



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
9083 Middletown Mall
White Hall, WV 26554

Joe Manchin III
Governor

Patsy A. Hardy, FACHE, MSN, MBA
Cabinet Secretary

February 18, 2010

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held February 9, 2010. Your hearing request was based on the Department of Health and Human Resources' action to terminate your benefits received through the Supplemental Nutrition Assistance Program (SNAP) due to excessive gross income and to apply a spenddown to your Medicaid benefits.

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.

Eligibility and benefit levels for the Supplemental Nutrition Assistance Program (SNAP) and AFDC-Related Medicaid Program are based on current policy and regulations. SNAP regulations state that when there are no assistance group (AG) members who qualify as elderly or disabled, the AG's gross income must be equal to or less than the gross income limit in Appendix A for the number of AG members. If the gross income exceeds the amount in Appendix A, the AG is ineligible. AFDC-Related Medicaid policy states that non-excluded income is compared to the appropriate Medically Needy Income Limit (MNIL) for the Needs Group. If the net countable income is in excess of the appropriate MNIL, the AG must meet a spenddown. (West Virginia Income Maintenance Manual, Chapter 10.4, 10.21, Chapter 10-appendix A, and 7 CFR §273.10(e) - Code of Federal Regulations)

Information submitted at your hearing reveals that your gross monthly income exceeds the maximum allowable income for the number of members in your SNAP AG. While you continue to be eligible to receive Medicaid benefits through the AFDC-Related Program, your income exceeds the MNIL. As a result, you must meet a spenddown before Medicaid coverage will be effective.

It is the decision of the State Hearings Officer to **uphold** the proposal of the Department to terminate your SNAP benefits and apply a spenddown to your Medicaid benefits.

Sincerely,

Thomas E. Arnett
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Mark Mancino, ESW, DHHR

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

-----,

Claimant,

v.

**Action Number: 10-BOR-626 (SNAP)
10-BOR-627 (Medicaid)**

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on February 18, 2010 for -----. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on February 9, 2010 on a timely appeal filed December 22, 2009.

Pursuant to Common Chapters Manual, 710.16 and 710.23, the Claimant's SNAP and Medicaid benefits were reinstated effective January 1, 2010 as the Claimant filed her appeal within the 13-day adverse action notice and requested that benefits continue in her written appeal.

II. PROGRAM PURPOSE:

The purpose of the Supplemental Nutrition Assistance Program (SNAP) is to provide an effective means of utilizing the nation's abundance of food "to safeguard the health and well-being of the nation's population and raise levels of nutrition among low-income households." This is accomplished through the issuance of benefits to households who meet the eligibility criteria established by the Food and Nutrition Service of the U.S. Department of Agriculture.

The Medicaid categorically related to Aid to Families with Dependent Children Program is designed to provide medical assistance to eligible families with children from the fetal stage to age 18. These dependent children must be deprived of parental support due to the death, continued absence, incapacity, or unemployment of the parents. In addition, the family must meet financial eligibility criteria.

III. PARTICIPANTS:

-----, Claimant

Mark Mancino, Economic Service Worker (ESW), WVDHHR

Presiding at the Hearing was Thomas E. Arnett, State Hearing Officer and a member of the State Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department was correct in its proposal to terminate the Claimant's Supplemental Nutrition Assistance Program (SNAP) benefits and apply a spenddown to her Medicaid benefits based on unemployment income.

V. APPLICABLE POLICY:

West Virginia Income Maintenance Manual, Chapter 2.4, 9.18, 10.21, 10.4, Chapter 10, Appendix A.

7 CFR §273.9 & 7 CFR §273.10 - Code of Federal Regulations

WVDHHR Common Chapter Manual, Chapter 710.16 & 710.23

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 Hearing Summary

D-2 Verification of Claimant's Unemployment Compensation Insurance (UCI) Benefit Payment History

D-3 Notice of Decision dated 12/15/09

D-4 WV Income Maintenance Manual, Chapter 10 – Appendix A.

D-5 WV Income Maintenance Manual, Chapter 10.4

VII. FINDINGS OF FACT:

- 1) The Claimant was an active recipient of benefits through the Supplemental Nutrition Assistance Program, hereinafter SNAP (formerly Food Stamp Program), and Medicaid Program when she applied for assistance through the Low Income Energy Assistance Program (LIEAP) on December 14, 2009.
- 2) A review of the Claimant's eligibility revealed Unemployment (UCI) benefits in the amount of \$371 a week (D-2). According to the evidence presented by the Department's representative (D-5) weekly income is converted to a monthly average income by multiplying the weekly amount by 4.3 and bi-weekly income is converted by multiplying the income by 2.15. (It should be noted that monthly Medicaid income is calculated using the same formula)

The Claimant's monthly average income was determined to be: $\$371 \times 4.3 = \$1,595.30$

- 3) On or about December 15, 2009, the Claimant was notified via a Notice of Decision (D-3) that her SNAP and Medicaid benefits were closing effective December 2009 due to excessive income.
- 4) The WV Income Maintenance Manual, Chapter 10.4, contains policy regarding income disregards and deductions, and provides information specific to the computation and eligibility for SNAP benefits. Chapter 10.4.C.1 states that when no AG member is elderly or disabled, the gross income must be equal to or less than the gross income limit in Appendix A. If the gross income exceeds the amount in Appendix A, the AG is ineligible. It should be noted that there are no elderly or disabled members in the assistance group
- 5) According to the WV Income Maintenance Manual, Chapter 10, Appendix A, the maximum allowable gross monthly income for a SNAP AG of two (2) is \$1,579. The Claimant's gross monthly income (\$1,595) exceeds the maximum allowable monthly SNAP income limit by \$16.
- 6) Testimony presented by the Department indicates that the Claimant's adult Medicaid was originally approved in error as her UCI benefits were not coded into the computer system. Upon review of the Claimant's verified UCI income amount, the Department noted that a spenddown had to be applied to her Medicaid case.
- 7) West Virginia Income Maintenance Manual Section 2.4.D,4 states that when a Medicaid recipient's circumstances change to the point that he becomes ineligible, the Assistance Group is closed. However, in no instance is Medicaid coverage under one coverage group terminated without consideration of Medicaid eligibility under other coverage groups. Eligibility is determined based on case record information.
- 8) West Virginia Income Maintenance Manual, Chapter 10.21,C, addresses AFDC-Related Medicaid and states that non-excluded income is compared to the appropriate Medically Needy Income Limit (MNIL) for the Needs Group. If net countable income is in excess of the appropriate MNIL, the Assistance Group must meet a spenddown.
- 9) West Virginia Income Maintenance Manual, Chapter 9.18,C, states that the Needs Group for AFDC-Related Medicaid includes the parents, the dependent children, and the mother/father of a minor parent when the minor resides with his parent(s). According to the evidence, the Claimant's Medicaid AG (needs group) is two (2).
- 10) West Virginia Income Maintenance Manual, Chapter 10 - Appendix A, states that the MNIL for a two-person Needs Group is \$275 for one month. The income that exceeds this amount is calculated to determine the spenddown amount.
- 11) West Virginia Income Maintenance Manual Section 1.21 M states that, for AFDC-Related Medicaid, the date of eligibility is the date on which the client incurs medical expenses which bring his spenddown amount to \$0.

VIII. CONCLUSIONS OF LAW:

- 1) When determining eligibility for SNAP benefits, policy provides that the AG's gross income must be equal to or less than the gross income limit in Appendix A for the appropriate AG size.
- 2) The AG's monthly gross SNAP income was correctly calculated to be \$1,595.30 when she applied for LIEAP in December 2009. This amount exceeds the maximum allowable gross monthly income of \$1,579 for a SNAP AG of two (2). Based on the evidence, the Department was correct in its decision to terminate the Claimant's SNAP benefits effective January 1, 2010.
- 3) Medicaid policy states that when a Medicaid recipient's circumstances change to the point that he becomes ineligible, the Assistance Group is closed. However, in no instance is Medicaid coverage under one coverage group terminated without consideration of Medicaid eligibility under other coverage groups. The Department has evaluated the Claimant for continued Medicaid coverage and correctly determined that while she remains eligible for Medicaid, she must first meet a spenddown. The evidence demonstrates the Department was correct in its decision to terminate Medicaid benefits and apply a spenddown to the Claimant's case effective January 1, 2010.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the proposal of the Department to terminate your SNAP benefits and apply a spenddown to your Medicaid benefits effective January 1, 2010.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 18th Day of February, 2010.

Thomas E. Arnett
State Hearing Officer