



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
1400 Virginia Street
Oak Hill, WV 25901

Jim Justice
Governor

Bill J. Crouch
Cabinet Secretary

March 22, 2017

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 17-BOR-1323/17-BOR-1324

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: Margaret Fain, [REDACTED] County DHHR

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

██████████,

Appellant,

v.

**Action Number: 17-BOR-1323 SNAP
17-BOR-1324 MEDICAID**

**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 March 21, 2017, on an appeal filed February 21, 2017.

The matter before the Hearing Officer arises from the February 13, 2017 decision by the Respondent to terminate the Appellant's Supplemental Nutrition Assistance Program (SNAP) and Adult Medicaid benefits.

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

Department'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) The Appellant was a recipient of SNAP and Adult Medicaid benefits.

- 2) The Appellant reported the onset of earned income from [REDACTED] and provided one paystub as verification of this income.
- 3) The Respondent requested that the Appellant provide thirty (30) days' worth of paystubs from [REDACTED] and proof that she was no longer employed with [REDACTED].
- 4) The requested income verification was not received from the Appellant. The Respondent calculated the Appellant's income from [REDACTED] based on the year-to-date amounts on the paystub on record.
- 5) The Appellant's monthly income of \$1,436.74 from [REDACTED] was excessive to continue receiving SNAP and Adult Medicaid benefits.

APPLICABLE POLICY

West Virginia Income Maintenance Manual §§10.4(A) and 10.6(B) states eligibility for SNAP and Adult Medicaid is determined and benefits are issued monthly. Therefore, it is necessary to determine a monthly amount of income to count for the eligibility period. For all cases, income is projected; past income is used only when it reflects the income the client reasonably expects to receive. Past income is used when the amount of income is expected to continue throughout the certification period. Future income is used when the rate of pay or the number of hours worked for an old source is expected to change during the certification period.

West Virginia Income Maintenance Manual §4.1 states it is an eligibility requirement that the client cooperate in obtaining necessary verifications. 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 or closure of the assistance group.

West Virginia Income Maintenance Manual Chapter 10 Appendix A lists the monthly income limit for a 1-person assistance group for SNAP as \$1,287 and for Adult Medicaid as \$1,337.

DISCUSSION

Pursuant to policy, SNAP and Adult Medicaid benefits are issued monthly making it necessary to determine a monthly amount of income to be anticipated for the eligibility period.

The Respondent requested additional income verification from the Appellant from her employment with [REDACTED], and verification that she was no longer employed with [REDACTED]. The Appellant did not provide the requested information.

Using the one paystub provided by the Appellant from her employment with [REDACTED], her gross earnings from this paystub was converted to monthly amount, which was excessive for SNAP and Adult Medicaid benefits.

The Appellant testified that her last two (2) paychecks she received from [REDACTED] totaled \$1,129.51 gross, and the paystub she previously submitted included holiday pay which will not continue. The Appellant reported that she worked for [REDACTED] for only one (1) week. The Appellant admitted that she did not submit additional paystubs from her employment with [REDACTED] to support her contention that her income had decreased.

It was the Appellant's responsibility to provide the information requested by the Respondent to make an accurate determination of her income. The Respondent used the only income verification on record to determine the Appellant's eligibility for SNAP and Medicaid benefits, and without verification of a decrease in the Appellant's earnings, SNAP and Adult Medicaid benefits were correctly terminated due to excessive income.

CONCLUSIONS OF LAW

- 1) Pursuant to policy, income that is used to determine eligibility for SNAP and Adult Medicaid benefits must be expected to continue throughout the certification period.
- 2) The Respondent requested additional income verification from the Appellant to determine eligibility for SNAP and Adult Medicaid.
- 3) The Appellant did not submit the requested verification.
- 4) The Respondent used the income for the Appellant on record to determine eligibility.
- 5) This income was excessive for the Appellant to continue receiving SNAP and Adult Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to **uphold** the decision of the Respondent to terminate the Appellant's Supplemental Nutrition Assistance Program and Adult Medicaid benefits.

ENTERED this 22nd day of March 2017

**Kristi Logan
State Hearing Officer**