Ann Urling
Inspector General

June 17, 2026

[redacted]

RE: [redacted] v. WV DoHS
ACTION NO.: 26-BOR-1951

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

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WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted],

Appellant,

v. **Action Number: 26-BOR-1951**

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 June 9, 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 Notices of Decision dated February 12, 2026, and May 5, 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 Notices of Decision sent to Appellant dated February 4, 2026, May 5, 2026, and May 21, 2026, SNAP Budget information, and Verification Checklist issued to Appellant on June 2, 2026
- D-2 West Virginia Income Maintenance Manual Chapters 4.4.2, 10.4.2 and 10.4.3 excerpts, and electronic mail transmission between Angela Allen and Bureau for Family Assistance Policy Unit
- D-3 Medical-related travel mileage and prescription drug estimates, and medical appointment information

D-4 Estimated medical expenses, property tax and insurance information, written correspondence from Appellant received by Respondent on April 20, 2026
D-5 Prescription claim and expense information, and electronic mail transmission from Appellant to Respondent dated April 22, 2026
D-6 Electronic mail transmission from Appellant to Respondent dated April 25, 2026, with information concerning over-the-counter medications
D-7 Electronic mail transmissions from [redacted] to Respondent dated May 5, 2026, and May 11, 2026, with receipts concerning home repairs
D-8 Electronic mail transmission from [redacted] to Respondent dated May 13, 2026, medication information, and estimated mileage information
D-9 Written correspondence from [redacted] to Respondent dated May 18, 2026, regarding medical and mileage expenses
D-10 Case Comments from Respondent's computer system, and medical expense and shelter/utility information from Respondent's computer system
D-11 Social Security Administration (SSA) Benefit Verification Letter dated January 10, 2026, SSA Notice of Award letters dated January 11, 2026, SSA informational letter dated January 28, 2026, SSA Notice of Decision letter dated December 17, 2025, SSA Notice of Change in Benefits dated April 7, 2026, and Social Security entitlement and benefit information from Respondent's computer system
D-12 Fair Hearing Request Form received by Respondent on February 24, 2026, mileage and prescription information, and West Virginia Income Maintenance Manual Chapter 7.3.23

Appellant's Exhibits:

A-1 Electronic mail transmissions from [redacted] to Office of Inspector General Board of Review dated June 1, 2026, June 7, 2026, and June 8, 2026

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) In January 2026, the Appellant reported the onset of Social Security disability income and the income was added to her SNAP case.

3) 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.

4) The Appellant filed a Request for Fair Hearing with the Respondent on February 24, 2026, at which time the Appellant indicated that she wished to discuss her upcoming medical expenses.

The Appellant's full-coverage Medicaid benefits were terminated and she would begin incurring additional medical expenses effective March 2026 as a result (Exhibit D-12).

5) A Respondent worker discussed medical expenses with the Appellant on February 26, 2026, but failed to issue a DFA-6 (Notification of Information Needed) to the Appellant requesting verification of anticipated medical expenses (Exhibit D-10).

6) A Fair Hearing on the matter was conducted on April 14, 2026.

7) The Hearing Officer issued a decision on April 23, 2026, directing the Respondent to issue a Verification Checklist (DFA-6) to the Appellant to determine her medical travel expenses and ongoing prescription drug costs effective March 2026 based on her change from full-coverage Medicaid to Qualified Medicare Beneficiaries (QMB) Medicaid.

8) Following the hearing, the Respondent did not allow a medical expense deduction for March 2026 but allowed deductions starting April 2026.

9) The Appellant filed a subsequent hearing request on May 13, 2026, to contest the Respondent's action.

10) Specifically, the Appellant contests the Respondent's decision to disallow a home care attendant medical deduction for March 2026 and beyond.

11) The Appellant first attempted to report information for a potential care attendant medical deduction on March 30, 2026, but was advised to return to the Respondent's office at a later date.

12) The Respondent learned of the Appellant's care attendant medical deduction request on April 6, 2026.

13) The Appellant reported during her SNAP case review on April 20, 2026 that her significant other, [redacted] is her care attendant; however, she does not pay [redacted] for providing care. Because the Appellant does not provide monetary compensation to [redacted], the Respondent did not allow a SNAP medical deduction to the Appellant for maintaining a personal care attendant (Exhibits D-2 and D-10).

14) [redacted] provided an affidavit, date-stamped by the Respondent, on May 18, 2026, stating that he has been the Appellant's caretaker since June 2025. The affidavit was signed by [redacted] on March 26, 2026 (Exhibit D-9).

15) [redacted] does not reside with the Appellant but stays at the Appellant's residence an average of 24 days per month. The Appellant provides meals when [redacted] is in the household (Exhibit D-9).

16) The Appellant suffers from mental illnesses, including major depressive disorder, agoraphobia and obsessive-compulsive disorder, as well as physical ailments (Exhibit D-9).

17) [redacted] provides assistance to the Appellant with grocery shopping, food preparation, housecleaning, home chores and repairs, setting appointments, and other tasks (Exhibit D-9).

18) The Appellant also contests the Respondent's decision to decrease her SNAP benefits for March 2026 and ongoing as the Appellant wished to continue receiving benefits at the pre-March 2026 level pending a hearing decision.

19) The Appellant did not check the boxes to decline continued benefits on either her Fair Hearing Request Form dated February 24, 2026, or her Fair Hearing Request Form dated May 13, 2026.

APPLICABLE POLICY

7 Code of Federal Regulations (CFR) 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.

7 CFR 273.9(d)(3)(x) addresses potential medical expense deductions for SNAP benefits, including the cost of maintaining an attendant necessary due to age, infirmity, or illness:

> x) Maintaining an attendant, homemaker, home health aide, or child care services, housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one person benefit allotment shall be deducted if the household furnishes the majority of the attendant's meals. The allotment for this meal related deduction shall be that in effect at the time of initial certification. The State agency is only required to update the allotment amount at the next scheduled recertification; however, at their option, the State agency may do so earlier. If a household incurs attendant care costs that could qualify under both the medical deduction of § 273.9(d)(3)(x) and the dependent care deduction of § 273.9(d)(4), the costs may be deducted as a medical expense or a dependent care expense, but not both.

U.S. Department of Agriculture (USDA) Food and Nutrition Administration, formerly Food and Nutrition Service, Handbook 501 Fiscal Year 2026 Food Distribution Program on Indian Reservations Income Deductions lists a specific Home Care Meal-Related Deduction for households who furnish the majority of meals for a home care attendant. This deduction is listed in the FNS Handbook as a separate item from medical expense deductions and is equivalent to the maximum SNAP benefit for a one-person household ($298 in the 48 contiguous U.S. states).

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 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.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…

All Other Changes Example 3: An AG reports an income decrease of $30 on May 28. The AG's next issuance is due on June 4. Benefits will increase and the change is effective for July.

All Other Changes Example 4: Same as above, but the change was reported on May 24. The next issuance date is more than 10 days after the date the change was reported, so the change will be effective for June.

The USDA SNAP Monthly Issuance Schedule for All States and Territories states that individuals whose last name begins with "S" receive SNAP benefits on the fifth day of the month in West Virginia.

West Virginia Office of Inspector General Common Chapters Manual Section 710.16.C addresses the submission of hearing requests:

C. If a Recipient request is timely submitted, but not received until after the initiation of the adverse action, then the benefits shall be reinstated pending a pre-hearing conference or hearing decision.

DISCUSSION

SNAP policy states that medical expenses in excess of $35 must be allowed as a medical deduction for Assistance Group members who are elderly or disabled. Policy allows a SNAP medical deduction for 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 ($298) is also used as a medical deduction. Some expenses cannot be anticipated or occur too late in the month to use as deductions in the following month. In this case, they are used as deductions for the first month for which a change can be made effective. 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.

If a recipient's hearing request is submitted timely but not received until after initiation of the adverse action, benefits shall be reinstated pending a pre-hearing conference or a hearing decision.

The Appellant's representative, [redacted] testified that he serves as the Appellant's caretaker and that the Appellant should receive a medical deduction equivalent to the maximum monthly SNAP allotment for one person for maintaining an attendant due to age, infirmity, or illness. [redacted] contended that policy does not require that he be paid monetarily in order for the Appellant to receive a medical deduction for maintaining an attendant. In addition, [redacted] contended that the Appellant should have received SNAP benefits for March 2026 and ongoing months at her previous allotment pending a hearing decision.

The Appellant testified that she should be afforded allowable medical deductions for March 2026 because she should have been assisted in understanding what deductions were available. The Appellant stated that she attempted to report information concerning the personal attendant medical deduction to a Respondent supervisor on March 30, 2026, but was advised to return to the office at a later date.

Angela Allen, Economic Services Supervisor for the Respondent, testified that the Appellant first requested a personal attendant medical deduction on April 6, 2026.

The Appellant's Fair Hearing Request Forms from both February and May 2026 indicate that the Appellant wished to continue receiving SNAP benefits while awaiting a pre-hearing conference or hearing decision. The Respondent did not continue the Appellant's SNAP benefits at their February 2026 level pending a hearing decision as required by policy even though the February 24, 2026, hearing request was submitted prior to the March 2026 adverse action. Therefore, the Respondent was entitled to reinstated SNAP benefits at the February 2026 level pending a hearing decision.

[redacted] resides with the Appellant for a majority of the month and provides care for her. Therefore, the Appellant should receive a personal attendant medical deduction equivalent to the maximum monthly SNAP allotment for one person ($298). While state policy concerning the personal attendant service is listed under potential medical deductions, FNS Handbook 501 addresses the service as a

home care meal-related deduction, apart from other medical deductions, stating that households who furnish the majority of meals for a home care attendant are allowed the deduction. The FNS information does not indicate that the client must provide monetary compensation to the home care attendant, and base medical deductions generally do not differ between tribal and non-tribal SNAP households.

Based on information provided during the hearing, the Respondent's decision to disallow a personal attendant medical deduction cannot be affirmed. The Appellant attempted to report the information to the Respondent on March 30, 2026, but was advised to return later, and the Respondent's witness indicated that the Appellant first requested a personal attendant medical deduction on April 6, 2026. There is no indication that the Respondent issued a DFA-6 requesting further verification concerning the need for a personal attendant either on March 30 or April 6, 2026. Policy states that if the next SNAP 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 USDA SNAP Monthly Issuance Schedule states that individuals whose last name begins with "S" receive SNAP benefits on the fifth day of the month in West Virginia. Therefore, the Appellant's personal attendant medical deduction would be effective May 2026 regardless of whether the information was reported on March 30, 2026, or April 6, 2026.

CONCLUSIONS OF LAW

1) If a recipient's hearing request is submitted timely but not received until after initiation of the adverse action, benefits shall be reinstated pending a pre-hearing conference or a hearing decision.

2) The Appellant's initial February 24, 2026, hearing request was submitted timely and prior to initiation of adverse action. As the Appellant did not decline continued benefits, she should continue to receive SNAP benefits at her February 2026 level pending this hearing decision.

3) Because the Appellant has a personal attendant and is disabled, she is entitled to a personal attendant medical deduction in the amount of the maximum SNAP allotment for one person ($298 per month).

4) The Appellant should receive a personal attendant medical deduction effective May 2026.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to disallow a personal attendant medical expense deduction for March 2026 and April 2026. It is the decision of the State Hearing Officer to **REVERSE** the Respondent's action to disallow a personal attendant medical expense deduction effective May 2026 and ongoing. The Respondent must allow the personal attendant medical expense deduction effective May 2026 and restore the Appellant's SNAP benefits to their February 2026 level through June 2026 as the Appellant requested continued benefits pending a hearing decision.

ENTERED this 17th day of June 2026.

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Pamela L. Hinzman
State Hearing Officer