



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

Karen L. Bowling
Cabinet Secretary

March 13, 2015



RE: [REDACTED] v. WV DHHR
ACTION NO.: 15-BOR-1117

Dear Mr. [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,

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

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

cc: Jennifer Fischer, WV DHHR, [REDACTED] Office

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

██████████,

Claimant,

v.

ACTION NO.: 15-BOR-1117

**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' (WV DHHR) Common Chapters Manual. This fair hearing was convened on February 26, 2015, on an appeal filed January 23, 2015.

The matter before the Hearing Officer arises from the January 9, 2015 decision by the Respondent to terminate the Claimant's benefits under the Supplemental Nutritional Assistance Program (SNAP).

At the hearing, the Respondent appeared by Representative Jennifer Fischer, Economic Service Supervisor at the WV DHHR, ██████████ Office. The Claimant appeared *pro se*. The participants were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Letter from Department to Claimant, dated January 9, 2015
- D-2 Print-out from e-RAPIDS indicating submitted review and/or application forms received in the Claimant's SNAP case

Claimant'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) On January 9, 2015, the WV DHHR issued to Claimant a letter (Exhibit D-1) informing him that his Supplemental Nutrition Assistance Program (SNAP) benefits were closing at the end of January because he did not complete a benefit review/redetermination.
- 2) The Department's representative submitted as evidence an activity log (Exhibit D-2), listing all program applications, review forms and other documents received at the WV DHHR, [REDACTED] Office, on the Claimant's behalf. According to the activity log, two documents were received for the Claimant since January 1, 2015, a Low-Income Energy Assistance Program (LIEAP) application and a Medicaid review form.
- 3) The Claimant testified that he received a review form and submitted it to the office. He testified that he submitted it late according to the date stated in the cover letter, but when he submitted it, the worker at the [REDACTED] Office told him this would not present a problem. He stated he did not understand why he had not received his SNAP benefits after submitting this form.
- 4) The Department's representative pointed out that the document the Claimant submitted was the Medicaid review form, accounted for on the activity log (Exhibit D-2). She stated that the SNAP review form was issued to him on December 22, 2014, and it has not been returned to the [REDACTED] DHHR office.
- 5) The Claimant testified that several family members besides himself receive mail in his mail box. He speculated that it was possible another family member retrieved the review form from his mailbox but did not give it to him.

APPLICABLE POLICY

WV Income Maintenance Manual (IMM), Chapter 1, §1.4.N states that SNAP assistance groups must complete a recertification/review every six months, unless all adult assistance group members are age 60 or above, or disabled.

DISCUSSION

The Claimant requested a fair hearing based upon his belief that the Department had terminated his SNAP benefits for failure to complete a review/redetermination. He stated he submitted a review form, which the Department's representative identified as a Medicaid review form. The Claimant did not contest the Department's position that he had not submitted a SNAP review form.

CONCLUSION OF LAW

The Claimant was required by policy to complete a redetermination/review of his SNAP benefits in January 2015. Pursuant to WV IMM, §1.4.N, since the Claimant had not done so, the Department acted correctly to discontinue his eligibility for SNAP benefits.

DECISION

It is the decision of the state Hearing Officer to **uphold** the Department's decision to discontinue the Claimant's receipt of SNAP benefits because he had not completed a Program review/redetermination.

ENTERED this 13th Day of March 2015.

Stephen M. Baisden
State Hearing Officer