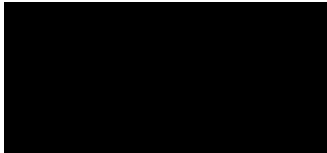




March 6, 2026



RE: [REDACTED] v. WV DoHS BFA
ACTION NOS.: 26-BOR-1229 & 26-BOR-1230

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 people 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,

Amy Hayes
State Hearing Officer
Member, State Board of Review

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

cc: Kristyne Hoskins, Department Representative

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

[REDACTED]
Appellant,

v.

Action Numbers: 26-BOR-1229 & 26-BOR-1230

**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 February 25, 2026.

The matter before the Hearing Officer arises from the December 8, 2025 decision by the Respondent to close the Appellant's Supplemental Nutrition Assistance Program (SNAP) and Medicaid benefits beginning January 1, 2026.

At the hearing, the Respondent appeared by Kristyne Hoskins, Economic Service Worker Senior, West Virginia Department of Human Services (DoHS). Appearing as a witness for the Respondent was Jerri Smith, Front-End Fraud Investigator. The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Case comments screen prints for comments dated October 2, 2025, through November 17, 2025
- D-2 Notice of Verification Checklist for SNAP from the Department of Human Services to [REDACTED] dated November 18, 2025
- D-3 Case comments screen prints for comments dated December 5, 2025, through February 5, 2026
- D-4 Notice from Department of Human Services to [REDACTED], at 901 [REDACTED] dated December 8, 2025
- D-5 Case comments screen prints for comments dated December 5, 2025, through February 5, 2026

- D-6 Email submission from [REDACTED] to the Respondent on January 5, 2026, with attached social security information and earnings statement documents for [REDACTED]
- D-7 Lease Agreement between [REDACTED] and [REDACTED] dated October 26, 2025
- D-8 Case comments screen prints for comments dated December 5, 2025, through February 5, 2026

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 Supplemental Nutrition Assistance Program (SNAP) as part of an assistance group (AG) of six (6), which included herself and her five (5) children. One of the Appellant's children is over eighteen (18) years old and is named [REDACTED] (Exhibit D-4)
- 2) The Appellant was also a recipient of Medicaid benefits as part of an AG of six (6). (Exhibit D-4)
- 3) During an unestablished time before October 26, 2025, the father of the Appellant's children resided with her for a time period of not less than three (3) weeks at [REDACTED] West Virginia.
- 4) On October 26, 2025, the Appellant signed a lease to rent a duplex at [REDACTED] West Virginia. She moved into the duplex in November 2025. (Exhibit D-7)
- 5) The lease signed by the Appellant states that the persons who will live in the duplex will be the Appellant, [REDACTED], and [REDACTED] and that no other persons will live there without written permission of the landlord. (Exhibit D-7)
- 6) On November 17, 2025, the Respondent's workers were notified that an investigation conducted by the Front-End Fraud Unit (FEFU) determined that [REDACTED], the father of the Appellant's children, was living in the Appellant's home. (Exhibit D-1)
- 7) On November 18, 2025, the Respondent mailed notification to the Appellant at [REDACTED] West Virginia, that documentation was requested regarding herself and [REDACTED] and was due on November 27, 2025. (Exhibit D-2)

- 8) On December 8, 2025, the Respondent mailed notification to the Appellant at [REDACTED] that SNAP and Medicaid benefits would be terminated effective January 1, 2026, for failure to provide requested verifications. (Exhibit D-4)
- 9) The notice dated December 8, 2025, notified the Appellant that she had not submitted proof of her West Virginia household address and had not verified information regarding the employment, income, citizenship, and living arrangement of [REDACTED]. (Exhibit D-4)
- 10) The Appellant's Medicaid and SNAP benefits were closed beginning January 1, 2026. (Exhibit D-3, Exhibit D-4)
- 11) The Appellant did not receive the notices dated November 18, 2025, and December 8, 2025, because she had moved.
- 12) The Appellant did not notify the Respondent that her address had changed until January 5, 2026. (Exhibit D-6)
- 13) On January 5, 2026, the Appellant called the Respondent's office and asked why her benefits were canceled and told the worker that her children's father did not live with them or have any contact with them. (Exhibit D-3)
- 14) On January 5, 2026, the Appellant emailed the Respondent a copy of the social security card of [REDACTED] employment information of [REDACTED] income statements for [REDACTED] and the Lease Agreement referenced above. (Exhibit D-7)
- 15) On February 4, 2026, the Appellant requested a fair hearing because she did not agree with the decision to close her benefits and that she should be required to reapply for SNAP and Medicaid benefits.

APPLICABLE POLICY

The Code of Federal Regulations, Title 7, Subtitle B, Chapter II, Subchapter C, Part 273, Subpart A, Household concept, describes the Household concept for the Supplemental Nutrition Assistance Program (SNAP), and provides, in pertinent part:

§ 273.1 Household concept.

(a) General household definition. A household is composed of one of the following individuals or groups of individuals, unless otherwise specified in paragraph (b) of this section:

- (1) An individual living alone;
- (2) An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others; or
- (3) **A group of individuals who live together and customarily purchase food and prepare meals together for home consumption.**

The Code of Federal Regulations, Title 7, Subtitle B, Chapter II, Subchapter C, Part 273, Subpart A, Section 273.2(d) Household cooperation, provides that the State agency shall not determine the household to be ineligible when a person outside of the household fails to cooperate with a request for verification.

The Code of Federal Regulations, Title 7, Subtitle B, Chapter II, Subchapter C, Part 273, Subpart C, Social security numbers, provides, in pertinent part:

§ 273.6 Social security numbers.

(a) Requirements for participation. The State agency shall require that a household participating or applying for participation in SNAP provide the State agency with the social security number (SSN) of each household member or apply for one before certification. If individuals have more than one number, all numbers shall be required. The State agency shall explain to applicants and participants that refusal or failure without good cause to provide an SSN will result in disqualification of the individual for whom an SSN is not obtained.

(c) Failure to comply. If the State agency determines that a household member has refused or failed without good cause to provide or apply for an SSN, then that individual shall be ineligible to participate in SNAP. The disqualification applies to the individual for whom the SSN is not provided and not to the entire household. **The earned or unearned income and resources of an individual disqualified from the household for failure to comply with this requirement shall be counted as household income and resources to the extent specified in § 273.11(c) of these regulations.**

The Code of Federal Regulations, Title 7, Subtitle B, Chapter II, Subchapter C, Part 273, Subpart B, Citizenship and alien status, requires that a person's citizenship be determined to establish eligibility to participate in the SNAP program. Only a U.S. citizen, a U.S. non-citizen national, or an individual who is a qualified alien and an eligible alien as defined in the Code can participate. It further requires that the State agency must determine if a member of a household is ineligible to receive SNAP benefits because the member is present in the U.S. in violation of the INA.

The Code of Federal Regulations Title 7, Subtitle B, Chapter II, Subchapter C, Part 273, Subpart D, Income and deductions, provides, in pertinent part:

§ 273.9 Income and deductions.

(b) Definition of income. Household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.

(3) The earned or unearned income of an individual disqualified from the household for intentional Program violation, in accordance with § 273.16, or as a result of a sanction imposed while he/she was participating in a household disqualified for failure to comply with workfare requirements, in accordance with § 273.22, shall continue to be attributed in their entirety to the remaining household members. **However, the earned or unearned income of individuals disqualified from households for failing to comply with the**

requirement to provide an SSN, in accordance with § 273.6, or for being an ineligible alien, in accordance with § 273.4, shall continue to be counted as income, less a pro rata share for the individual. Procedures for calculating this pro rata share are described in § 273.11(c).

The Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 435, describes eligibility for Medical Assistance, and provides that the State agency must provide Medicaid to children under age 19 whose household income is at or below 133 percent of the federal poverty level for the applicable family size. It defines household income as meaning the MAGI-based income calculated using the same financial methodologies used to determine modified adjusted gross income as defined in section 36B(d)(2)(B) of the Code.

Title 26 of the United States Code, Subtitle A, Chapter 1, Subchapter A, Part IV, Subpart C, Section 36B, describes Household income and provides, in pertinent part:

(d) Terms relating to income and families

For purposes of this section—

(2) Household income

(A) Household income

The term “household income” means, with respect to any taxpayer, an amount equal to the sum of—

- (i) the modified adjusted gross income of the taxpayer, plus**
- (ii) the aggregate modified adjusted gross incomes of all other individuals who—**

(I) were taken into account in determining the taxpayer's family size under paragraph (1), and

(II) were required to file a return of tax imposed by section 1 for the taxable year.

West Virginia Income Maintenance Manual, Chapter 2, describes Common Eligibility Requirements, and provides in pertinent part:

2.7.1 The Enumeration Requirement

2.7.1.A Supplemental Nutrition Assistance Program (SNAP)

The Social Security Number (SSN) must be verified and entered into the eligibility system to satisfy the enumeration requirement.

The enumeration requirement is presumed to be met if the SNAP assistance group (AG) is Categorically Eligible and the AG member is currently receiving a benefit that required the SSN to be verified. If not, the SSN must be verified.

2.7.1.C Medicaid

Enumeration is the procedure by which the Social Security Administration (SSA) assigns and verifies Social Security Numbers. Each individual seeking Medicaid must furnish each of his or her Social Security numbers.

The SSN must be provided and entered into the eligibility system to satisfy the enumeration requirement. Once the SSN is obtained and verified as required in Chapter 7, the client must not be required to provide or verify it again unless the identity of the individual or the validity of the number is questionable.

West Virginia Income Maintenance Manual, Chapter 3, describes Eligibility Determinations, and provides in pertinent part:

3.2.1 The Assistance Group (AG)

3.2.1.A Who Must Be Included?

The SNAP AG must include all eligible individuals who both live together and purchase food and prepare meals together, with the exception of residents of shelters for battered persons.

An individual cannot be a member of more than one SNAP AG in any month.

When an AG member is absent or is expected to be absent from the home for a full calendar month, he is no longer eligible to be included in the AG and must be removed after advance notice.

The following sub-sections describe how different types of individuals are considered in the composition of a SNAP AG.

3.2.2 The Income Group (IG)

The income group includes all AG members and all individuals who live with the AG and would otherwise be included in the AG if not ineligible, disqualified, or excluded by law. This includes ineligible non-citizens, those excluded by law, disqualified due to an IPV or for trafficking SNAP for a controlled substance, and those who fail to meet the enumeration requirement. See Section 4.4 to determine how to count the income and deductions.

Ineligible students and individuals who are ineligible due to receipt in another state are not included in the IG.

West Virginia Income Maintenance Manual, Chapter 7, Section 7.2, describes the Verification Process, in pertinent part:

7.2.1 When Verification Is Required

Verification of a client's statement is required when:

- Policy requires routine verification of specific information.
- The information provided is questionable. To be questionable, it must be:
 - Inconsistent with information received by the Department of Human Services (DOHS) from other sources; or
 - Incomplete; or
- The client does not know the required information.

7.2.3 Client Responsibilities

The primary responsibility for providing verification rests with the client.

It is an eligibility requirement that the client cooperate in obtaining necessary verifications, with an exception being that a client must never be asked to provide verification that he is or is not either a fleeing felon or a probation/parole violator. The client is expected to provide information to which he has access and to sign authorizations needed to obtain other information.

Failure of the client to provide necessary information or to sign authorizations for release of 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.

For Medicaid Coverage Groups and WVCHIP Only:

- Client self-attestation is verified by electronic data sources.
- The client must not be required to provide verification unless information cannot be obtained electronically or self-attestation, and electronic data sources are not reasonably compatible. See Section 7.2.5 below.

Refusal to cooperate, failure to provide necessary information, or failure to sign authorizations for release of information, provided the client has access to such information and is physically and mentally able to provide it, may result in one of the following:

- Denial of the application
- Closure of the assistance group (AG)
- Determination of ineligibility
- Disallowance of an income deduction or an incentive payment

No case may be determined ineligible when a person outside the AG or income group (IG) fails to cooperate with verification. The following individuals **are not considered part of the AG or IG but must provide verification:**

- Ineligible student (SNAP – verification only required for student status)
- Non-qualified non-citizens (all programs)
- **Persons who fail to attest to or verify citizenship or non-citizen status** (requirements vary by program)
- Disqualified persons (WV WORKS and SNAP)
- Supplemental Security Income (SSI) recipients who would be required to be included in the WV WORKS AG, except for receipt of SSI

West Virginia Income Maintenance Manual, Chapter 9, describes Client Notification requirements. It provides that the DFA-6, Notice of Information Needed, may be used during any phase of the eligibility determination process and is mailed to the applicant to notify him of verification he must supply. For SNAP, the client must be allowed 10 days to respond to the DFA-6. In addition, the worker must issue benefits retroactive to the date of application if the client supplies the needed information within the 30-day time limit. It also provides, in pertinent part:

9.3.1 Advance Notice Requirements

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.

West Virginia Income Maintenance Manual, Chapter 10 describes the Case Maintenance Process, in pertinent part:

10.2.1 General Sources of Information

The need for case maintenance originates from many sources. The following general list of sources applies to all programs and Medicaid coverage groups. More specific information about these sources and others is found in the program-specific sections that follow.

- The client.
- An individual acting for the client.
- **Complaints about the client.**
 - **Individuals in the community and other Department of Human Services (DOHS) employees may report information to the DOHS that has a bearing on the client's eligibility.** The report may be in the form of a complaint about the client or a claim that he is receiving benefits fraudulently. If the reported information would have no effect on eligibility for the specific program, this must be explained to the individual providing the information, without confirming that the client receives such benefits or revealing any case information. The nature of the complaint must be recorded in the case record, but not the name of the complainant.

If the reported information is true and would have a bearing on eligibility or the benefit level, the Worker must contact the client to confirm the information, keeping in mind the assistance group's (AG's) reporting requirements. Verification may be requested, if appropriate. The Worker must not take action, or indicate he is taking action, until the complaint is substantiated. When the complaint involves allegations of fraud, the Worker must determine if there is reason to believe the client committed fraud. If so, and the amount is \$500 or more, the Worker must make a referral to Investigations and Fraud Management (IFM). See Chapter 11.

- **Information from other offices or bureaus within the DOHS.**
- Data system matches and case maintenance functions. Each program has specific reports and other case maintenance functions. See program-specific information.

10.4.2.B Required Changes for SNAP AGs

10.4.2.B.1 Sources of Information Verified upon Receipt

Action must be taken for all AGs when information is received from a source that is considered verified upon receipt. Verified upon receipt sources are not subject to independent verification and the provider is the primary source of the information. The only sources considered verified upon receipt are:

- **Investigations and Fraud Management (IFM) findings of an investigation**

10.4.2 Client Reporting Requirements for SNAP

Regardless of the SNAP reporting requirement, **all changes reported** directly by an AG member, the AG's authorized representative and/or authorized Electronic Benefits Transfer (EBT) cardholder, **or from a source that is listed as verified upon receipt below must be acted on, even if the AG is not required to report the information.**

When reported information results in a change in benefits and additional or clarifying information is needed, the Worker must first request the information by using the DFA-6 or verification checklist. If the client does not provide the information within the time frame specified by the Worker, the appropriate action is taken after advance notice. Each reported change is evaluated independently for the appropriate action to be taken.

10.6.2 Client Reporting Requirements for Medicaid

Clients must report all changes in circumstances such as, but not limited to, income, assets, household composition, and change of address.

The client must report changes as soon as possible after he becomes aware of them. This allows the Worker to update the case and allows for advance notice, if the reported information results in an adverse action.

10.6.4.C Change in the AG, NG, or IG

When there is an addition to, or a deletion from, the AG, needs group (NG), and/or income group (IG), individual eligibility for each member must be reevaluated. See Chapters 3 and 4. This change(s) may require eligibility system action.

West Virginia Income Maintenance Manual, Chapter 11, Section 11.1 describes Investigations and Fraud Management (IFM), and provides that IFM consists of three units whose primary functions are to assist with program integrity and to recover overissued benefits resulting from Departmental error, client error, or client misrepresentation. The three units are the Claims and Collections Unit (CCU), the Criminal Investigation Unit (CIU), and the Front-End Fraud Unit (FEFU).

West Virginia Income Maintenance Manual, Chapter 11 describes Benefit Repayment, and Section 11.5 describes the process for Referrals to the Front-End Fraud Unit (FEFU), and provides that FEFU verifies questionable information to assist in reducing errors and the potential for fraud, such as unreported individual(s) with income are suspected to be living in the home. When a Front-End Investigation Specialist reports his investigative findings to the Worker, the Worker must take appropriate case action based on the investigative findings. The Worker must take the action and return notification of it within 10 days of receipt.

West Virginia Income Maintenance Manual, Chapter 11, Appendix C describes Investigations and Fraud Management (IFM) Referrals, and directs workers not to discuss fraud or repayment with the client.

DISCUSSION

The Appellant appealed the determination by the Respondent to close her Supplemental Nutrition Assistance Program (SNAP) and Medicaid benefits because she did not provide requested information. The Respondent's representative, Kristyne Hoskins (hereinafter Ms. Hoskins), contended that additional information was required to verify the Appellant's ongoing eligibility after receiving notice from FEFU that the father of the Appellant's children was living in the household. The Respondent further contended that the Appellant's benefits were closed correctly and that the Appellant must reapply if she wants to receive SNAP and Medicaid benefits. The Respondent had to prove by a preponderance of the evidence that it correctly closed the Appellant's SNAP and Medicaid benefits.

The Income Maintenance Manual sets forth the policies of the Department of Human Services (DoHS). This policy provides that the Front-End Fraud Unit (FEFU) is a unit of the Investigations and Fraud Management (IFM) Division of the Office of the Inspector General. FEFU verifies questionable information to assist in reducing errors and the potential for fraud. An example of questionable information is when unreported individual(s) with income are suspected to be living in the home of a recipient. Policy stipulates that IFM findings of an investigation are considered verified upon receipt. It also stipulates that action must be taken by DoHS workers for all assistance groups (AGs) when information is received from a source that is considered verified upon receipt.

The Appellant was a recipient of SNAP and Medicaid benefits as part of an AG of six (6), which included the Appellant and her five (5) children. On November 17, 2025, the Respondent's workers received information from FEFU that the father of the Appellant's children, [REDACTED] was living in the home. Ms. Hoskins testified that, because information from FEFU, an IFM unit, is considered verified upon receipt, workers added [REDACTED] to the household. This addition of an adult in the household prompted the Respondent to seek verification of [REDACTED] social security number (SSN), citizenship, income, living arrangement, marital status, start date of employment, and proof of participation in a work program, as this could affect the household's eligibility for benefits.

The Appellant contended that [REDACTED] does not currently live with her and is not associated with her household. The Appellant agreed that [REDACTED] resided with her, but contended it was only for about three (3) weeks at her previous residence. The Respondent's witness, Jerri Smith, Front-End Investigation Specialist (hereinafter Ms. Smith), testified that, at the time of the FEFU investigation, which was before November 17, 2025, she found that [REDACTED] was living with the Appellant.

The Appellant moved to a duplex in November 2025. The lease signed by the Appellant on October 26, 2025, states that the persons who will live in the duplex are the Appellant and her children and that no other persons will live there without written permission of the landlord. However, the Appellant did not present any other evidence to show that [REDACTED] does not live with her. The lease agreement does not demonstrate that there have not been subsequent modifications to the lease.

Policy regarding Medicaid required the Appellant report all changes in circumstances such as, but not limited to, income, assets, household composition, and change of address as soon as possible after she became aware of them. The preponderance of the evidence showed that [REDACTED] resided with the Appellant and that this was not reported to the Respondent. Because the father of the Appellant's children lived in the home with them, the Appellant was required to report this change.

Ms. Hoskins testified that the Appellant was required to submit documents verifying information about [REDACTED] so that continued eligibility for benefits could be determined. Policy requires that all applicants for benefits provide their SSN. Persons who fail to attest to or verify citizenship or non-citizen status, are not considered part of the AG or income group (IG) but must provide verification. The Respondent was required to establish whether [REDACTED] had an SSN, and his citizenship status, to determine if he should have been counted as a member of the Appellant's household.

Ms. Hoskins testified that, if [REDACTED] was living in the Appellant's home and had income, it was required to be reported to the Respondent so it could be determined if it should be counted as income of the household. The income of the household would affect the Appellant's eligibility for SNAP and Medicaid. Policy states that the income group includes all AG members and all individuals who live with the AG and would otherwise be included in the AG if not ineligible, disqualified, or excluded by law. For Medicaid, the income of the household is based on taxpayer information and dependents claimed by taxpayers. The preponderance of the evidence showed that the Respondent was required to determine whether [REDACTED] was a member of the household, what his SSN was, if he had any income, and if he was a taxpayer.

On November 18, 2025, the Respondent mailed a verification checklist to the Appellant at [REDACTED] which notified her that documentation was needed to determine her eligibility for SNAP. Ms. Hoskins testified that the verifications were requested based on receipt of the FEFU investigation. The notice indicated that documentation was due by November 27, 2025.

The Appellant testified that she did not receive the notice dated November 18, 2025, because it was mailed to her previous address and she had moved. Policy states that clients must report all changes in circumstances such as, but not limited to, change of address.

The preponderance of the evidence showed that the Appellant did not report her change of address to the Respondent. The Respondent sent notice to the Appellant, at the address on record, that more information was required. Additionally, the evidence showed that the Respondent adhered to policy when the notice gave the Appellant ten (10) days to submit the verifications.

On December 8, 2025, the Respondent mailed notification to the Appellant at [REDACTED] that SNAP and Medicaid benefits would be terminated effective January 1, 2026, for failure to provide requested verifications. The Appellant testified that she also did not receive this notice because she had moved. The Appellant testified that she saw the December 8 notice when she checked her online portal to see why her SNAP benefits had not been issued. The Appellant further testified that she misunderstood the instructions on the December 8 notice, because the name of her son is [REDACTED]. She thought the notice was requesting verification of information about

her son. She further contended that, because she provided verification of the information she thought the Respondent was asking for, she should not have to reapply for benefits.

The notice dated November 18, 2025, was also in the Appellant's online portal. It requested information for [REDACTED] and referred to the person as [REDACTED]. The Appellant testified that her son's name is [REDACTED]. The notice identifies the person for whom information was requested as having the middle initial [REDACTED]. The notice also requested information such as citizenship and proof of marital status. The preponderance of the evidence showed that the notice adequately informed the Appellant for whom information was being requested. The Appellant was required to return the requested verifications about [REDACTED] by November 27, 2025, and did not do so. Even after understanding the information requested, it still has not been provided by the Appellant.

The Appellant contended that, when she called the Respondent on January 5, 2026, to ask why her benefits were canceled, the worker she spoke with did not tell her that a FEFU investigation was being completed, and that she should have been given that information.

Ms. Smith testified that FEFU receives information and complaints from many sources regarding clients not reporting correct information about their households. She testified that it is her duty to act on these complaints and complete investigations to ensure that clients are reporting their household circumstances correctly. She also testified that many times clients do not know that an investigation is being completed, because her investigations may not lead to any findings of fraud. Policy directs workers not to discuss fraud or repayment with the client.

Failure to provide requested verifications results in closure for both the SNAP and Medicaid programs. The preponderance of the evidence showed that the Appellant did not notify the Respondent of her change of address and change of household composition. Further, the Respondent correctly notified the Appellant that more information was needed to verify her eligibility, and the Appellant did not provide the additional information.

The Appellant's testimony indicated that her circumstances have changed since the FEFU findings. The Appellant's reported change may result in eligibility were she to reapply.

CONCLUSIONS OF LAW

- 1) For Medicaid, federal regulations and state policy required the Appellant to report all changes in circumstances such as household composition and change of address as soon as possible, and the Appellant did not report her change of address or that the father of her children was residing with her.
- 2) For Supplemental Nutrition Assistance Program (SNAP) and Medicaid, eligibility is determined, in part, based on household composition and income, and the Respondent was required to determine who was a member of the Appellant's household, obtain all household members' social security numbers, determine if they had any income, and determine if they were taxpayers, in order to determine the Appellant's eligibility.

- 3) The Front-End Fraud Unit (FEFU) is a unit of the Investigations and Fraud Management (IFM) Division, and information from IFM is considered verified upon receipt.
- 4) FEFU notified the Respondent that an investigation had found that the father of the Appellant's children, [REDACTED], was living with her, and the Respondent correctly followed policy when it added him to the household and requested additional verifications from the Appellant to determine her household composition and eligibility after receiving the information.
- 5) The Respondent adhered to policy when it sent notice to the Appellant's address of record and gave the Appellant ten (10) days to submit verifications, and the notice adequately informed the Appellant for whom information was being requested. The Appellant was required to return the requested verifications about [REDACTED] by November 27, 2025, and failed to do so.
- 6) Although the Appellant provided documentation about her son [REDACTED] on January 5, 2026, it was not the correct documentation and was provided after closure.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the decision of the Respondent to close the Appellant's SNAP and Medicaid benefits beginning January 1, 2026.

ENTERED this 6th day of March 2026.

**Amy Hayes
State Hearing Officer
Member, State Board of Review**