



June 27, 2024



RE: [REDACTED] v. WVDOHS  
ACTION NOS.: 24-BOR-2120, 24-BOR-2545

Dear [REDACTED]:

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matters.

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 assure 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: Jessica Shah, Department Representative / April Wilson, Department Representative

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

██████████,

**Appellant,**

v.

**Action Numbers: 24-BOR-2120, 24-BOR-2545**

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

**Respondent.**

**DECISION OF STATE HEARING OFFICER**

**INTRODUCTION**

This is the decision of the State Hearing Officer resulting from a fair hearing for ██████████. This hearing was held in accordance with the provisions found in Chapter 700 of the Office of Inspector General Common Chapters Manual. This fair hearing was convened on May 30, 2024, upon a timely appeal filed on May 2, 2024.

The matter before the Hearing Officer arises from the May 17, 2024 decision by the Respondent to deny SNAP benefits and terminate Medicaid benefits due to excessive income. Prior actions initiated the Appellant's request for hearing, but these actions were mooted by the ultimate decision by the Respondent due to excessive income. Initially, the Respondent took these actions based, first, on the failure of the Appellant to complete an eligibility review; and second, on the failure of the Appellant to return requested information needed for an eligibility determination. The Appellant's initial hearing request was preserved, but this decision is for the third and final action of the Respondent based on excessive income. Neither party advised the Board of Review of the underlying case changes.

At the hearing, the Respondent appeared by Jessica Shah. The Appellant was self-represented. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

D-1	Case Summary
D-2	Not admitted*

D-3	Notification letters
D-4	Case comments
D-5	Income verification
D-6	Not admitted*

**Appellant's Exhibits:**

None

\*Respondent exhibits D-2 and D-6 were not admitted, and the matter was addressed on the record. Exhibit D-2 was a copy of the scheduling order setting the matter for hearing, and Exhibit D-6 consisted of duplicate documents.

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 and Medicaid benefits.
- 2) The Appellant completed the phone interview portion of an eligibility review for SNAP.
- 3) The Respondent needed additional information to complete this review, including income verification.
- 4) The Respondent requested verification of this information (Exhibit D-4) on or about April 1, 2024.
- 5) The Respondent did not receive income verification from the Appellant by April 24, 2024 (Exhibit D-4).
- 6) The Respondent issued SNAP and Medicaid notices (Exhibit D-3) dated April 25, 2024, advising the Appellant of Medicaid termination and SNAP denial.
- 7) The reason for the action provided on both notices (Exhibit D-3) was "You did not turn in all requested information."
- 8) The Appellant provided income verification on May 6, 2024 (Exhibit D-4).
- 9) The Respondent issued notices dated May 17, 2024 (Exhibit D-3), advising the Appellant of Medicaid termination and SNAP denial.

- 10) The basis for the May 2024 actions (Exhibit D-3) provided on the notification letters was “Your income is above the income limit for this type of assistance,” (Medicaid) and “Income is too much for you to receive benefits.” (SNAP)
- 11) The Appellant has excessive income for SNAP eligibility.
- 12) The Appellant has excessive income for Medicaid eligibility.

### **APPLICABLE POLICY**

The West Virginia Income Maintenance Manual (WVIMM), Chapter 4, §4.1, provides, 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 West Virginia Income Maintenance Manual (WVIMM), Chapter 4, §4.4.3.A, provides:

- When no AG member is elderly or disabled, the gross income must be equal to, or less than, the gross income limit in Appendix A. If so, the AG qualifies for the disregards and deductions.

If the gross income exceeds the amount in Appendix A, the AG is ineligible.

- When at least one AG member is elderly, which is at least age 60, or disabled as specified in Section 13.15, eligibility is determined by comparing the countable income to the maximum net monthly income found in Appendix A. There is no gross income test.

- When the AG is Categorically Eligible as defined in Chapter 1, the gross income test is presumed to be met.

The West Virginia Income Maintenance Manual (WVIMM), Chapter 4, §4.7.4, provides, in part, “The applicant’s household income must be at or below the applicable MAGI standard for the MAGI coverage groups...”

The Code of Federal Regulations, 7 CFR §273.9(a), provides:

(a) ***Income eligibility standards.*** Participation in the Program shall be limited to those households whose incomes are determined to be a substantial limiting factor in permitting them to obtain a more nutritious diet. Households which contain an elderly or disabled member shall meet the net income eligibility standards for SNAP. Households which do not contain an elderly or disabled member shall meet both the net income eligibility standards and the gross income eligibility standards for SNAP. Households which are categorically eligible as defined in § 273.2(j)(2) or 273.2(j)(4) do not have to meet either the gross or net income eligibility standards. The net and gross income eligibility standards shall be based on the Federal income poverty levels established as provided in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

(1) The gross income eligibility standards for SNAP shall be as follows:

(i) The income eligibility standards for the 48 contiguous States and the District of Columbia, Guam and the Virgin Islands shall be 130 percent of the Federal income poverty levels for the 48 contiguous States and the District of Columbia.

(ii) The income eligibility standards for Alaska shall be 130 percent of the Federal income poverty levels for Alaska.

(iii) The income eligibility standards for Hawaii shall be 130 percent of the Federal income poverty levels for Hawaii.

(2) The net income eligibility standards for SNAP shall be as follows:

(i) The income eligibility standards for the 48 contiguous States and the District of Columbia, Guam and the Virgin Islands shall be the Federal income poverty levels for the 48 contiguous States and the District of Columbia.

(ii) The income eligibility standards for Alaska shall be the Federal income poverty levels for Alaska.

(iii) The income eligibility standard for Hawaii shall be the Federal income poverty levels for Hawaii.

(3) The income eligibility limits, as described in this paragraph, are revised each October 1 to reflect the annual adjustment to the Federal income poverty guidelines for the 48 States and the District of Columbia, for Alaska, and for Hawaii.

(i) 130 percent of the annual income poverty guidelines shall be divided by 12 to determine the monthly gross income standards, rounding the results upwards as necessary. For households greater than eight persons, the increment in the Federal income poverty

guidelines is multiplied by 130 percent, divided by 12, and the results rounded upward if necessary.

(ii) The annual income poverty guidelines shall be divided by 12 to determine the monthly net income eligibility standards, rounding the results upward as necessary. For households greater than eight persons, the increment in the Federal income poverty guidelines is divided by 12, and the results rounded upward if necessary.

(4) The monthly gross and net income eligibility standards for all areas will be prescribed in tables posted on the FNS web site, at [www.fns.usda.gov/snap](http://www.fns.usda.gov/snap)

## **DISCUSSION**

The Appellant is contesting the actions of the Respondent to deny her SNAP benefits and terminate her Medicaid benefits. The Respondent must show, by a preponderance of the evidence, that it took these actions correctly.

The Appellant was a recipient of SNAP and Medicaid. She was required to complete a review of eligibility for SNAP. Although testimony from the Respondent worker claimed that the negative actions were initially tied to the Appellant's failure to complete a review, this basis was changed and mooted.

(The Respondent did not submit an April 18, 2024 notice to the Appellant as evidence in the hearing, but this initial action would result in subsequent notification language referring to a SNAP denial of an application or "re-application" instead of a SNAP termination.)

During the interview portion of the eligibility review, the Respondent worker determined that there was additional income and other verifications necessary to determine the Appellant's SNAP eligibility and requested this information. When this information was not provided, the Respondent's negative action for SNAP remained the same, but resulted in Medicaid termination as well because the unverified information was also needed for ongoing Medicaid eligibility. The reasons for these actions changed from the failure to complete a review to the failure to return requested information. The Respondent's third set of actions also mooted this.

Finally, the Respondent received income information from the Appellant that established she was over the income limits for SNAP and Medicaid. There was no dispute of income from the Appellant. The Appellant specifically testified that she had "no issue" with the income determinations from the Respondent. The period of time the Respondent was required to consider in their income determinations did not change. The income verifications requested were necessary to complete the review, and the ultimate decision of the Respondent would have been the same because it relied on the same period of consideration for income. Because the Appellant had no dispute of income, the Respondent's income determination, and resulting denial of SNAP and termination of Medicaid is affirmed.

### CONCLUSIONS OF LAW

- 1) Because the Appellant was required to complete an eligibility review, the Respondent could terminate SNAP benefits for an incomplete SNAP review.
- 2) Because the Appellant was required to return income verification, the Respondent could deny a SNAP re-application and terminate Medicaid benefits for unverified income.
- 3) Because the Respondent was using the same period of time for its income determination, the earlier two actions were mooted.
- 4) Had the Appellant completed a review, a completed review would have included the same income determination, with the same income period of consideration, resulting in the same ultimate actions based on excessive income instead of an incomplete review.
- 5) Had the Appellant provided the requested income verification timely, the Respondent would have taken the same actions based on excessive income instead of unverified income.
- 6) Because the undisputed income amounts for the Appellant exceed the program limits for SNAP and Medicaid, the Respondent must deny the Appellant's SNAP re-application and terminate the Appellant's Medicaid benefits.

### DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the decision of the Respondent to deny the Appellant's SNAP application (or "re-application") and terminate the Appellant's Medicaid benefits for excessive income.

**ENTERED this \_\_\_\_\_ day of June 2024.**

\_\_\_\_\_  
**Todd Thornton**  
**State Hearing Officer**