



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

Jim Justice
Governor

BOARD OF REVIEW
Raleigh District DHHR
407 Neville Street
Beckley, WV 25801

Bill J. Crouch
Cabinet Secretary

October 26, 2017

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 17-BOR-2559
17-BOR-2560
17-BOR-2561

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: Jodie Lacy, [REDACTED] County DHHR

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BOARD OF REVIEW

██████████,

Appellant,

v.

Action Number: 17-BOR-2559 SNAP
17-BOR-2560 MED
17-BOR-2561 SCA

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 October 24, 2017, on an appeal filed September 11, 2017.

The matter before the Hearing Officer arises from the August 1, 2017, decision by the Respondent to deny the Appellant's application for School Clothing Allowance (SCA) and Adult Medicaid, and to terminate the Appellant's receipt of Supplemental Nutrition Assistance Program (SNAP) benefits.

At the hearing, the Respondent appeared by Jodie Lacy, 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 Department's Summary
- D-2 Hearing Request received September 11, 2017
- D-3 Notices of Denial dated August 1, 2017
- D-4 Case Comments from April 2017 through September 2017

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 was a recipient of SNAP benefits.
- 2) The Appellant applied for SCA and Adult Medicaid benefits in July 2017.
- 3) The Appellant's Assistance Group consists of herself and her four (4) children.
- 4) Based on the income submitted with the Appellant's SCA and Medicaid application, the Appellant's gross monthly income was determined to be \$3,353 (Exhibit D-4).
- 5) The Respondent notified the Appellant that her income was excessive to qualify for Adult Medicaid and SCA, and to continue receiving SNAP benefits (Exhibit D-3).

APPLICABLE POLICY

West Virginia Income Maintenance Manual §§10.8(B) and 10.8(C) the applicant's household income must be at or below the applicable modified adjusted gross income standard for the MAGI coverage groups. The only allowable income disregard is an amount equivalent to 5 percentage points of the Federal poverty level for the applicable MAGI household size.

Step 1: Determine the MAGI-based gross monthly income for each MAGI household income group.

Step 2: Convert the MAGI household's gross monthly income to a percentage of the Federal Poverty Level (FPL) by dividing current monthly income by 100% FPL for the household size. Convert the result to a percentage.

Step 3: Apply the 5% FPL disregard by subtracting five (5) percentage points from the converted monthly gross income to determine the household income if it affects the applicant's eligibility for MAGI Medicaid.

Step 4: After the 5% FPL income disregard has been applied, the remaining percent of FPL is the final figure that will be compared against the applicable modified adjusted gross income standard for the MAGI coverage groups.

The adjusted gross income is then compared to 133% of the Federal Poverty Level (FPL) for the appropriate household size to determine eligibility for MAGI Medicaid. The income must be below 133% FPL to qualify this benefit.

West Virginia Income Maintenance Manual Chapter 10 Appendix A lists 133% FPL for an AG of five (5) is \$3,190.

West Virginia Income Maintenance Manual Chapter 15 Appendix C §I states that for the SCA program, the total gross non-excluded income for the Assistance Group (AG) is compared to 100% of the Federal Poverty Level (FPL). There are no deductions from the gross non-excluded income.

Income is prorated and converted as appropriate to determine a monthly amount as it is for WV WORKS. If the gross non-excluded income is equal to or greater than 100% FPL, the family is ineligible for SCA. No deductions or disregards are applied. For SCA, income eligibility is based only on the month of July, the program month.

West Virginia Income Maintenance Manual Chapter 10 Appendix A lists 100% of the FPL for a five-person AG is \$2,339.

West Virginia Income Maintenance Manual §10.4(C)(1) states for SNAP, when no AG member is elderly or disabled, the gross income must of the AG be equal to or less than the gross income limit in Appendix A. If so, the AG qualifies for the disregards and deductions from the AG's gross income. If the gross income exceeds the amount in Appendix A, the AG is ineligible. West Virginia Income Maintenance Manual Chapter 10 Appendix A lists 130% of the FPL for a five-person AG is \$3,081.

DISCUSSION

To qualify for Adult Medicaid benefits, the gross monthly adjusted income must be below 133% FPL for the size of the assistance group. To qualify for SCA benefits, the gross monthly income must be below 100% FPL for the size of the assistance group. The limit for receipt of SNAP is 130% FPL.

To determine the Appellant's adjusted gross monthly income for Adult Medicaid, five percentage points are deducted from the total monthly income. In applying this deduction to the Appellant's gross monthly income, the income is below 133% FPL ($\$3,353 \times .05 = \167.65 , which is then deducted from $\$3,353$ equaling $\$3,185$). The Appellant's adjusted monthly income is below the limit ($\$3,190$) to qualify for Adult Medicaid.

The income limit for a five-person assistance group for SCA benefits (100% FPL) is \$2,339 and the income limit for a five-person assistance group to receive SNAP benefits is \$3,081.

The Appellant did not contest that her income in July 2017 was \$3,353. The Appellant testified that the gross amount of income listed on her paystubs was promotional products provided by her employer and money spent by her employer for her travel expenditures. The Appellant purported that she did not actually receive this money, but that she was taxed on it. The Appellant did not feel her monthly living expenses were taken into consideration when determining eligibility for SNAP and SCA.

Pursuant to policy, the gross income test must be met before any deductions are applied to the assistance group's income for SNAP. If the assistance group's total gross monthly income exceeds the limit in policy, the assistance group is not eligible for SNAP. There are no income deductions in determining eligibility for SCA.

The Appellant's gross monthly income exceeds the allowable limit to receive SCA and to continue receiving SNAP benefits.

CONCLUSIONS OF LAW

- 1) Pursuant to policy, the gross monthly income limit for a five-person assistance group to receive Adult Medicaid benefits is \$3,190.
- 2) The Appellant's adjusted gross monthly income, after applying the 5% disregard is \$3,185.
- 3) The Appellant qualifies for Adult Medicaid benefits.
- 4) The gross monthly income limit for a five-person assistance group to receive School Clothing Allowance is \$2,339 and the limit to receive Supplemental Nutrition Assistance Program benefits is \$3,081.
- 5) The Appellant's gross monthly income of \$3,353 is excessive to receive School Clothing Allowance and to continue Supplemental Nutrition Assistance Program benefits.

DECISION

It is the decision of the State Hearing Officer to **uphold** the decision of the Respondent to deny the Appellant's application for School Clothing Allowance benefits, and **uphold** the decision to terminate the receipt of Supplemental Nutrition Assistance Program benefits. The Respondent's decision to deny the Appellant's application for Adult Medicaid is **reversed**.

ENTERED this 26th day of October 2017

Kristi Logan
State Hearing Officer