

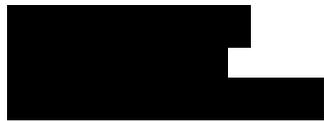


State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1027 N. Randolph Ave.
Elkins, WV 26241

Jim Justice
Governor

Bill J. Crouch
Cabinet Secretary

October 27, 2017



RE: [REDACTED] v. WVDHHR
ACTION NOS.: 17-BOR-2532 and 17-BOR-2699

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: Michael Phillips, WVDHHR

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

████████████████████,

Appellant,

v.

Action Numbers: 17-BOR-2532 & 17-BOR-2699

**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 October 12, 2017, on appeals filed September 22, 2017 and October 12, 2017.

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

At the hearing, the Respondent appeared by Michael Phillips, 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 West Virginia Income Maintenance Manual Chapter 2.2
- D-2 Notice of Decision dated September 19, 2017
- D-3 Income calculation for Adult Medicaid
- D-4 Notice of Decision dated October 5, 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 September 19, 2017, the Respondent sent the Appellant a Notice of Decision (D-2), indicating that her SNAP benefits would decrease from \$194 to \$15 per month effective November 2017.
- 3) On October 5, 2017, the Respondent sent the Appellant a Notice of Decision (D-4), indicating that her Adult Medicaid benefits would stop effective November 2017 due to excessive income.
- 4) The adverse actions occurred after the Respondent received a data exchange from the Social Security Administration revealing that the Appellant had been approved for Social Security benefits.
- 5) The Respondent contends that the Appellant receives \$1,062 per month in Social Security benefits and \$330.50 in pension income for a total of \$1,392.50 in gross monthly income.
- 6) After all allowable SNAP deductions, the Appellant's net adjusted income is \$1,232 per month. The Respondent purports that the SNAP benefits decreased as a result of the increased income.
- 7) The Respondent also contends that the Appellant's income exceeds the income limit for Adult Medicaid for a one-person Assistance Group (see Exhibit D-3).
- 8) The Appellant did not dispute the amount of her household income, but testified that she should have received six months of prior notification concerning the change in benefits so she would have had sufficient time to prepare for the changes.
- 9) The hearing record remained open through October 13, 2017, so that the Respondent could provide additional information concerning its Medicaid eligibility determination. The information was provided by the Respondent and is listed as Exhibits D-3 and D-4.
- 10) Exhibit D-4, the Medicaid Notice of Decision, provides no step-by-step income calculation to explain the reason for the termination.

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 4, Appendix A states that the monthly gross income limit for a one-person SNAP Assistance Group is \$1,307. Chapter 4, Appendix C states that a one-person Assistance Group with a net adjusted income of \$1,232 is eligible for \$15 per month in SNAP benefits.

West Virginia Income Maintenance Manual Chapter 4.7.3. states that the only allowable income disregard is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable Modified Adjusted Gross Income (MAGI) Medicaid household size. The 5% FPL disregard is not applied to every MAGI eligibility determination and should not be used to determine the MAGI coverage group for which an individual may be eligible. The 5% FPL disregard will be applied to the highest MAGI income limit for which an individual may be determined eligible.

West Virginia Income Maintenance Manual Chapter 4.7.4 states that the applicant's household income must be at or below the applicable MAGI standard for the MAGI coverage group.

Step 1: Determine the MAGI-based gross monthly income for each MAGI household income group (IG).

Step 2: Convert the MAGI household's gross monthly income to a percentage of the FPL by dividing the current monthly income by 100% of the FPL for the household size. Convert the result to a percentage.

If the result from Step 2 is equal to or less than the appropriate income limit, no disregard is necessary and no further steps are required.

Step 3: If the result from Step 2 is greater than the appropriate limit, apply the 5% FPL disregard by subtracting five percentage points from the converted monthly gross income to determine the household income.

Step 4: After the 5% FPL income disregard has been applied, the remaining percent of FPL is the final figure that will be compared against the applicable modified adjusted gross income standard for the MAGI coverage groups.

Chapter 4, Appendix A of the Manual 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 states that an individual with a net adjusted monthly income of \$1,232 is eligible to receive \$15 in SNAP benefits. The Appellant did not dispute the Respondent's income calculation. Therefore, the Respondent's decision to decrease the Appellant's SNAP benefits effective November 2017 is correct.

Policy states that the only allowable income disregard for MAGI Medicaid is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. While the Respondent provided documentation concerning its income calculation, the information is insufficient to determine the Appellant's MAGI Medicaid eligibility, as it does not clearly follow the step-by-step calculation addressed in policy and does not explain whether the 5% FPL income disregard was or was not applied. Therefore, the Medicaid termination issue

is remanded to the Respondent. The Respondent is directed to provide a step-by-step income calculation - in accordance with the procedures in policy - and provide proper notification to the Appellant. Upon receipt of the notice, the Appellant may file her hearing request anew if she wishes to further contest the Medicaid issue.

CONCLUSION OF LAW

The Respondent acted correctly in reducing the Appellant's SNAP benefits effective November 2017. The Medicaid issue is remanded to the Respondent, so that proper notice can be provided to the Appellant with a step-by-step income calculation in accordance with policy.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Respondent's reduction of SNAP benefits. The Medicaid termination issue is REMANDED to the Respondent, so that proper notice can be provided to the Appellant.

ENTERED this 27th Day of October 2017.

Pamela L. Hinzman
State Hearing Officer