHHR) Chapters Manual. This fair hearing was convened on October 4, 2018, on an appeal filed September 11, 2018.

The matter before the Hearing Officer arises from the August 8, 2018 determination by the Respondent to terminate the Appellant's Adult Medicaid benefits and decrease Supplemental Nutrition Assistance Program (SNAP) benefits due to income exceeding the eligibility guidelines.

At the hearing, the Respondent appeared by Mary VanPelt, Economic Service Worker. Appearing as witness on behalf of the Respondent was Debbie Lauderback, Economic Service Worker. The Appellant appeared *pro se*. Appearing as witness for the Appellant was ██████████. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 DHHR Hearing Summary and Evidence List, dated October 4, 2018
- D-2 DHHR SNAP 6 or 12 Month Contact Form, received July 3, 2018
- D-3 DHHR Verification Checklist, dated July 26, 2018
- D-4 ██████████ Paystubs, pay periods from June 17, 2018 through July 14, 2018
- D-5 eRAPIDS Case Comments from April 5, 2018 through September 11, 2018
- D-6 West Virginia Income Maintenance Manual §§4.4.3.A, 4.4.3.B, 7.2.1, 7.2.2 and Chapter 4 Appendix A

Appellant'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 following Findings of Fact are set forth.

FINDINGS OF FACT

- 1) The Appellant is a recipient of SNAP and Adult Medicaid benefits for a two-person Assistance Group (AG) that includes herself and [REDACTED]. (Exhibit D-1, D-2, and D-5)
- 2) The Appellant was initially approved for SNAP benefits based on the AG's monthly gross earned income of \$473. (Exhibit D-2)
- 3) On June 24, 2018, the Appellant completed a SNAP 6 or 12 Month Contact Form and indicated that [REDACTED] obtained twice a month pay from [REDACTED] employment and indicated that the amount of income depended on the weather. (Exhibit D-2)
- 4) On July 26, 2018, the Respondent issued a Verification Checklist and requested that the Appellant submit proof of income for [REDACTED] from June 26, 2018 through July 25, 2018. (Exhibit D-3)
- 5) On August 2, 2018, the Appellant submitted [REDACTED] paystubs from pay periods June 17, 2018 through July 14, 2018. (Exhibit D-4)
- 6) On August 8, 2018, the Respondent issued a notice advising the Appellant that Adult Medicaid benefits would end and SNAP would decrease from \$352 to \$15 per month, effective September 1, 2018.
- 7) The August 8, 2018 notice advised that the Adult Medicaid benefit termination was because the AG's income exceeded the Medicaid eligibility limit and that the SNAP decrease was due to an increase in the AG's income.
- 8) On the August 8, 2018 notice, calculations used to determine Medicaid and SNAP eligibility reflected \$1,957.59 in AG monthly gross earned income.
- 9) Including overtime, [REDACTED] gross earned income from the pay period June 17, 2018 through June 30, 2018 equaled \$826.38. (Exhibit D-4)
- 10) Including overtime, [REDACTED] gross earned income from the pay period July 1, 2018 through July 14, 2018 equaled \$944.63. (Exhibit D-4)
- 11) The Respondent used a gross monthly income amount of \$1,903.84 to determine Medicaid eligibility and SNAP monthly allotment amount. (Exhibit D-1)

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) Chapter 4 Appendix A provides in part:

For a two person Assistance Group (AG):
133% of the Federal Poverty Level (FPL) is \$1,800
Maximum SNAP benefit allotment is \$352

WVIMM §4.4.1 Budgeting Method provides in part:

Eligibility is determined, and benefits are issued on a monthly basis; therefore, it is necessary to determine a monthly amount of income to count for the eligibility period The worker must determine the amount of income that can be reasonably anticipated for the AG.

WVIMM §4.4.3. C Determining the Amount of the Benefit provides in part:

To determine the SNAP allotment, find the countable income using Section 4.4.3.B and the number in the AG in Appendix C, Basis of Issuance. Two-person AGs who meet the gross and net income test or who are categorically eligible, as defined in Section 1.4.17.C automatically receive the minimum benefit, unless it is a prorated benefit.

WVIMM §4.7 MAGI Methodology provides in part:

The Modified Adjusted Gross Income (MAGI) methodology is used to determine financial eligibility for the Adult Group.

WVIMM §23.10.4 Adult Group provides in part:

To be eligible for Medicaid Adult Group coverage income must not exceed 133% FPL.

DISCUSSION

The Respondent's August 8, 2018 notice advised the Appellant' that her Medicaid benefits were being terminated and her SNAP benefits were decreasing pursuant to West Virginia Income Maintenance Manual (WVIMM) Sections 4.4.3, 4.7, and Chapter 4, Appendix A. To prove that the Respondent took appropriate action regarding the Appellant's Medicaid and SNAP benefits, the Respondent had to demonstrate that the Appellant's gross monthly income exceeded income eligibility guidelines for Medicaid and that correct calculations were used to determine the amount of the Appellant's monthly SNAP allotment.

The Appellant contested the Respondent's calculation of monthly income used to determine the AG's eligibility for Medicaid benefits and monthly SNAP benefit amount. The Respondent's evidence verified the AG's earned income for two pay periods. The Respondent testified that the paystub verifications were used to determine the Appellant's benefit eligibility. However, the Respondent did not provide any evidence to demonstrate how the paystubs were used to convert the AG's income into a monthly amount. The Respondent's testimony and evidence offered conflicting amounts of the AG's monthly income. The Respondent testified that the AG's gross monthly income equaled \$1,903.84; however, the August 8, 2018 notice demonstrated that the AG's gross earned income equaled \$1,957.59. No evidence was presented to

demonstrate how the paystub verifications were applied to MAGI methodology to determine the AG's financial eligibility for Medicaid.

Without knowledge of the Respondent's calculation method, this Hearing Officer is unable to determine if the Respondent correctly calculated the AG's gross monthly income when determining benefit eligibility. The Respondent failed to prove by a preponderance of evidence that the amount of gross monthly income reflected on the August 8, 2018 notice was correctly calculated to determine the AG's Medicaid eligibility and monthly SNAP benefit allotment.

CONCLUSIONS OF LAW

- 1) An AG's monthly SNAP benefit allotment is determined by the AG's countable income and number of persons in the AG.
- 2) For a two-person AG to be financially ineligible for Adult Medicaid, the AG's income had to exceed \$1,800.
- 3) The Respondent failed to prove that the \$1,957.59 amount of the AG's gross monthly income reflected on the August 8, 2018 notice was correctly calculated.
- 4) The Respondent incorrectly acted to terminate the Appellant's Adult Medicaid benefits and reduce her monthly SNAP allotment based on an AG monthly gross earned income amount of \$1,957.59.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's decision to terminate the Appellant's Adult Medicaid benefits and reduce her monthly SNAP allotment, effective September 1, 2018. The matter is **REMANDED** for review of the Appellant's earned income to determine the Appellant's Adult Medicaid eligibility and amount of monthly SNAP benefit allotment. Subsequent notices of eligibility should include the Appellant's right to appeal.

ENTERED this 16th day of October 2018.

Tara B. Thompson
State Hearing Officer