



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
1400 Virginia Street  
Oak Hill, WV 25901

Earl Ray Tomblin  
Governor

Michael J. Lewis, M.D. Ph.D  
Cabinet Secretary

March 22, 2011

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held February 23, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to reduce your Supplemental Nutrition Assistance Program (SNAP) benefits.

In arriving at a decision, the State Hearings 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 for SNAP is based on current policy and regulations. These regulations provide that countable income is determined by computing household income and subtracting all allowable deductions. Once countable income is determined, the coupon allotment is determined by comparing the countable income and the number in the Assistance Group in West Virginia Income Maintenance Manual Chapter 10, Appendix C (WV Income Maintenance Manual §10.4 C).

The information submitted at your hearing revealed that your SNAP allotment was correctly calculated using all allowable deductions as indicated in policy.

It is the decision of the State Hearings Officer to **Uphold** the action of the Department to reduce your SNAP benefits.

Sincerely,

Kristi Logan  
State Hearings Officer  
Member, State Board of Review

cc: Chairman, Board of Review  
James Honaker, Economic Service Worker

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

-----,

**Claimant,**

**v.**

**Action Number: 11-BOR-428**

**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 23, 2011 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.

**II. PROGRAM PURPOSE:**

The Program entitled Supplemental Nutrition Assistance Program is administered by the West Virginia Department of Health & Human Resources.

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.

**III. PARTICIPANTS:**

-----, Claimant  
James Honaker, Economic Service Worker

Presiding at the Hearing was Kristi Logan , State Hearing Officer and a member of the Board of Review.

**IV. QUESTION TO BE DECIDED:**

The question to be decided is whether or not the Department's decision to reduce Claimant's SNAP allotment was correct.

**V. APPLICABLE POLICY:**

WV Income Maintenance Manual § 10.4 B, 10.4 C and Appendices A and C

**VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

**Department's Exhibits:**

- D-1 Hearing Summary
- D-2 SNAP Review Form (Incomplete)
- D-3 SNAP Review Form received December 23, 2010
- D-4 2011 Social Security Benefit Letter
- D-5 Verification of Mortgage, Homeowners' Insurance and Property Taxes
- D-6 Verification of Natural Gas Expense
- D-7 Prescription List from K-Mart Pharmacy
- D-8 SNAP Allotment Determination Screens from RAPIDS Computer System
- D-9 Notification Letter dated December 27, 2010
- D-10 WV Income Maintenance Manual § 10.4 B(6)

**Claimants' Exhibits:**

None

**VII. FINDINGS OF FACT:**

- 1) Claimant completed a SNAP review on December 23, 2010. A notification letter dated December 27, 2010 was issued by the Department which read in pertinent parts (D-9):

Your application for SNAP dated 12/23/10 has been approved. Your benefit will be \$44.00.
- 2) James Honaker, Claimant's caseworker, testified that Claimant's SNAP allotment was reduced to \$44 from \$74 due to a decrease in her medical deductions. Claimant's prescriptions costs were reduced from \$149.20 to \$95.58, according to the prescription printout that was provided at review (D-7 and D-8). Mr. Honaker stated upon reviewing the case, Claimant's SNAP allotment was increased to \$53 as her shelter costs had not been updated. However, Mr. Honaker stated Claimant was given all the deductions she was eligible for according to policy and her previous allotment of \$74 could not be reinstated (D-1, D-3 and D-5).

- 3) Claimant testified that one (1) of her medications she had previously paid for out of pocket was now paid for through a prescription program by the drug manufacturer. Claimant stated this prescription cost \$100 monthly. Claimant stated she understood the decrease in deductions would affect her SNAP allotment but also felt as if she were being punished for taking the initiative in seeking out help that was not public assistance. Claimant stated she was hospitalized in October 2010 and does not know how she can pay off the hospital bill and purchase food with the SNAP reduction.

Claimant stated she has two (2) mortgages on her home; \$365.41 through BB&T and \$142.07 through United National Bank. Her homeowners' insurance is \$45.16 monthly and pays \$45.44 yearly in property taxes. Claimant is responsible for her heating expense (D-5).

Claimant stated she pays a Medicare Part B premium of \$96.50 monthly and Medicare Part D premium of approximately \$7 monthly (D-4). Claimant stated she has several prescriptions she pays for each month (D-7).

- 4) WV Income Maintenance Manual § 10.4 B lists the following as income deductions and disregards for SNAP:

- Earned income disregard of 20%
- Standard deduction of \$142 as noted in Chapter 10, Appendix B for one-person Assistance Group (AG)
- Dependent care deduction
- Child support deduction
- Homeless shelter standard deduction
- Medical expenses in excess of \$35 per month for elderly or disabled members of the AG
- Shelter/utility deduction

- 5) WV Income Maintenance Manual § 10.4 C(1-3) states:

When at least one AG member is elderly, which is at least age 60, or disabled as specified in Section 12.15, B; 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 tests.

Step 1: Combine monthly gross non-excluded earnings and monthly gross profit from self-employment.

Step 2: Deduct 20% of Step 1

Step 3: Add the gross non-excluded unearned income, including the WV WORKS benefit and any amount reduced or being repaid to the WV WORKS due to failure to comply with a program requirement.

Step 4: Subtract the Standard Deduction found in Appendix B.

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 Standard 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 at least one person in the AG is elderly or disabled, and the shelter costs are equal to or less than Step 9, no further computation is needed. The amount from Step 8 is the countable income. If the shelter costs are greater than Step 9, the amount in excess of 50% is deducted without regard to the shelter/utility cap to arrive at countable income.

Step 11: Compare the countable income to the maximum net income in Appendix A for the AG size.

To determine the coupon allotment, find the countable income and the number in the AG in Appendix C.

## **VIII. CONCLUSIONS OF LAW:**

- 1) Claimant's gross countable unearned income is \$1265.50. Claimant's deductions are two (2) mortgages totaling \$507.48 monthly, homeowners' insurance of \$45.16 monthly, property taxes converted to a monthly amount of \$3.79, heating utility allowance of \$400, for a total of \$956.43 in shelter/utility costs; prescription costs of \$95.58 monthly, Medicare Part B premium of \$96.50 monthly and Medicare Part D premium of \$7 monthly.

- 2) Claimant's SNAP allotment is determined by the following steps as indicated in policy:

$\$1265.50 - \$142 \text{ (standard deduction)} = \$1123.50$

$\$1123.50 - \$157.08 \text{ (medical expenses in excess of \$35)} = \$966.42$

$\$966.42 \text{ multiplied by } 50\% = \$483.21 \text{ remaining income}$

Claimant's shelter/utility costs of \$956.43 are greater than the remaining income of \$483.21. Claimant is entitled to a shelter/utility deduction of \$473.22 (amount in excess of 50%).

\$966.42 - \$473.22 = \$493.20 adjusted net income

This income is compared to the chart found in WV Income Maintenance Manual Chapter 10, Appendix C for a one (1) person assistance group. The SNAP coupon allotment for Claimant is \$53.

- 3) Claimant's SNAP allotment was correctly calculated based on all deductions as allowed by policy.

**IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to reduce Claimant's SNAP benefits to \$53.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 22<sup>nd</sup> day of March 2011.**

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**Kristi Logan  
State Hearing Officer  
Member, Board of Review**