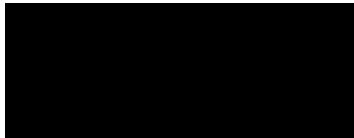




April 23, 2026



RE: [REDACTED] v. WV DoHS
ACTION NO.: 26-BOR-1412

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 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 Linn, WV DoHS

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

[REDACTED]

Appellant,

v.

Action Number: 26-BOR-1412

**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 West Virginia Office of Inspector General Common Chapters Manual. This fair hearing was convened on April 14, 2026.

The matter before the Hearing Officer arises from the Respondent's reduction of the Appellant's Supplemental Nutrition Assistance Program (SNAP) benefits as outlined in the Notice of Decision dated February 12, 2026.

At the hearing, the Respondent appeared by Jennifer Linn, Economic Service Worker, WV DoHS, and Angela Allen, Economic Services Supervisor, WV DoHS. The Appellant was present and was represented by [REDACTED] her significant other. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Notice of Decision dated February 12, 2026
- D-2 Medicare, Shelter Costs, and Utility Costs information from Respondent's computer system and Appellant's shelter/utility receipts
- D-3 Case Comments from Respondent's computer system
- D-4 West Virginia Income Maintenance Manual Chapter 4, Appendix A, 4.4.2, 4.4.3, and 10.4.3
- D-5 Appellant's self-employment summary and Social Security income verification
- D-6 Appellant's Assistance Group Summary and SNAP benefit issuance history
- D-7 Social Security Administration Benefit Verification Letter dated January 10, 2026

D-8 Information from [REDACTED] with Appellant's prescription information, medical appointment information, medical travel mileage information, and prescription drug cost estimates

Appellant's Exhibits:

A-1 Electronic mail transmission from [REDACTED] dated April 4, 2026, including Appellant's medical documentation, medical travel mileage information, bank statements, and tax information

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) benefits.
- 2) The Appellant applied for Medicare Premium Assistance (MPA) Program benefits on January 20, 2026, at which time her Social Security income was reported and added to her SNAP case.
- 3) The Appellant was approved for the Qualified Medicare Beneficiaries (QMB) Medicaid Program effective March 2026 (Exhibit D-3).
- 4) The Respondent sent the Appellant a Notice of Decision on February 12, 2026, indicating that her SNAP benefits would decrease from \$298 to \$24 per month effective March 1, 2026, based on an increase in income (Exhibit D-1).
- 5) On February 26, 2026, the Respondent's representative spoke with the Appellant about her household expenses, and the Appellant reported that she had medical expenses. The Respondent's representative verbally informed the Appellant that she would need to report those expenses to the Department in order to receive a SNAP deduction for them.
- 6) No evidence was provided to indicate that the Respondent sent a DFA-6 (Notification of Information Needed) to the Appellant requesting verification of anticipated medical expenses.
- 7) On March 9, 2026, the Appellant provided information for a potential medical deduction for mileage costs to Charleston for a medical procedure.
- 8) The Respondent's representative has not yet allowed the mileage expense as a medical deduction because she had questions as to whether the Appellant desired a one-time deduction or wished to prorate the deduction over a period of months.
- 9) The Appellant has since provided a pharmacy printout of her medications and the Respondent is currently reviewing the documentation for a potential medical deduction (Exhibit A-1).

APPLICABLE POLICY

7 Code of Federal Regulations Section 273.10, states, in part:

- (e) ***Calculating net income and benefit levels —***
 - (1) ***Net monthly income.***
 - (i) To determine a household's net monthly income, the State agency shall:
 - (A) Add the gross monthly income earned by all household members and the total monthly unearned income of all household members, minus income exclusions, to determine the household's total gross income.
 - (B) Multiply the total gross monthly earned income by 20 percent and subtract that amount from the total gross income; or multiply the total gross monthly earned income by 80 percent and add that to the total monthly unearned income, minus income exclusions.
 - (C) Subtract the standard deduction.
 - (D) If the household is entitled to an excess medical deduction as provided in §273.9(d)(3), determine if total medical expenses exceed \$35. If so, subtract that portion which exceeds \$35.
 - (E) Subtract allowable monthly dependent care expenses, if any, as specified under §273.9(d)(4) for each dependent.
 - (F) If the State agency has chosen to treat legally obligated child support payments as a deduction rather than an exclusion in accordance with §273.9(d)(5), subtract allowable monthly child support payments in accordance with §273.9(d)(5).
 - (G) Subtract the homeless shelter deduction, if any, up to the maximum of \$143.
 - (H) Total the allowable shelter expenses to determine shelter costs. Subtract from total shelter costs 50 percent of the household's monthly income after all the above deductions have been subtracted. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, the net monthly income has been determined. If there is excess shelter cost, compute the shelter deduction according to paragraph (e)(1)(i)(I) of this section.
 - (I) Subtract the excess shelter cost up to the maximum amount allowed for the area (unless the household is entitled to the full amount of its excess shelter expenses) from the household's monthly income after all other applicable deductions. Households not subject to a capped shelter expense shall have the full amount exceeding 50 percent of their net income subtracted. The household's net monthly income has been determined.

West Virginia Income Maintenance Manual Chapter 4.4.2.B.6 states:

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.

➤ Timing Considerations Related to Medical Bills

The client is only required to report medical expenses at the time of application and redetermination. He may choose to report changes in expenses during the certification period, and such changes must be acted on. Medical bills that are overdue when reported cannot be considered. The date the expense is incurred is not the deciding factor, but rather, the date the expense is billed or otherwise due. The AG may elect to have one-time only costs deducted in a lump sum or prorated over the certification period. If, at application or redetermination, a client anticipates and verifies that he will incur an expense during the certification period, it may be prorated over the entire certification period. If he reports an expense during the certification period, it may be prorated over the remainder of the certification period. When the medical bill or expense is paid by a credit card, it must be treated as a one-time only cost. The medical bill or expense may be deducted in a lump sum or prorated over the certification period. The actual monthly payment to the credit card company is not an allowable medical expense.

An AG that is certified for 24 months may elect to have one-time only costs deducted as follows:

- Costs reported during the first 12 months of the certification period may be:

- o Deducted for one month;
- o Averaged over the remainder of the first 12 months; or
- o Averaged over the remainder of the 24-month certification period.
- Costs reported after the twelfth month may be:
 - o Deducted for one month; or
 - o Averaged over the remainder of the certification period.
- Estimated and Actual Medical Expenses

Clients may choose to use a combination of estimated and actual expenses.

- Estimated Expenses

The client may claim a medical deduction by providing a reasonable estimate of medical expenses for the certification period. Such expenses may include current verified medical expenses, anticipated changes in ongoing expenses, anticipated new ongoing expenses, or an anticipated one-time only expense. The client must verify that his estimate is reasonable.

Information used to determine that an estimate is reasonable may include, but is not limited to:

- Current verified medical expenses
- Statement from a physician, dentist, or other healthcare professional to establish the need for and/or date of an anticipated procedure, course of treatment, etc. The Worker and/or Supervisor may establish need based upon knowledge of the client's current or prior circumstances, or information in the client's record.
- Cost estimate from the provider of an anticipated procedure, course of treatment, etc.
- Information about third-party coverage, including Medicaid, for current and/or anticipated expenses. Once the client provides a reasonable estimate of expenses for the certification period, he is not required to report further, even if the estimated expenses increase, decrease, or are not incurred. However, changes reported by the AG must be acted on.

Changes reported or information received from a source other than the AG, such as information received from a medical provider for a Medicaid client, must be acted on only when the information is verified by the outside source and contact with the AG

is not necessary for additional information or verification. Otherwise, such information is acted on at the next redetermination or when the client reports and verifies it.

- Actual Expenses

The client may claim a medical deduction by using actual expenses. Once he reports his actual expenses at application or redetermination, he is not required to report further, even if his expenses increase or decrease during the certification period. However, reported changes must be acted on. Monthly payments toward medical expenses are allowable as a deduction only when a monthly payment schedule is negotiated prior to the due date of the bill. If the client must renegotiate the payment schedule for any reason, only the amount that is not past due, and for which the client has not already received a deduction, is an allowable expense.

West Virginia Income Maintenance Manual Chapter 7.3 states that medical expenses for SNAP should be verified at application, at redetermination, and when the client reports a change of more than \$25 in total medical expenses or anticipated medical expenses. The Department must verify the amount owed by the client which will not be reimbursed by a third party. Possible sources of verification include medical bills; medical receipts; written estimates of anticipated costs from the medical provider; health insurance Explanation of Benefits (EOB); billing staff in hospital or doctor's office; and shipping invoices for mail-order prescription drugs and their shipping costs.

West Virginia Income Maintenance Manual Chapter 9.2.1 states that the DFA-6 (Notification of Information Needed) may be used during any phase of the eligibility determination process.

At the time of application, it is given or mailed to the applicant to notify him of information or verification he must supply to establish eligibility. When the DFA-6 is mailed at the time of application, the client must receive the DFA-6 within five working days of the date of application. If the client fails to adhere to the requirements detailed on the DFA-6, the application is denied or the deduction disallowed, as appropriate. The client must be notified of the subsequent denial by form DFA-NL-A. This form also notifies the client that his application will be denied, or a deduction disallowed, if he fails to provide the requested information by the date specified on the form. The Worker determines the date to enter to complete the sentence, "If this information is not made available to this office by ..." as follows.

West Virginia Income Maintenance Manual Chapter 9.2.1.A states that the date entered in the DFA-6 must be 10 days from the date of issuance. If information involving an eligibility factor is not provided by the date indicated, and the client has not contacted the Worker to explain the delay, the application is denied. If eligibility is established, but the client does not provide proof of entitlement to a deduction, the deduction is not allowed, but the assistance group (AG) is approved...

West Virginia Income Maintenance Manual Chapter 4.4.2 A states that some expenses cannot be anticipated or occur too late in the month to use as deductions in the following month. They are used as deductions for the first month for which a change can be made effective.

West Virginia Income Maintenance Manual Chapter 10.4.3.B, Decrease in Benefits:

When the reported change results in a decrease in benefits, the change is effective the following month, if there is time to issue advance notice. If not, the change is effective two months after it occurs. No claim is established unless the client failed to report in a timely manner, and this is the only reason the change could not be made within 13 days for the advance notice period. See Chapter 11 for benefit repayment.

West Virginia Income Maintenance Manual Chapter 10.4.3.A.2 addresses reported changes that result in an increase in SNAP benefits. For all other changes (with the exception of the addition of an Assistance Group member or a decrease in income of \$125 or more) that result in an increase in benefits, except those described in Increase in Benefits above, changes are made as follows.

- If the next issuance date is more than 10 days after the date the change is reported, the change is effective the month following the report month.
- If the next issuance date is within 10 days of the date the change is reported, the change is effective two months after the report month. The ten-day period includes the date of the report and takes the staggered benefit issuance date into consideration.

West Virginia Income Maintenance Manual Chapter 23.12.1 states that Qualified Medicare Beneficiaries Medicaid coverage is limited to payment of 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.

DISCUSSION

Policy states that when a reported change results in a decrease in SNAP benefits, the change is effective the following month, if there is time to issue advance notice. For SNAP purposes, medical expenses in excess of \$35 must be allowed as a medical deduction for AG members who are elderly or disabled. The client may claim a medical deduction by providing a reasonable estimate of medical expenses for the certification period. Such expenses may include current verified medical expenses, anticipated changes in ongoing expenses, anticipated new ongoing expenses, or an anticipated one-time only expense. The client must verify that his estimate is reasonable. A DFA-6, Notification of Information Needed form, can be issued during any phase of the eligibility determination process, including when determining whether an applicant/recipient qualifies for a SNAP expense deduction. Changes that result in an increase in benefits are effective the month following the report month if the next issuance date is more than 10 days after the date the change is reported.

The Appellant reported the receipt of Social Security benefits during an MPA application in January 2026, and the onset of Social Security income resulted in a decrease in SNAP benefits effective March 2026. While other deductions can affect SNAP calculations, the Appellant and her representative only contested the omission of a medical expense deduction. SNAP deductions which were not in dispute will not be addressed.

The Respondent's representative, Economic Service Worker Jennifer Linn, testified that she spoke with the Appellant on February 26, 2026, regarding a potential deduction for medical expenses in the Appellant's SNAP case. Ms. Linn stated that the Respondent is currently in the process of determining the Appellant's allowable medical expenses for a SNAP income deduction. While the Appellant reported that she had anticipated medical expenses in February 2026, there is no indication that the Respondent issued a DFA-6 form at that time requesting verification of anticipated expenses or an estimate of expenses.

Effective March 2026, the Appellant was approved for QMB coverage, which is limited to payment of the Medicare, Part A and Part B premium amounts and payment of all Medicare co-insurance and deductibles. Only medical costs that are not reimbursable through a third party (insurance, Medicaid, etc.) are permissible expenses for a SNAP medical deduction. A deduction cannot be granted until the reimbursable portion of the expense is known. The Appellant previously had full-coverage Medicaid, which provides for a travel reimbursement. As a QMB recipient, the Appellant no longer qualifies for a Medicaid travel reimbursement; however, SNAP policy allows a medical deduction for the 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 (72.5 cents per mile in 2026) is allowed as a medical deduction.

The Appellant's representative, [REDACTED] testified that it was difficult for the Appellant to anticipate her medical expenses for March 2026 due to the change in her circumstances from receiving full-coverage Medicaid to QMB coverage. [REDACTED] has provided estimates of the Appellant's medical expenses, including medical transportation costs.

While there has been verbal discussion between the Appellant and the Respondent regarding a potential medical deduction, and the Appellant has provided some estimates of her medical expenses, there is no indication that the Respondent issued a DFA-6 giving the Appellant a 10-day timeframe to verify/estimate medical expenses when the expenses were first reported in February 2026.

Therefore, the Appellant's decision to disallow a medical expense deduction for March 2026 cannot be affirmed. Policy allows clients to claim a medical deduction by providing a reasonable estimate of medical expenses for the certification period. Such expenses may include current verified medical expenses, anticipated changes in ongoing expenses, anticipated new ongoing expenses, or an anticipated one-time only expense. The Respondent is required by policy to issue a DFA-6 to the Appellant, requesting any medical expense verifications that have not yet been provided to the Respondent, and determine whether estimated expenses could have reasonably been utilized for March 2026 had the Appellant been granted the appropriate timeline in which to provide them.

After issuance of the DFA-6, the Appellant must determine whether the Appellant had verified/reasonably estimated medical expenses for March 2026 and was eligible for a SNAP medical deduction for that month.

CONCLUSIONS OF LAW

- 1) The Respondent's decision to reduce the Appellant's SNAP benefits effective March 2026 due to an increase in income is affirmed.
- 2) The Respondent's decision to disallow a SNAP medical deduction for March 2026 cannot be affirmed since the Respondent failed to issue a DFA-6 to the Appellant in February 2026 to verify medical expenses when the anticipated medical expenses were reported.
- 3) The Respondent must consider the Appellant's medical travel expenses in accordance with policy and verify the Appellant's ongoing prescription drug costs based on her change from full-coverage Medicaid to QMB Medicaid.
- 4) The Respondent must issue a DFA-6 for any pertinent medical expense information necessary in calculating the Appellant's monthly medical expenses.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to reduce SNAP benefits due to an increase in income for March 2026. However, the case is **REMANDED** to the Respondent to determine whether the Appellant was eligible for a medical expense deduction for March 2026 and to calculate the Appellant's medical expenses for an ongoing SNAP deduction.

ENTERED this 23rd day of April 2026.

**Pamela L. Hinzman
State Hearing Officer**