



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
203 East Third Avenue
Williamson, WV 25661

Earl Ray Tomblin
Governor

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

August 2, 2011

-----, Esq., For -----

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your client's hearing held July 12, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to terminate her participation in the Supplemental Nutrition Assistance Program (SNAP) and the Medicaid Program, and to deny her application for the Emergency Low-Income Energy Assistance Program (LIEAP).

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, Medicaid and LIEAP is based on current policy and regulations. These regulations provide that an individual applying for SNAP, AFDC-related Medicaid and LIEAP benefits must provide requested verifications within a prescribed amount of time. (West Virginia Income Maintenance Manual, Chapter 1.4.H, Chapter 4.1 and Chapter 26.3.C.)

Information submitted at your hearing reveals that the Department correctly denied your client's application/redetermination for SNAP and Medicaid and her application for Emergency LIEAP, due to her failure to verify requested information.

It is the decision of the State Hearing Officer to **uphold** the proposal of the Agency to deny your client's application/redetermination for SNAP and Medicaid, and to deny her application for Emergency LIEAP.

Sincerely,

Stephen M. Baisden
State Hearing Officer
Member, State Board of Review

CC: Erika Young, Chairman, Board of Review
Angela Walters, Esq., Assistant Attorney General, [REDACTED] WV
Jennifer Mitchell, Economic Services Supervisor, WV DHHR, [REDACTED] WV

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

IN RE: -----,

ACTION NO: 11-BOR-935

Claimant

**11-BOR-936
11-BOR-1322**

v.

**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 August 2, 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 (DHHR.) This fair hearing was convened on July 12, 2011, on a timely appeal filed May 6, 2011 (SNAP and Medicaid) and June 6, 2011 (Emergency LIEAP.) This hearing originally was scheduled for June 27, 2011, but was rescheduled at the request of the Department.

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 Aid to Families with Dependent Children (AFDC, AFDCU for unemployed parents) Medicaid Program is designed to provide medical assistance to eligible families with children 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.

The goal of the Low Income Energy Assistance Program (LIEAP) is to provide financial assistance to eligible households that are affected by rising costs of home heating which are

excessive in relation to household income. It is not the purpose of this program to meet the entire cost of home heating during the winter season. Instead, the program is designed to partially offset the continuing rise in costs of home heating.

III. PARTICIPANTS:

-----, Esq., -----, Claimant's Representative
-----, Claimant

Angela Walters, Esq., Assistant Attorney General, Department's Representative
Jennifer Mitchell, Economic Service Supervisor, Department's Witness
Ellis Bryson, Investigator, Department's Witness

Presiding at the Hearing was Stephen M. Baisden, State Hearing Officer and a member of the State Board of Review.

This hearing was conducted at the WV Department of Health and Human Resources, [REDACTED] County Office in [REDACTED] WV.

The Hearings Officer placed participants under oath at the beginning of the hearing.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Agency was correct in its decision to deny Claimant's application/redetermination for SNAP and Medicaid benefits and her application for Emergency LIEAP.

V. APPLICABLE POLICY:

West Virginia Income Maintenance Manual, Chapter 9.1, Chapter 9.4 and Chapter 26.3.

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Copy of Fair Hearing Request form, signed by Claimant and dated April 6, 2011.
- D-2 Copy of Hearing/Grievance Request Notification indicating Fair Hearing request was submitted to WV DHHR, [REDACTED] County Office, on April 6, 2011.
- D-3 Copy of letter from Department to Claimant, dated March 18, 2011, indicating her SNAP benefits would end effective April 1, 2011.
- D-4 Copy of letter from Department to Claimant, dated March 14, 2011, indicating her application for SNAP benefits was approved for the month of March, 2011.

- D-5 Copy of letter from Department to Claimant, dated May 25, 2011, indicating her application for the Emergency Low Income Energy Assistance Program (LIEAP) was denied.
- D-6 Copy of letter from Department to Claimant, dated March 18, 2011, indicating her application for Medicaid was denied.
- D-7 Copy of Income Maintenance Manual Chapter 9.1.A.1.b(2) showing who must be included in a SNAP assistance group (AG).
- D-8 Copy of Income Maintenance Manual Chapter 26.3.C.1 showing that income from all sources for a LIEAP application assistance group (AG) must be verified.
- D-9 Copy of Income Maintenance Manual Chapter 9.4.A.1 showing who must be included in an AFDC Medicaid assistance group (AG).
- D-10 Copy of signed and notarized statement from -----of [REDACTED] WV, dated May 13, 2011.
- D-11 Copy of signed and notarized statement from -----of [REDACTED] WV, dated May 13, 2011.
- D-12 Copy of signed and notarized statement from -----of [REDACTED] WV, dated May 13, 2011.
- D-13 Copy of signed and notarized statement from -----of [REDACTED] WV, dated May 13, 2011.

Claimant's Exhibits:

- C-1 Copies of W-2 earnings and withholding statements from the Internal Revenue Service for Claimant's spouse.
- C-2 Copy of letter from Department to Claimant's spouse, dated February 25, 2011, indicating that his application for medical assistance for the month of February 2011 was denied.
- C-3 Copy of summons to Claimant's spouse from the Family Court of [REDACTED] County, WV and Petition for Separate Maintenance signed by Claimant and notarized on May 11, 2011.

VII. FINDINGS OF FACT:

- 1) On April 6, 2011, Claimant submitted a Fair Hearing request (Exhibit D-1) to the WV Department of Health and Human Resources (DHHR) because her application/redetermination for SNAP and Medicaid benefits was denied. On June 6, 2011, Claimant submitted a Fair Hearing request to the WV DHHR because her application for Emergency LIEAP was denied.
- 2) Department's witness, the Economic Services Supervisor who assisted with Claimant's application, testified that in January 2011, Claimant contacted the WV DHHR, [REDACTED] Office, to report that she was moving to [REDACTED] County, WV, and requested that her benefits be closed. She testified that in January, 2011, Claimant's mother applied for Medicaid benefits for Claimant's children, and that Claimant was present with her mother for this application. Department's witness testified that on February 25, 2011, Claimant came to the [REDACTED] County DHHR to reapply for SNAP and Medicaid. She added that a worker whom she supervised took the application, and she assisted with the application interview due to the worker's limited experience.
- 3) Department's witness testified that she had received information in the form of anonymous telephone calls stating that Claimant lived in her home with her spouse and her two children. She testified that because of this, she and the worker requested verification from Claimant as to her spouse's living arrangements or his income. She stated that Claimant did not return the

requested information within the time period required by SNAP policy and that denial letters for SNAP (Exhibit D-3) and Medicaid (Exhibit D-6) were issued on March 18, 2011.

- 4) West Virginia Income Maintenance Manual, Chapter 1.4.H, states:

Additional information is due 30 days from the date of the DFA-6 or verification checklist.

- 5) West Virginia Income Maintenance Manual, Chapter 4.1, states in pertinent part:

Verification of a client's statement is required when:

- A) Policy requires routine verification of specific information.
- B) The information provided by the client is questionable. To be questionable, it must be:
 - Inconsistent with other information provided by the client; or
 - Inconsistent with information received by the Department from other sources; or
 - Incomplete; or
 - Obviously inaccurate.
- C) Past experience with the client reveals a pattern of providing incorrect information or withholding information. A case recording must substantiate the reason the Worker questions the client's statement.
- D) The client does not know the required information.

NOTE: For SNAP, verification of a client statement is required when it is questionable, even if the information is not routinely verified or if the AG is considered categorically eligible.

It is an eligibility requirement that the client cooperate in obtaining necessary verifications. The client is expected to provide information to which he has access and to sign authorizations needed to obtain other information.

Depending upon the program and the item or requirement for which verification is requested, refusal to cooperate may result in one of the following:

- Denial of the application
- Closure of the AG
- Ineligibility of an individual(s)
- Disallowance of an income deduction or an incentive payment

- 6) Department's witness testified that on May 11, 2011, Claimant applied for Emergency LIEAP. She stated that since Claimant had not verified the information requested at her SNAP and Medicaid applications concerning her spouse's residence and/or income, the worker who processed the Emergency LIEAP application again requested this information. She stated that on May 13, the Department received statements from four individuals. (Exhibits D-10, D-11, D-12 and D-13.) Three of them are identical except for the signee's name and are notarized by the same notary public. They state as follows:

“I, [signee’s name], state that I have personal knowledge about [Claimant] and her minor children. The [Claimant’s surname] family are the residents of [REDACTED] WV. [Claimant’s children] live in the same house in [REDACTED] with their mother . . . [Claimant] is raising her children as a single mother.”

The fourth statement reads as follows:

I, [signee’s name] state that I have personal knowledge about [Claimant] and her minor children. [Claimant and her children] live at [Claimant’s physical address] in [REDACTED] WV . . . [Claimant] is legally separated from [Claimant’s spouse]. I am [Claimant’s] mother. I do not have any custody of her sons . . .

This statement is signed by a witness but not notarized. Department’s witness stated that the Department did not receive any further documentation regarding Claimant’s Emergency LIEAP application. She stated that the statements did not mention whether or not Claimant’s spouse was in the home or what was the household composition, therefore Claimant’s Emergency LIEAP application was denied. Department’s witness added that the Department issued a denial letter for the LIEAP benefit on May 25, 2011. (Exhibit D-5.)

7) West Virginia Income Maintenance Manual, Chapter 26.3.C states in pertinent part:

Although specific guidelines for verifying certain eligibility criteria are indicated below, the Worker may request verification of any information provided by the applicant in determining eligibility for LIEAP benefits.

The responsibility of the applicant in the eligibility determination process includes the effort to obtain required verifications.

. . .

The Worker must decide when and what information must be verified or when additional information must be obtained, particularly when information provided by the applicant is questionable or more information is needed to complete the eligibility determination or payment process.

Failure or refusal on the part of the applicant to obtain verification when required or requested by the Worker as outlined in the instructions below will result in a denial of the application.

West Virginia Income Maintenance Manual, Chapter 26.3.F states:

If verification and/or additional information is needed in order to make a decision on an Emergency LIEAP application, the appropriate request form must be completed and given to the applicant at the time of the intake interview. The applicant must be given 5 working days to return the requested information. The applicant must be notified of the eligibility

decision as soon as possible but no later than 30 days from the date of application.

VIII. CONCLUSION OF LAW:

- 1) Claimant had closed her SNAP and Medicaid benefits in January 2011 and reapplied for them on February 25, 2011. When Claimant made this application, the Department requested that she verify certain information regarding her spouse's living arrangements or his income.
- 2) WV DHHR policy is clear that applicants have a specific time limit in which to submit requested verifications.
- 3) Because Claimant did not submit requested verifications within the time limits specified by policy, the Department was correct to deny her application for SNAP and Medicaid.
- 4) Claimant submitted written statements as verification of her household composition on May 11, 2011, pursuant to her application for Emergency LIEAP. However, none of these statements indicated that Claimant's spouse was not living with her. Stating that Claimant was raising her children as a single parent is not tantamount to stating whether or not her spouse is in the home.
- 5) Because Claimant did not submit proper verification as to her spouse's living arrangements or his income within the time limits specified by policy, the Department was correct to deny her application for Emergency LIEAP.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the proposal of the Department to deny Claimant's applications for SNAP, Medicaid and Emergency LIEAP.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 2nd Day of August, 2011.

**Stephen M. Baisden
State Hearing Officer**