



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF INSPECTOR GENERAL  
BOARD OF REVIEW  
P.O. Box 1247  
Martinsburg, WV 25402**

**Jim Justice  
Governor**

**Bill J. Crouch  
Cabinet Secretary**

March 29, 2017

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 17-BOR-1383 & 17-BOR-1384

Dear [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,

Lori Woodward  
State Hearing Officer  
Member, State Board of Review

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

cc: Peter VanKleeck, WV DHHR

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

██████████,

**Appellant,**

v.

**Action No.: 17-BOR-1383  
17-BOR-1384**

**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 convened on March 29, 2017, on appeal filed February 28, 2017.

The matter before the Hearing Officer arises from the February 16, 2017, decision by the Respondent to closure the Appellant's Adult Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits.

At the hearing, the Respondent appeared by Peter VanKleeck, Family Support Supervisor. The Appellant appeared *pro se* and testified on his own behalf. The witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Summary
- D-2 MREV Medicaid Review form, dated January 17, 2017
- D-3 PRC2 SNAP Periodic Review form, dated January 23, 2017
- D-4 PRC2 10 Day Notice, dated February 3, 2017
- D-5 CMC1 Medicaid closure notice, dated February 16, 2017
- D-6 CMC2 SNAP closure notice, dated February 16, 2017
- D-7 WV Income Maintenance Manual §1.2.B.2 (excerpt)

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) Appellant was a recipient of West Virginia Adult Medicaid and SNAP benefits.
- 2) Medical review forms were sent to the Appellant on January 17, 2017, notifying him that he needed to undergo a redetermination of Adult Medicaid eligibility and to return the completed forms by February 1, 2017. (Exhibit D-2).
- 3) On January 23, 2017 a SNAP 6 or 12 month contact form was sent to the Appellant notifying him that his SNAP benefits must be reviewed and to return the completed form by February 1, 2017. (Exhibit D-3)
- 4) The Respondent sent the Appellant a 10 day notice of not returning his interim contact form on February 3, 2017. (Exhibit D-4)
- 5) The Appellant failed to return his Medicaid and SNAP eligibility review forms.
- 6) On February 16, 2017, the Respondent sent the Appellant notification that his Medicaid and SNAP benefits were ending by the end of February 2017. (Exhibits D-5 and D-6).

### **APPLICABLE POLICY**

West Virginia Income Maintenance Manual (IMM) §1.2.B.2, explains that periodic reviews of total eligibility for recipients are mandated by law and take place at specific intervals. The redetermination process involves basically the same activities as the application process. The application may be held, pending receipt of necessary information or verification, but there are processing time limits which must be met. Failure by the client to complete a redetermination usually results in ineligibility.

IMM §2.2.B.5 instructs that all SNAP AGs certified for 12 or 24 months must have a report completed in the mid-month of eligibility. RAPIDS automatically mails an Interim Contact Form to the AGs in the month of eligibility. Failure to return the contact form results in case closure.

### **DISCUSSION**

On January 17, 2017, the Respondent sent the Appellant notification that his Medicaid was due for review by February 28, 2017, and had to return the review forms by February 1, 2017.

Additionally, on January 23, 2017, the Respondent sent notification to the Appellant that he needed to complete his 6 or 12 month contact form by February 1, 2017 in order to continuing receiving his SNAP benefits. The Respondent did not receive either review form from the Appellant. On February 16, 2017, the Respondent sent notices of Medicaid and SNAP closure to the Appellant.

The Appellant did not dispute that he failed to return the review forms. As neither review forms were completed or returned, the Respondent was correct to close the Appellant's Medicaid and SNAP benefits.

### **CONCLUSIONS OF LAW**

1. Medicaid and SNAP benefits must be reviewed periodically. Failure to complete the review may result in closure of benefits.
2. The Appellant failed to complete his Medicaid and SNAP reviews by the time indicated in his notice letters.
3. The Respondent correctly closed the Appellant's Medicaid and SNAP benefits.

### **DECISION**

It is the decision of the State Hearing Officer to **uphold** the Department's closure of the Appellant's Medicaid and SNAP benefits.

**ENTERED this 29<sup>th</sup> day of March 2017.**

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**Lori Woodward, State Hearing Officer**