

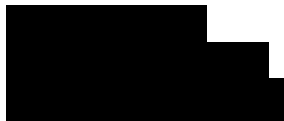


State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1027 N. Randolph Ave.
Elkins, WV 26241

Jim Justice
Governor

Bill J. Crouch
Cabinet Secretary

June 5, 2017



RE: [REDACTED] v. WVDHHR
ACTION NO.: 17-BOR-1807 and 17-BOR-1808

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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Margaret Fain, WVDHHR

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

██████████,

Appellant,

v.

Action Numbers: 17-BOR-1807 & 1808

**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 May 31, 2017, on an appeal filed May 1, 2017.

The matter before the Hearing Officer arises from the Respondent's reduction of the Appellant's Supplemental Nutrition Assistance Program (SNAP) benefits and termination of Adult Medicaid benefits effective June 2017.

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

Department's Exhibits:

- D-1 Appellant's pay stubs
- D-2 Notice of Decision dated April 25, 2017

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 is a recipient of Supplemental Nutrition Assistance Program (SNAP) and Adult Medicaid benefits.
- 2) On April 25, 2017, the Respondent sent the Appellant a Notice of Decision (D-2) indicating that her SNAP benefits would decrease from \$140 to \$16 per month effective June 2017. The notice also stated that the Appellant's Adult Medicaid benefits would close effective June 2017 based on excessive income.
- 3) The adverse actions occurred after the Appellant submitted paystubs (D-1) to the Respondent in conjunction with a Low-Income Energy Assistance Program application in April 2017. At that time, the Respondent calculated the Appellant's gross income from [REDACTED] as \$1,460.51 per month (or \$612.11 countable net income for SNAP purposes), which resulted in the SNAP benefit reduction and termination of Adult Medicaid.
- 4) The Appellant did not dispute the Respondent's income calculation.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 10.4.B provides a list of possible income deductions for the SNAP. These deductions include an earned income deduction of 20 percent, standard deduction, dependent care deduction (when the expense is necessary for an Income Group member to accept, continue or seek employment or training, or pursue education which is preparatory to employment), child support deduction, homeless shelter standard deduction, deduction for medical expenses, and shelter/utility deduction.

West Virginia Income Maintenance Manual Chapter 10, Appendix C indicates that the SNAP allotment for a one-person Assistance Group with \$612 in countable monthly income is \$16.

West Virginia Income Maintenance Manual Chapter 10.8.B.2 states that an applicant's Modified Adjusted Gross Income (MAGI) Medicaid household consists of the applicant, the tax filer claiming them as a dependent (this could be two people filing jointly), any other dependents in the tax filer's household, and the applicant's spouse if they reside together. This is known as the tax dependent rule.

West Virginia Income Maintenance Manual Chapter 10, Appendix A states that 133 percent of the Federal Poverty Level for a one-person household for MAGI Medicaid purposes is \$1,337 per month.

DISCUSSION

Policy provides for deductions when calculating countable net income for SNAP benefits. These deductions include an earned income deduction of 20 percent, standard deduction, dependent care deduction, child support deduction, homeless shelter standard deduction, deduction for medical expenses, and shelter/utility deduction.

The Appellant's undisputed countable monthly net income was calculated as \$612.11. Policy states that a one-person SNAP Assistance Group with \$612 in net monthly countable income is entitled to \$16 in SNAP benefits. Therefore, the Department's proposal to decrease SNAP benefits is correct.

Policy states that an applicant's MAGI Medicaid household consists of the applicant, the tax filer claiming the individual as a dependent, any other dependents in the tax filer's household, and the applicant's spouse if they reside together. The Appellant's income exceeds 133 percent of the Federal Poverty Level - \$1,337 per month - for a one-person MAGI Medicaid Assistance Group.

CONCLUSION OF LAW

The Respondent acted correctly in reducing the Appellant's monthly SNAP allotment and terminating Medicaid benefits effective June 2017.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Respondent's reduction of SNAP benefits and termination of Medicaid effective June 2017.

ENTERED this 5th Day of June 2017.

**Pamela L. Hinzman
State Hearing Officer**