



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
Berkeley County DHHR
PO Box 1247
Martinsburg, WV 25402

Bill J. Crouch
Cabinet Secretary

Jolynn Marra
Interim Inspector General

Si usted tiene preguntas, por favor llame a
Keyla Dominquez o Ana Seymour, 304-267-0100

September 19, 2019

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 19-BOR-2311 & 2312

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: Sandra Brown, BCF, [REDACTED] Co. DHHR

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

██████████,

Appellant,

v.

ACTION NO: 19-BOR-2311 & 2312

**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 September 18, 2019, on an appeal filed August 26, 2019.

The matter before the Hearing Officer arises from the August 19, 2019 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 Sandra Brown, Family Support Supervisor. The Appellant was present and was represented by his mother, ██████████. All witnesses were sworn, and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Supplemental Nutrition Assistance Program (SNAP) and Medicaid/WV CHIP review form (CSLR), dated July 5, 2019
- D-3 Notice (CMC-1) of Supplemental Nutrition Assistance Program (SNAP) closure, dated August 19, 2019
- D-4 Notice (CMC-1) of Adult Medicaid closure, dated August 19, 2019
- D-5 West Virginia Income Maintenance Manual (WV IMM), Chapter 10, §10.2.1.B.1

Appellant'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) On July 5, 2019, the Respondent sent the Appellant forms to complete necessary for his eligibility review of SNAP and Medicaid benefits, with instructions to return the forms by August 1, 2019 in order to complete the eligibility review. (Exhibit D-2)
- 3) On August 19, 2019, the Respondent issued closure notices for SNAP and Adult Medicaid benefits due to the failure to complete the eligibility review. The notices stated that the Appellant would receive his last benefits on the month his certifications expired, August 2019. (Exhibits D-3 and D-4)
- 4) The Appellant's SNAP and Medicaid certification periods ended after August 2019.
- 5) The Appellant has not completed a SNAP or Medicaid eligibility review as of this hearing.

APPLICABLE POLICY

Periodic reviews of total eligibility for recipients must take place at specific intervals, depending on the program or Medicaid coverage group. Failure by the client to complete a redetermination will result in termination of benefits. If the client completes the redetermination process by the specified program deadline(s) and remains eligible, benefits must be uninterrupted and received at approximately the same time. (West Virginia Income Maintenance Manual §1.2.2.B)

The eligibility system automatically mails the CSLE review form in the last month of the certification period. The form must be completed and returned prior to the scheduled interview date specified on the CSLE/CSLR. The form is considered complete when signed and dated by the client or his authorized representative or completed and submitted by inROADS. (WV IMM, Chapter 1, §1.4.1.18.A)

An Assistance Group (AG) is automatically closed by the eligibility system under the if an AG redetermination is not completed by the adverse action date in the month the AG is due for redetermination. (WV IMM, Chapter 10, §10.2.B.1)

DISCUSSION

Per policy, periodic reviews for SNAP and Medicaid recipients must be completed in order to determine continuing eligibility for the program benefit. These reviews take place at specific

intervals, depending on the program. Failure by the client to complete a redetermination will result in termination of benefits.

On July 15, 2019, the Respondent sent a SNAP and Adult Medicaid redetermination form to the Appellant notifying him that the CSLR form must be completed and returned to the Respondent by August 1, 2019. It further notified the Appellant that failure to do so would result in benefit closure after August 31, 2019. On August 19, 2019, a notice of closure was sent to the Appellant because he did not complete an eligibility review for both this SNAP and Adult Medicaid benefits.

The Appellant's representative, [REDACTED], did not dispute the fact that the CSLR form was not returned. She testified that because of a serious family illness, she had completely forgotten to return the CSLR form to the Respondent by the due date. She testified that on the date and time of the scheduled interview, no one from the Department had contacted them. The Respondent's representative testified that if the CSLR forms are not returned, the interview is not completed.

Policy requires that program benefits not continue beyond a certification period if the CSLR forms are not completed and returned to the Respondent prior to the end of the certification period. While the reason for Ms. [REDACTED] failure to return the CSLR form is understandable, the Board of Review lacks the authority to make exceptions to policy. As such, the Respondent's decision to close the Appellant's SNAP and Adult Medicaid benefits is affirmed.

CONCLUSION OF LAW

Whereas, the Appellant failed to return his SNAP and Medicaid CSLR form by the established deadline and thus failed to complete his eligibility review, the Respondent correctly closed his benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to terminate the Appellant's SNAP and Adult Medicaid benefits.

ENTERED this 19th day of September 2019.

Lori Woodward, State Hearing Official