



June 26, 2025

[REDACTED]

RE: [REDACTED] v. WVDohS
ACTION NOS.: 25-BOR-2209 & 25-BOR-2211

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 Human Services. These same laws and regulations are used in all cases to ensure 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: Recourse to Hearing Decision
Form IG-BR-29

cc: Jennifer Barker, WV DoHS
Robert Gowers, WV DoHS

**WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW**

██████████,

Appellant,

v.

Action Numbers: 25-BOR-2209 & 25-BOR-2211

**WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES
BUREAU FOR FAMILY ASSISTANCE,**

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 Office of Inspector General Common Chapters Manual. This fair hearing was convened on June 24, 2025.

The matter before the Hearing Officer arises from the Respondent's termination of Supplemental Nutrition Assistance Program (SNAP) benefits as outlined in a notice dated May 28, 2025, and the termination of Adult Medicaid benefits.

At the hearing, the Respondent appeared by Robert Gowers, Economic Service Worker Senior, WVDoHS. The Appellant was self-represented. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Fair Hearing Request received by Respondent on June 3, 2025
- D-2 Notice of Decision dated May 28, 2025
- D-3 Notice of Decision dated June 5, 2025
- D-4 Verification Checklist dated May 14, 2025
- D-5 Statement of income received by Respondent on June 3, 2025

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 is a recipient of Supplemental Nutrition Assistance Program (SNAP) and Medicaid benefits.
- 2) The Appellant submitted a Periodic Report Form on May 12, 2025, for a review of his benefits due by July 2025.
- 3) The Respondent sent the Appellant a Verification Checklist on May 14, 2025, requesting verification of his self-employment income by May 23, 2025 (Exhibit D-4).
- 4) The requested verification was not provided to the Respondent by May 23, 2025.
- 5) The Respondent sent the Appellant a Notice of Decision on May 28, 2025, indicating that SNAP benefits would stop after June 30, 2025, because the requested verification was not provided (Exhibit D-2).
- 6) The May 28, 2025, Notice of Decision does not address the termination of Adult Medicaid benefits.
- 7) The Appellant submitted the requested income verification on June 3, 2025, indicating that he earns \$1,255 per month from self-employment before gasoline and supply expenses are deducted (Exhibit D-5). Verification of self-employment expenses was not provided.
- 8) The Respondent reopened the Appellant's SNAP and Medicaid benefits and sent the Appellant a Notice of Decision on June 5, 2025, stating that he was approved for \$143 in SNAP benefits effective July 1, 2025. The approval letter does not address Medicaid benefits (Exhibit D-3).

APPLICABLE POLICY

Code of Federal Regulations 7 CFR § 273.14 states that no SNAP household may participate in the program beyond the expiration of the certification period assigned in accordance with [§ 273.10\(f\)](#) without a determination of eligibility for a new period. The State agency must establish procedures for notifying households of expiration dates, providing application forms, scheduling interviews, and recertifying eligible households prior to the expiration of certification periods. Households must apply for recertification and comply with interview and verification requirements.

West Virginia Income Maintenance Manual Chapter 1.3.1.A.3 states that when the worker does not have sufficient information to make a decision, it is necessary to complete form DFA-6 or Verification Checklist to inform the applicant of the additional information needed. The worker must clearly state on the form what items must be returned by the applicant, as well as the date by which the information must be returned. The applicant's failure to return the information or the return of incomplete or incorrect information that prevents a decision from being made on the application will be considered failure to provide verification and will result in denial of the application.

West Virginia Income Maintenance Manual Chapter 7.2.3 states that the primary responsibility for providing verification rests with the client. It is an eligibility requirement that the client cooperate in obtaining necessary verifications. The client is expected to provide information to which he has access or sign authorizations needed to obtain other information. Failure of the client to provide necessary information results in denial of the application or closure of the active case, provided the client has access to such information and is physically and mentally able to provide it.

Code of Federal Regulations, 42 CFR §435.119 provides the following information concerning Adult Medicaid coverage:

Coverage for individuals age 19 or older and under age 65 at or below 133 percent FPL.

(a) **Basis.** This section implements section 1902(a)(10)(A)(i)(VIII) of the Act.

(b) **Eligibility.** Effective January 1, 2014, the agency must provide Medicaid to individuals who:

(1) Are age 19 or older and under age 65;

(2) Are not pregnant;

(3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act;

(4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with [subpart B of this part](#); and

(5) Have household income that is at or below 133 percent FPL for the applicable family size.

West Virginia Income Maintenance Manual Chapter 9.3.1 states that a client must receive advance notice in all situations involving adverse actions except those described in the Adverse Actions Not Requiring Advance Notice section below. The advance notice requirement is that notification be mailed to the client at least 13 days prior to the first day of the month in which the benefits are affected. Chapter 9.3.1.A states that adverse actions that require advance notice for Medicaid programs include Medicaid closure and removal of a client from an Assistance Group.

DISCUSSION

Policy states that no SNAP household may participate in the program beyond the expiration of the certification period without a determination of eligibility for a new period. Failure of the client to provide necessary information results in denial of the application or closure of the active case, provided the client has access to such information and is physically and mentally able to provide

it. Policy stipulates that a client must receive a 13-day adverse action notice prior to termination of Medicaid benefits.

Robert Gowers, Economic Service Worker Senior with the Department, testified that the Appellant's SNAP and Medicaid benefits were reopened on June 4, 2025, after the Appellant provided the requested verification of his self-employment income. The Appellant received a full month's allotment of SNAP benefits for June 2025 since his Periodic Report Form was submitted for the period beginning July 1, 2025. Mr. Gowers stated that the Appellant could provide verification of his self-employment expenses to receive a possible income deduction.

The Appellant did not dispute the income information he submitted to the Respondent but testified that he does outdoor seasonal work (mowing, landscaping, odd jobs, etc.) and his income varies based on the weather. He questioned what type of information he needed to provide to further verify his income.

As the Appellant failed to provide verification of his self-employment income by the due date on the Verification Checklist, the Respondent correctly terminated his SNAP benefits on May 28, 2025, effective July 2025. There is no indication that the Respondent provided proper notice of Adult Medicaid termination to the Appellant since the May 28, 2025, Notice of Decision does not address Medicaid termination and no separate notice was provided by the Respondent. Therefore, the Respondent's May 2025 decision to terminate Medicaid benefits effective July 2025 cannot be affirmed.

CONCLUSIONS OF LAW

- 1) The Appellant was required to complete a Periodic Report Form to determine ongoing SNAP and Adult Medicaid eligibility effective July 2025.
- 2) The Appellant failed to verify his self-employment income by the due date specified on the Verification Checklist.
- 3) The Respondent correctly terminated the Appellant's SNAP benefits on May 28, 2025, effective July 2025.
- 4) There is no documentation to confirm that the Appellant was properly notified of the termination of Adult Medicaid benefits effective July 2025. Therefore, the May 2025 closure of Medicaid benefits cannot be affirmed.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's May 28, 2025, action to terminate the Appellant's SNAP benefits effective July 2025 based on failure to verify self-employment income. It is the decision of the State Hearing Officer to **REVERSE** the Respondent's action to terminate Adult Medicaid benefits effective July 2025 as there is no indication that the Respondent was properly notified of Medicaid closure.

ENTERED this 26th day of June 2025.

**Pamela L. Hinzman
State Hearing Officer**