



June 6, 2024

[REDACTED]

RE: [REDACTED] v. WVDoHS  
ACTION NOS.: 24-BOR-2112 and 24-BOR-2357

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: Carla Marsh, DoHS

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

██████████,

**Appellant,**

v.

**Action Numbers: 24-BOR-2112 & 24-BOR-2357**

**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 West Virginia Office of Inspector General Common Chapters Manual. This fair hearing was convened on June 4, 2024.

The matter before the Hearing Officer arises from the Respondent's termination of Supplemental Nutrition Assistance Program (SNAP) benefits and denial of Medicare Premium Assistance Program benefits for March 2024 as outlined in notices dated May 3, 2024, and May 8, 2024.

At the hearing, the Respondent appeared by Carla Marsh, Economic Service Worker Senior, WVDoHS. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Medicare Premium Assistance Program application received on March 1, 2024
- D-2 West Virginia Income Maintenance Manual Chapter 1.16.9.A
- D-3 Notice of Decision dated May 8, 2024
- D-4 Verification Checklist dated February 9, 2024
- D-5 SNAP Budget information effective March 1, 2024
- D-6 SNAP Budget information effective June 1, 2024
- D-7 Statement from Appellant received on May 2, 2024
- D-8 Notice of Decision dated May 3, 2024

**Appellant's Exhibits:**

A-1 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 applied for the Medicare Premium Assistance Program on March 1, 2024 (Exhibit D-1).
- 2) After requested verification was received, the Appellant was approved for Qualified Medicare Beneficiary (QMB) benefits effective April 2024.
- 3) The Respondent sent the Appellant a Notice of Decision on May 8, 2024, indicating that QMB coverage would start on April 1, 2024 (Exhibit D-3).
- 4) The Appellant's undisputed gross monthly income is \$1,194 per month in Social Security benefits.
- 5) The Appellant was a recipient of SNAP benefits and received \$23 in SNAP benefits effective March 2024 (Exhibit D-5).
- 6) The Appellant would have been eligible to receive \$34 in SNAP benefits effective June 2024; however, she provided a letter to the Respondent on May 2, 2024, indicating that she no longer needed SNAP benefits (Exhibits D-6 and D-7) .
- 7) On May 3, 2024, the Respondent notified the Appellant that her SNAP benefits had been terminated effective June 2024 because she indicated that she no longer wished to receive them (Exhibit D-8).

### **APPLICABLE POLICY**

West Virginia Income Maintenance Manual Chapter 1.16.9.A states that the beginning date of eligibility for QMB is the first day of the month following the month in which the application for QMB coverage is approved. Eligibility for QMB cannot be backdated unless there is a corrective action (Exhibit D-2).

Code of Federal Regulations 7 CFR 273.9 provides income eligibility standards for SNAP benefits:

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)

West Virginia Income Maintenance Manual Chapter 4.4.2.B lists allowable deductions for SNAP benefits. These deductions include the earned income disregard of 20 percent, the Standard Deduction, the dependent care deduction, the child support deduction, the Homeless Shelter Standard Deduction, medical expenses for the elderly and/or disabled, shelter expenses, and the Standard Utility Allowance (SUA).

West Virginia Income Maintenance Manual Chapter 10.2.1.B.4 states that the worker must close the Assistance Group when the client requests such action be taken. The worker should encourage the client to state the reason he is making the request but acts on the AG closure even if he does not. Advance notice is required.

### **DISCUSSION**

Policy states that the beginning date of eligibility for QMB is the first day of the month following the month in which the application for QMB coverage is approved. Eligibility for QMB cannot be backdated unless there is a corrective action. Policy also states that a worker must close a SNAP Assistance Group when the client requests such action be taken.

The Appellant contended that she should have been eligible for QMB benefits effective March 2024; however, the Respondent's representative stated that the Appellant applied for Medicare Premium Assistance Program benefits in March 2024 and was not eligible for coverage until the first day of the month following the month in which the application for QMB coverage was approved.

The Respondent stated that the Appellant's SNAP benefits were terminated effective June 2024 because she provided a letter stating that she no longer needed SNAP benefits. The Appellant stated during the hearing that she was not interested in receiving \$34 per month in SNAP benefits.

Based on information provided during the hearing, the Respondent's decision to approve QMB benefits effective April 2024 is correct. The Appellant provided a written statement on May 2, 2024, stating that she no longer wanted SNAP benefits and testified during the hearing that she does not wish to receive SNAP benefits in her current location as she plans to move elsewhere.

### **CONCLUSIONS OF LAW**

- 1) Policy states that QMB coverage begins the first day of the month following the month in which QMB is approved.
- 2) The Appellant applied for QMB benefits in March 2024 and was approved effective April 2024.
- 3) The Respondent's decision to approve QMB benefits effective April 2024 is correct.
- 4) Policy states that a worker must close a SNAP Assistance Group when a client requests that the benefits be terminated.

- 5) The Appellant submitted a written statement to the Respondent on May 2, 2024, stating that she no longer needed SNAP benefits, and reiterated during the hearing that she did not wish to continue receiving SNAP in her current location.
- 6) The Respondent's decision to terminate SNAP benefits at the Appellant's request is correct.

### **DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's action to begin QMB coverage effective April 2024 and terminate SNAP benefits effective June 2024 at the Appellant's request.

**ENTERED this 6<sup>th</sup> day of June 2024.**

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**Pamela L. Hinzman  
State Hearing Officer**