



August 20, 2025

[REDACTED]

RE: [REDACTED] v. WVDOHS  
ACTION NO.: 25-BOR-2382

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,

Todd Thornton  
State Hearing Officer  
Member, State Board of Review

Encl: Recourse to Hearing Decision  
Form IG-BR-29

cc: Megan Wilson, Department Representative

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

[REDACTED],

**Appellant,**

v.

**Action Number: 25-BOR-2382**

**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 [REDACTED]. This hearing was held in accordance with the provisions found in Chapter 700 of the Office of Inspector General Common Chapters Manual. This fair hearing was convened on August 12, 2025, upon a timely appeal filed on July 7, 2025.

The matter before the Hearing Officer arises from the June 30, 2025 decision by the Respondent to establish the level of the Appellant's SNAP benefits.

At the hearing, the Respondent appeared by Megan Wilson and Rebecca Wallen. The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

**EXHIBITS**

**Department's Exhibit:**

- |     |   |
|-----|---|
| D-1 | Notice of decision dated June 30, 2025  |
|     | Notice of decision dated August 26, 2024  |
|     | Excerpt of case comments from the Respondent's data system regarding the Appellant's case |

**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 benefits for an assistance group (AG) of one. (Exhibit D-1)
- 2) In August 2024, the Respondent approved the Appellant for SNAP benefits in the amount of \$292 per month, effective in October 2024. (Exhibit D-1)
- 3) The Appellant was required to complete a review of his SNAP eligibility
- 4) Beginning with July 2025, the Respondent approved the Appellant for SNAP benefits in the amount of \$63 per month. (Exhibit D-1)
- 5) The Respondent verified the Appellant's Supplemental Security Income (SSI) amount increased from \$943 per month to \$967 per month through a data exchange with the Social Security Administration (SSA). (Exhibit D-1)
- 6) Prior to the Respondent's determination of the Appellant's SNAP benefit level for July 2025, the Appellant was credited for paying a Medicare premium and received a SNAP medical expense deduction for this out-of-pocket expense. (Exhibit D-1)
- 7) On May 9, 2025, the Respondent verified through a data exchange with SSA that the Appellant became eligible for Qualified Medicare Beneficiary (QMB), a type of Medicaid that pays the Medicare premium.
- 8) Once the Appellant was approved for QMB, the Appellant was no longer paying this medical expense.
- 9) Once the Appellant was no longer paying this medical expense, it could no longer be counted as a medical expense deduction for SNAP purposes.
- 10) The Respondent requested the Appellant provide verification of his shelter and utility costs and counted the amounts that were verified by the Appellant. (Exhibit D-1)

- 11) The Appellant did not provide evidence at the hearing to support different amounts for shelter or utility costs.
- 12) The Appellant did not provide evidence at the hearing of any allowable SNAP deductions that differed from the amounts the Respondent used in its determination of the Appellant's monthly SNAP allotment.

### **APPLICABLE POLICY**

**West Virginia Income Maintenance Manual § 4.1 describes the income policies and procedures used to determine SNAP eligibility and benefit levels as follows, in part:**

...This chapter includes charts of sources of income and shows whether or not they are counted for each program. In addition, if an income source is counted, the chart identifies it as earned, self-employment, or unearned income. For each program that requires an income determination by the Worker, there are sections explaining budgeting methods, deductions and disregards, incentives, how to determine countable income, and special situations. Income limits applicable to each benefit are found in Appendix A.

Income is defined as any and all monies received from any source.

The determination of countable income is necessary, because it is, generally, the countable income that is tested against maximum income limits.

The first step in determining countable income is to determine all the incoming monies to the assistance group (AG) and to those whose income is counted for, or deemed to, the AG.

Once all incoming monies have been identified, they are compared to the income exclusions listed in this Chapter, and, if applicable, the income from any excluded source is subtracted.

After all income exclusions have been applied, some of the remaining income may qualify for certain disregards and deductions as outlined in the sections for each specific program...

**West Virginia Income Maintenance Manual § 4.3.1.85 notes that Supplemental Security Income (SSI) is countable as unearned income for SNAP purposes.**

**West Virginia Income Maintenance Manual § 4.4.2 details the allowable income disregards and deductions used to determine SNAP eligibility and benefit levels as follows (emphasis added):**

Certain items may be allowed as income deductions to arrive at an AG's countable income, (even if the payment is made from assets). To receive a deduction, the expense must:

- Not be an educational expense;
- Be billed or be due during the certification period in which the deduction is claimed;
- **Be obligated to be met by the AG's own resources; and**
- Be owed to an individual not included in the AG to receive a deduction.

To convert an expense to a monthly amount, multiply by an actual or average amount as follows:

- Weekly amount x 4.3
- Biweekly amount (every two weeks) x 2.15
- Semi-monthly (twice/month) x 2

**West Virginia Income Maintenance Manual § 4.4.2.B outlines the categories of allowable SNAP income disregards and deductions as follows:**

The following are the only allowable disregards and deductions for the SNAP. They apply to the income of the AG members and any individual sanctioned/penalized due to enumeration, Intentional Program Violation (IPV), failure to comply with a work requirement, or disqualified by law. See Deeming in Section 4.4.4.H.

**West Virginia Income Maintenance Manual § 4.4.2.B.6 explains the SNAP medical expenses which are allowable as a SNAP deduction, as follows, in pertinent part (emphasis added):**

Medical expenses in excess of \$35 must be allowed as a medical deduction for AG members who are elderly, which is at least age 60, or disabled, as defined in Section 13.15. Once the medical expenses of all such AG members have been totaled, the amount of the total in excess of \$35 is used as a medical deduction. Thirty-five dollars (\$35) is deducted from the total amount of expenses for the AG, not \$35 from each person's expenses. There is no maximum dollar limit for a medical deduction.

➤ Allowable Expenses

**Only medical costs that are not reimbursable through a third party (insurance, Medicaid, etc.) are deducted.** The deduction cannot be granted until the reimbursable portion of the expense is known.

- The cost of any medical goods or services related to the use of an illegal substance under federal law, including medicinal marijuana, may not be deducted.
- Medical and dental care, including psychotherapy and rehabilitation services provided by a qualified health professional.
- Prescription and over-the-counter drugs, if prescribed by a qualified health professional. This includes postage and handling costs paid for mail-order prescription drugs.
- Medical supplies and equipment, if prescribed by a qualified health professional. Items may be either purchased or rented.
- Hospital or outpatient costs, nursing care, and nursing facility care. This is also allowable if paid on behalf of an individual who was a member of the AG immediately prior to admission to a facility. The facility must be recognized by the State.
- Health and hospitalization insurance premiums, including long-term care, vision, and dental insurance. When the individual(s) who qualifies for a medical deduction has medical insurance under a policy that benefits other individuals who do not qualify for a medical deduction, only the portion of the insurance premium assigned to the qualifying individual(s) is considered. If specific information is not available about the eligible individual's premium amount, the premium is prorated among those covered by the insurance.
- Medicare premiums, except when the DOHS is paying the premium.
- Medical support service systems, if prescribed by a qualified health professional. Allowable costs are related to the purchase, rental, and maintenance of the system. Examples of medical support service systems include, but are not limited to, Lifeline Personal Response, Life Alert, etc.
- Dentures
- Hearing aids and batteries
- Purchase and maintenance of prosthetic devices
- Purchase and maintenance of a trained service animal which is required for a physical or mental disability and is prescribed by a doctor. This includes the cost of food and veterinarian bills for the service animal. Trained service animals may include seeing or hearing dogs, therapy animals to treat depression, animals used by persons with other disabilities such as epilepsy, paraplegia, etc. When the supervisor is unable to determine whether or not an animal meets the applicable criteria or an animal-related expense is an appropriate deduction, he must contact the Division of Family Assistance (DFA) Economic Services Policy Unit for clarification.
- Prescription eyeglasses

- Reasonable cost of transportation and lodging to obtain medical treatment or services. If a client can verify that a charge was made for transportation, but the transportation provider will not state the amount, the current state mileage rate is allowed as a medical deduction.
- Maintaining an attendant, homemaker, home health aide, housekeeper, or childcare services necessary due to age, infirmity, or illness. If the AG provides the majority of the attendant's meals, an amount equal to the maximum monthly SNAP allotment for one person is also used as a medical deduction.
- Any cost-sharing or spenddown expense incurred by Medicaid clients.

...

**West Virginia Income Maintenance Manual § 4.4.2.B.7 provides, in pertinent part:**

...In order to receive a shelter deduction, the expense/obligation must be verified at a minimum of application and redetermination, or when the AG reports a change in shelter expense...

**West Virginia Income Maintenance Manual §23.12.1 details QMB coverage and reads, in pertinent part:**

Medicaid coverage is limited to payment of the Medicare, Part A and Part B premium amounts and payment of all Medicare co-insurance and deductibles, including those related to nursing facility services. The Buy-In Unit pays the Medicare premium. Refer to Chapter 25 for details...

**West Virginia Income Maintenance Manual §25.1.1 defines the QMB “buy in” process as follows (emphasis added):**

**The Department of Human Services (DOHS) “buys in,” or pays, the Medicare Part A and/or Part B premium for certain Medicaid clients who are also eligible for Medicare.** This procedure is referred to as the buy-in process.

**Code of Federal Regulations 7 CFR § 273.2(f)(3)(ii) explains the treatment of unverified shelter and utility expenses as follows:**

(ii) If a State agency opts to verify a deductible expense and obtaining the verification may delay the household's certification, the State agency shall advise the household that its eligibility and benefit level may be determined without providing a deduction for the claimed but unverified expense. This provision also applies to the allowance of medical expenses as specified in paragraph (f)(1)(iv) of

this section. Shelter costs would be computed without including the unverified components. The standard utility allowance shall be used if the household is entitled to claim it and has not verified higher actual costs. If the expense cannot be verified within 30 days of the date of application, the State agency shall determine the household's eligibility and benefit level without providing a deduction of the unverified expense. If the household subsequently provides the missing verification, the State agency shall redetermine the household's benefits, and provide increased benefits, if any, in accordance with the timeliness standards in § 273.12 on reported changes. If the expense could not be verified within the 30-day processing standard because the State agency failed to allow the household sufficient time, as defined in paragraph (h)(1) of this section, to verify the expense, the household shall be entitled to the restoration of benefits retroactive to the month of application, provided that the missing verification is supplied in accordance with paragraph (h)(3) of this section. If the household would be ineligible unless the expense is allowed, the household's application shall be handled as provided in paragraph (h) of this section.

**Code of Federal Regulations 7 CFR § 273.9(d)(3) details the excess medical deduction for SNAP and reads, in pertinent part (emphasis added):**

(3) Excess medical deduction. That portion of medical expenses in excess of \$35 per month, excluding special diets, **incurred by any household member** who is elderly or disabled as defined in § 271.2. Spouses or other persons receiving benefits as a dependent of the SSI or disability and blindness recipient are not eligible to receive this deduction but persons receiving emergency SSI benefits based on presumptive eligibility are eligible for this deduction...

## **DISCUSSION**

The Appellant is contesting the Respondent's determination of his monthly allotment of SNAP benefits. The Respondent must show by preponderance of the evidence that it correctly determined the Appellant's SNAP benefit amount.

The Appellant is a recipient of SNAP benefits in a one-person household. The Appellant's sole income source is SSI, which the Respondent verifies through a direct data exchange with the SSA, the agency providing that income. The Respondent also utilizes this data exchange to verify the onset of QMB eligibility.

The Appellant was approved for SNAP benefits in the amount of \$292 monthly and received this amount until a change in the benefit level was made by the Respondent in conjunction with a review of SNAP eligibility. Effective July 2025, the Respondent determined that the Appellant was eligible for \$63 per month in SNAP benefits. The change in the Appellant's SNAP allotment was due to changes in three factors: the Appellant's SSI amount, the Appellant's countable medical deductions, and the Appellant's countable shelter and utility expenses. The Appellant did not offer a dispute of the calculation process itself, only the allowable deductions.

The Appellant's SSI was verified reliably by the Respondent directly from the source. The Respondent correctly determined the Appellant's gross income.

The Appellant's only verified medical expense was Medicare premiums. The Respondent also maintains a data exchange to verify a "buy in," or when an individual becomes eligible for QMB and is no longer directly responsible for Medicare premiums because QMB pays them. The Appellant contended that he is still responsible for paying these premiums. The Appellant had no documents to prove any current obligation for Medicare premiums. The Appellant appeared to be confusing premium amounts with medical bills showing balances due after insurance payments but did not offer any such documents during his eligibility review or at the hearing. The Respondent's determination that the Appellant no longer has a verified medical expense of Medicare premiums, and the resulting removal of the Appellant's SNAP medical deduction, is correct.

During the Appellant's most recent SNAP eligibility review, the Respondent requested verification of the Appellant's shelter and utility costs and used the amounts provided to determine the SNAP shelter and utility deduction. The Appellant did not offer documentation to refute the amounts he verified for the review. The shelter and utility amounts counted by the Respondent in the determination of the Appellant's SNAP level are correct.

The reliable evidence and testimony offered at the hearing revealed no changes in the factors used to determine the Appellant's SNAP level. The Respondent's determination of the Appellant's monthly SNAP allotment is correct.

### **CONCLUSIONS OF LAW**

- 1) Because the Respondent directly verified the Appellant's income source, this factor in the SNAP allotment calculation is correct.
- 2) Because the Respondent directly verified the Appellant's onset of QMB eligibility, the Respondent correctly determined the Appellant is no longer directly responsible for paying Medicare premiums.
- 3) Because the Appellant no longer pays his Medicare premiums, the Respondent correctly removed this medical deduction factor from the Appellant's SNAP allotment calculation.
- 4) Because the Respondent used the shelter and utility costs verified by the Appellant and excluded any amounts not verified by the Appellant, it correctly applied this factor in determining the Appellant's SNAP allotment.
- 5) Because the Respondent correctly applied all income, deduction and disregard factors in its calculation of the Appellant's SNAP allotment, its calculation is correct.

**DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's determination of the Appellant's SNAP benefit amount.

**ENTERED this \_\_\_\_\_ day of August 2025.**

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**Todd Thornton  
State Hearing Officer**