



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
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Bill J. Crouch
Cabinet Secretary

Jolynn Marra
Inspector General

March 31, 2022

[REDACTED]
[REDACTED]
[REDACTED]

Re: [REDACTED] v WV DHHR
ACTION NO.: 22-BOR-1209, 22-BOR-1210

Dear [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,

Angela D. Signore
State Hearing Officer
Member, State Board of Review

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

cc: Rebecca Skeens, WV DHHR, [REDACTED]

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

██████████,

Appellant,

v.

**Action Number: 22-BOR-1209 (MPA)
22-BOR-1210 (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' (DHHR) Common Chapters Manual. This fair hearing was convened on March 15, 2022, on an appeal filed February 09, 2022.

The matter before the Hearing Officer arises from the February 03, 2022 determination by the Respondent regarding the Appellant's Supplemental Nutrition Assistance Program (SNAP) benefit calculation and denial of Medicare Premium Assistance (MPA) Program benefits.

At the hearing, the Respondent appeared by Michael Barber, Economic Service Supervisor, DHHR. The Appellant was present at the hearing and was represented by ██████████. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Application for Medicare Buy-In Program, dated January 26, 2022
- D-2 WV PATH eligibility system printout of Unearned Income for Austin Davis, dated February 02, 2022
- D-3 West Virginia Income Maintenance Manual (WVIMM) Chapter 4 Appendix A
- D-4 WV DHHR Notice of Decision, dated February 03, 2022
- D-5 WVIMM § 4.12.1

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 Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- 1) The Appellant is a recipient of SNAP benefits for a one-person Assistance Group (AG).
- 2) The Appellant receives unearned Supplemental Security Income (SSI) in the amount of \$1,680.10 per month. (Exhibit D-2)
- 3) The Appellant is entitled to a standard income deduction in the amount of \$177.00, and a medical deduction of \$135.10 for SNAP purposes.
- 4) The Appellant is not entitled to a shelter/SUA deduction.
- 5) The Appellant's total income for SNAP purposes, after applicable deductions, is \$1,368.00.
- 6) The total allowable limit for a one-person AG to receive SNAP benefits is \$1,074 per month.
- 7) The Appellant is considered categorically-eligible and is entitled to the minimum monthly SNAP allotment of \$20.
- 8) The Appellant applied for Medicare Premium Assistance (MPA) Program benefits on January 26, 2022. (Exhibit D-1)
- 9) Income limits for MPA Program benefits for a one-person AG are as follows: QMB- \$1,074 per month (100% Federal Poverty Level (FPL)); SLIMB- \$1,288 per month (120% FPL); and QI- \$1,449 per month (135% FPL). (Exhibit D-4)
- 10) The Appellant's countable monthly gross income exceeds the \$1,074 income limit for Qualified Medicare Beneficiary (QMB) benefits for a one-person AG. (D-2 and D-3)
- 11) The Appellant's countable monthly gross income exceeds the \$1,288 income limit for Specified Low-Income Medicare Beneficiary (SLIMB) benefits for a one-person AG. (D-2 and D-3)
- 12) The Appellant's countable monthly gross income exceeds the \$1,449 income limit for Qualified Individual (QI) benefits for a one-person AG. (D-2 and D-3)
- 13) The Respondent issued a Notice of Denial on February 03, 2022 advising the Appellant that his income exceeds the allowable limit to receive MPA Program benefits. (Exhibit D-4)
- 14) On February 09, 2022, the Appellant requested a Fair Hearing based on the February 03, 2022 denial of MPA program benefits and monthly Supplemental Nutrition Assistance Program (SNAP) benefit allotment of \$20.00.

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM) § 1.4.17.C.1 provides, in part:

When the AG contains only individuals approved for SSI, the AG is categorically eligible. This also includes the following:

- Persons determined eligible for SSI even though benefits have not been paid yet.
- Persons determined eligible, but who receive zero benefits.

WVIMM Chapter 4, Appendix A provides, in part:

Income limits for MPA Programs for a one-person Assistance Group are as follows: QMB- \$1,074 per month (100% Federal Poverty Level (FPL)); SLIMB- \$1,288 per month (120% FPL); and QI- \$1,449 per month (135% FPL).

WVIMM § 4.2 provides, in part:

Currently, the minimum SNAP benefit is \$20.

WVIMM § 4.3.1 provides, in part:

Social Security benefits are countable sources of income for Medicare Premium Assistance Programs.

WVIMM § 4.4.2.B.6 provides, in part:

Medical expenses in excess of \$35 must be allowed as a medical deduction for AG members who are elderly, which is at least age 60, or disabled, as defined in Section 13.15. Once the medical expenses of all such AG members have been totaled, the amount of the total in excess of \$35 is used as a medical deduction. Thirty-five dollars (\$35) is deducted from the total amount of expenses for the AG, not \$35 from each person's expenses. There is no maximum dollar limit for a medical deduction.

WVIMM § 4.4.2.B.7 provides, in part:

After all other exclusions, disregards, and deductions have been applied, 50% of the remaining income is compared to the total monthly shelter costs and the appropriate SUA. If the shelter costs/SUA exceed 50% of the remaining income, the amount in excess of 50% is deducted. The deduction cannot exceed the shelter/utility cap found in Appendix B.

WVIMM § 4.4.3.A provides, in part:

When at least one AG member is elderly, which is at least age 60, or disabled as specified in Section 13.15, eligibility is determined by comparing the countable income to the maximum net monthly income found in Appendix A. There is no gross income test.

The following steps are used to determine countable income for cases meeting the eligibility test above.

- Step 1: Combine monthly gross countable earnings and monthly gross profit from self-employment
- Step 2: Deduct 20% of Step 1
- Step 3: Add the gross countable unearned income
- Step 4: Subtract the Standard Deduction
- Step 5: Subtract allowable Dependent Care Expenses
- Step 6: Subtract the amount of legally obligated child support actually paid
- Step 7: Subtract the Homeless Shelter Deduction found in Appendix B
- Step 8: Subtract allowable medical expenses in excess of \$35
- Step 9: Calculate 50% of the remaining income and compare it to the actual monthly shelter/SUA amount
- Step 10: If the shelter/SUA costs are equal to or less than the amount found in step 9, no further computation is needed, the amount from step 8 is countable income. If the shelter/SUA costs are greater than step 9, the amount in excess of 50% is deducted to arrive at the countable income. Elderly/Disabled households are not subject to the shelter/utility cap.
- Step 11: Compare the countable income to the maximum net income in Appendix A for the AG size.

To determine the SNAP allotment, find the countable income and the number in the AG in Appendix C, Basis of Issuance.

WVIMM § 4.4.3.C provides, in part:

To determine the SNAP allotment, find the countable income and the maximum benefit allotment for the AG in Appendix A. One- and 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 SNAP benefit.

WVIMM § 4.4.4.A provides, in part:

Although there is no gross or net income test, countable SNAP income for the purposes of determining level of benefit is calculated the same way it is for all other SNAP AGs.

WVIMM § 4.12.1 provides, in part:

Countable income for Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLIMB) and Qualified Individual (QI-1) coverage groups is determined as follows:

- Step 1: Determine the total countable gross unearned income and subtract the appropriate disregards and deductions.
- Step 2: Determine the total countable gross earned income and subtract the appropriate disregards and deductions.

- Step 3: Add the results from Step 1 and Step 2 to achieve the total monthly countable income.
- Step 4: Compare the amount in Step 3 to the QMB, SLIMB, or QI-1 income levels for the appropriate number of persons.

If the amount is less than or equal to the QMB, SLIMB, or QI-1 income levels, the client(s) is eligible.

Eligibility for these coverage groups is determined as follows:

- QMB – Income is less than or equal to 100% Federal Poverty Level (FPL) or \$1,074 per month.
- SLIMB – Income is greater than 100% FPL, but less than or equal to 120% FPL or \$1,288 per month.
- QI-1 – Income is greater than 120% FPL, but less than or equal to 135% FPL or \$1,449 per month.

WVIMM § 4.14.2 provides, in part:

A \$20 disregard is applied to the total gross unearned income. If unearned income is less than \$20, the remainder is subtracted from earned income, prior to the application of any other earned income disregards and deductions.

WVIMM § 13.15.2 provides, in part:

Disabled means the individual is receiving one of the following:

- Supplemental Security Income (SSI)
- Social Security Disability benefits

DISCUSSION

(SNAP 22-BOR-1210)

The Supplemental Nutrition Assistance Program is governed by the U.S. Department of Agriculture Food Nutrition Services (USDA FNS). The USDA FNS determines the guidelines for States to use for budgeting purposes, including, but not limited to, allowable deduction amounts and maximum SNAP issuance amounts. Monthly SNAP allotments are determined by an individual's countable income, after all allowable deductions have been applied.

Evidence submitted by the Respondent established that the Appellant has an uncontested, unearned income of \$1,680.10 per month. As determined by policy, the steps to determine the Appellant's monthly SNAP allotment are as follows: \$1,680.10 total income - \$177.00 standard deduction - \$135.10 medical deduction = \$1,368.00, thus determining the Appellant's total countable income for SNAP purposes at \$1,368.00 after applicable deductions. Because the total shelter/SUA costs for the Appellant do not exceed 50% of the household's remaining income, the Appellant is not entitled to the shelter/SUA deduction. When compared to the coupon allotment chart found in policy for an AG of one (1), the Appellant's AG is entitled to receive \$0 in monthly SNAP benefits. However, because policy provides that a household with an elderly person or a person receiving

disability payments only to be considered categorically eligible, the Appellant is entitled to the minimum monthly SNAP allotment of \$20.

(MPA 22-BOR-1209)

On January 26, 2022, the Appellant submitted an application for Medicare Premium Assistance (MPA) Program benefits. On February 03, 2022, the Respondent issued a Notice of Denial advising the Appellant that his income exceeded the allowable limit to receive MPA Program benefits. The Appellant contested the Department's decision and argued that he should be entitled to receive MPA Program benefits. The Respondent bears the burden of proof to establish that action taken against the Appellant was in accordance with policy. The Respondent had to prove by a preponderance of evidence that the Appellant's monthly income exceeds MPA Program benefits eligibility guidelines.

West Virginia Medicaid provides three types of MPA programs: Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLIMB), and Qualified Individual-1 (QI-1). Each program has a different allowable income level to meet eligibility requirements: QMB- \$1,074 per month (100% Federal Poverty Level (FPL)); SLIMB- \$1,288 per month (120% FPL); and QI- \$1,449 per month (135% FPL). Countable income is determined by subtracting any allowable disregards and deductions from the total countable gross income.

The Appellant's unearned income of \$1,680.10 per month is uncontested. As established by policy, the steps to determine the Appellant's monthly countable income for MPA Program benefit purposes are as follows: Total countable gross unearned income subtracted by the appropriate disregards and deductions: \$1,680.10 - \$93.60 COLA - \$20.00 Disregard = \$1,566.50. Because the Appellant's countable monthly income exceeds the allowable limit of \$1,449 per month as established by policy, the Respondent correctly denied the Appellant's MPA application.

CONCLUSIONS OF LAW

- 1) To be eligible for SNAP benefits, the Appellant's monthly income had to be equal to or below \$1,074.
- 2) The Appellant's countable monthly income of \$1,368.00, exceeds SNAP eligibility income guidelines.
- 3) Because the Appellant is considered categorically eligible, he is entitled to the minimum monthly SNAP allotment of \$20.
- 4) To be eligible for Medicare Premium Assistance (MPA) Program benefits, the Appellant's gross monthly income must be at or below 135% of the Federal Poverty Level (FPL).
- 5) For a one-person Assistance Group (AG), the income limit is \$1,449.
- 6) The Appellant's income amount of \$1,368 exceeds the 135% FPL for a one-person AG.
- 7) Because the Appellant's countable monthly income exceeds the allowable limit established by policy, the Respondent correctly denied the Appellant's MPA application.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's denial of the Appellant's eligibility for Medicare Premium Assistance. It is further the decision of the State Hearing Officer to **UPHOLD** the Respondent's determination of the Appellant's monthly SNAP allotment.

ENTERED this 31st day of March, 2022.

Angela D. Signore
State Hearing Officer