



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

Karen L. Bowling  
Cabinet Secretary

December 10, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 15-BOR-3275

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: Holly Edwards, [REDACTED] County DHHR

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

██████████,

**Appellant,**

v.

**Action Number: 15-BOR-3275**

**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 December 9, 2015, on an appeal filed October 14, 2015.

The matter before the Hearing Officer arises from the August 24, 2015, decision by the Respondent to terminate the Appellant's Supplemental Nutrition Assistance Program (SNAP) benefits.

At the hearing, the Respondent appeared by Holly Edwards, Economic Services Supervisor. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

D-1 WorkForce West Virginia Registration Letter dated July 20, 2015  
D-2 Notice of SNAP Penalty dated August 24, 2015  
D-3 Notice of Termination dated August 24, 2015

**Appellant's Exhibits:**

A-1 Social Security Administration Retirement, Survivors and Disability Insurance Notice of Award dated August 22, 2015  
A-2 Correspondence from Social Security Administration dated August 31, 2015  
A-3 Appointment Rescheduling Letter from ██████████

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. The Appellant had a one-person Assistance Group (AG).
- 2) On July 20, 2015, the Department notified the Appellant (D-1) that she was required to register with WorkForce West Virginia (WorkForce) by August 18, 2015. This notice was sent to [REDACTED].
- 3) The Appellant reported to the Respondent's Customer Service Center a change of address on July 29, 2015.
- 4) The Department issued notice (D-3) to the Appellant on August 24, 2015, advising that her SNAP benefits would terminate effective September 1, 2015, for her failure to register with WorkForce. This notice was sent to [REDACTED].
- 5) A caseworker documented in the Appellant's case record that mail sent to the Appellant had been returned by the post office and was forwarded to the new address.
- 6) The Appellant submitted a copy of her award letter (A-1) for Social Security Disability benefits to the [REDACTED] County district office on September 8, 2015.

### **APPLICABLE POLICY**

West Virginia Income Maintenance Manual §13.5A states that all mandatory individuals must register for employment with WorkForce West Virginia, within 30 days of the date of the original approval, unless exempt according to Section 13.2. Recipients must register every 12 months thereafter, regardless of the length of time that WorkForce West Virginia considers the registration valid. Once the client registers with WorkForce West Virginia for SNAP purposes, he cannot be required to register more often than every 12 months, even when the benefit is opened and closed within the 12-month period. When the Worker discovers that the client was not notified that he must re-register during the certification period and is not currently exempt, the Worker must follow the same steps as noted above to establish a new registration due date and to ensure the client is notified 30 days prior to the new due date.

West Virginia Income Maintenance Manual §13.2A(1) states that individuals determined to be mentally or physically unable to engage in full-time employment are exempt from SNAP work requirements.

## **DISCUSSION**

The Appellant contended that she did not receive the WorkForce registration letter until after the deadline had already passed. The Appellant had been awarded disability benefits by that point and submitted verification to the Department.

The WorkForce registration letter was sent to the Appellant's old address which was clearly documented by the Department. The letter was returned to the Department on August 24, 2015, the date the Appellant's SNAP benefits were terminated. The WorkForce registration letter was forwarded to the Appellant's new address after negative action had already been taken on her case.

The Appellant was not given timely notice of the WorkForce registration requirement, therefore the SNAP penalty was incorrectly applied. Furthermore, the Appellant meets the disability exemption found in policy from meeting a work requirement to participate in SNAP.

## **CONCLUSION OF LAW**

Whereas the Appellant was not given adequate notice of the requirement to register with WorkForce West Virginia and she meets an exemption found in policy to alleviate her of this requirement, the Appellant's SNAP benefits were terminated in error.

## **DECISION**

It is the decision of the State Hearing Officer to **reverse** the Department's decision to terminate the Appellant's Supplemental Nutrition Assistance Program benefits.

**ENTERED this 10<sup>th</sup> day of December 2015**

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**Kristi Logan**  
**State Hearing Officer**