



January 29, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA
ACTION NOS.: 25-BOR-1042 & 25-BOR-1043

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 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,

Lori Woodward, J.D.
Certified State Hearing Officer
Member, State Board of Review

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

cc: Ann Hubbard, WV DoHS/BFA

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

██████████,

Appellant,

v.

**Action Number: 25-BOR-1042
25-BOR-1043**

**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 January 28, 2025.

The matter before the Hearing Officer arises from the December 18, 2024 decision by the Respondent to terminate Adult Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits.

At the hearing, the Respondent appeared by Ann Hubbard Economic Service Supervisor. The Appellant appeared *pro se*. Appearing as a witness for the Appellant was her husband, ██████████. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Medicaid/WV CHIP completed review form (MREV), dated November 22, 2024
- D-3 WV Income Maintenance Manual (IMM), Chapter 4, Appendix A desk guide, effective January 1, 2025
- D-4 Notice of SNAP and Adult Medicaid closures, dated December 18, 2024

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 and her husband, [REDACTED], were recipients of Adult Medicaid and SNAP benefits.
- 2) On November 22, 2024, the Appellant submitted a completed medical review form (MREV). (Exhibit D-2)
- 3) The Appellant reported the assistance group (AG)'s monthly gross income as: Social Security Income of \$812 for herself and \$1,820 for [REDACTED] and a monthly pension of \$1,019.40 received by Mr. Moore. (Exhibit D-2)
- 4) The combined gross monthly income for the Appellant's AG was calculated to be \$3,651.40. (Exhibits D-1 and D-4)
- 5) Because the maximum allowable monthly gross income limit for an AG of 2 for Adult Medicaid is \$2,266, the Respondent terminated the AG's Adult Medicaid benefits. (Exhibits D-3 and D-4)
- 6) Because the Appellant's reported income on the MREV exceeded the \$2,215 allowable gross monthly income limit for an AG of 2 for SNAP benefits, the Respondent terminated the Appellant's SNAP benefits. (Exhibits D-3 and D-4)
- 7) On December 18, 2024, notification of SNAP and Adult Medicaid closures were sent to the Appellant. (Exhibit D-3)
- 8) [REDACTED] who is age 61, has been receiving disability payments since August 2024, but is not receiving Medicare.

APPLICABLE POLICY

Adult Medicaid Policy:

Code of Federal Regulations, 42 CFR §435.119, in part:

Coverage for individuals age 19 or older and under age 65 at or below 133 percent FPL.

(a) **Basis.** This section implements section 1902(a)(10)(A)(i)(VIII) of the Act.

(b) **Eligibility.** Effective January 1, 2014, the agency must provide Medicaid to individuals who:

- (1) Are age 19 or older and under age 65;

- (2) Are not pregnant;
- (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act;
- (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and
- (5) Have household income that is at or below 133 percent FPL for the applicable family size.

WV IMM, Chapter 23, §23.10.4, *Adult Group, in part:* As a result of the Affordable Care Act (ACA), the Adult Group was created, effective January 1, 2014. Eligibility for this group is determined using MAGI methodologies established in Section 4.7. Medicaid coverage in the Adult Group is provided to individuals who are aged 19 or older and under age 65. ... To be eligible for the Adult Group, income must be equal to or below 133% of the Federal Poverty Level (FPL).

WV IMM, Chapter 4, §4.7.3, *MAGI-Based Income Disregard, in part:*

The only allowable income disregard is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. The 5% FPL disregard is not applied to every MAGI eligibility determination and should not be used to determine the MAGI coverage group for which an individual may be eligible. The 5% FPL disregard will be applied to the highest MAGI income limit for which an individual may be determined eligible.

WV IMM, Chapter 4, §4.7.4, *Determining Eligibility, in part:*

The applicant's household income must be at or below the applicable MAGI standard for the MAGI coverage groups.

- Step 1: Determine the MAGI-based gross monthly income for each MAGI household income group (IG).
- Step 2: Convert the MAGI household's gross monthly income to a percentage of the FPL by dividing the current monthly income by 100% of the FPL for the household size. Convert the result to a percentage. If the result from Step 2 is equal to or less than the appropriate income limit, no disregard is necessary, and no further steps are required.
- Step 3: If the result from Step 2 is greater than the appropriate limit, apply the 5% FPL disregard by subtracting five percentage points from the converted monthly gross income to determine the household income.
- Step 4: After the 5% FPL income disregard has been applied, the remaining percent of FPL is the final figure that will be compared against the applicable modified adjusted gross income standard for the MAGI coverage groups.

WV IMM, Chapter 4, Appendix A, *Income Limits:*

133% of the FPL for a two-person AG: \$2,266

100% of the FPL for a two-person AG: \$1,704

SNAP POLICY:

Code of Federal Regulations, 7 CFR §273.9, in part:

- (a) ***Income eligibility standards.*** Participation in SNAP 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 do not have to meet either the gross or net income eligibility standards.
- (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.
 - ...
 - (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.
 - ...
 - (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

7 CFR §273.10.e.2, in part:

- (2) ***Eligibility and benefits.***
 - (i)
 - (A) **Households which contain an elderly or disabled member as defined in §271.2, shall have their net income, as calculated in paragraph (e)(1) of this section (except for households considered destitute in accordance with paragraph (e)(3) of this section), compared to the monthly income eligibility standards defined in § 273.9(a)(2) for the appropriate household size to determine eligibility for the month.**
[Emphasis added]

- (B) In addition to meeting the net income eligibility standards, households which do not contain an elderly or disabled member shall have their gross income, as calculated in accordance with paragraph (e)(1)(i)(A) of this section, compared to the gross monthly income standards defined in §273.9(a)(1) for the appropriate household size to determine eligibility for the month.

WV IMM, Chapter 10, §10.4.2, Client Reporting Requirements, in part: 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. When a reported change results in the change of the certification period, the client must receive advance notice of the change.

WV IMM, Chapter 10, §10.4.2.A, Limited Reporting, in part: If an AG approved with income at or below 130% of the FPL reports non-excluded income in excess of 130% of the FPL, the AG's eligibility must be reevaluated. If the AG remains eligible for SNAP, the AG is then required to report when the total gross non-excluded earned and unearned income of the Income Group exceeds 200% of the FPL for the number of individuals in the original AG.

WV IMM, Chapter 4, §4.4.3.A, Determining Eligibility:

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

WV IMM, Chapter 4, §4.4.3.B, Determining Countable Income, in pertinent part:

The following steps are used to determine countable income for cases meeting the eligibility tests above.

- Step 1: Combine monthly gross countable earnings and monthly gross profit from self-employment.
- Step 2: Deduct 20% of Step 1.
- Step 3: Add the gross countable unearned income
- Step 4: Subtract the Standard Deduction
- Step 5: Subtract allowable Dependent Care Expenses
- Step 6: Subtract the amount of legally obligated child support actually paid.
- Step 7: Subtract the Homeless Shelter Standard Deduction found in Appendix B.

- Step 8: Subtract allowable medical expenses in excess of \$35
- Step 9: Calculate 50% of the remaining income and compare it to the actual monthly shelter/SUA amount.
- Step 10: If the shelter/SUA costs are equal to or less than the amount found in step 9, no further computation is needed, the amount from step 8 is the countable income. If the shelter/SUA costs are greater than step 9, the amount in excess of 50% is deducted to arrive at the countable income. Elderly/disabled households are not subject to the shelter/utility cap.
- Step 11: Compare the countable income to the maximum net income in Appendix A for the AG size.

WV IMM, Chapter 4, §4.4.3.C, Determining the Amount of the Benefit:

To determine the SNAP allotment, find the countable income and the maximum benefit allotment for the AG in Appendix A. One- and two-person AGs who meet the gross and net income test or who are categorically eligible, as defined in Section 1.4.17.C automatically receive the minimum SNAP benefit, unless it is a prorated benefit. See Appendix D, SNAP and WV WORKS Proration Table. No benefits are issued to any AG eligible for an initial, prorated amount less than \$10. See Chapter 1 for proration requirements. To determine the SNAP allotment, find the countable income and the maximum benefit allotment for the AG in Appendix A. The Worker will determine the benefit amount by using the following method. The eligibility system also uses this method.

- Multiply net income by 30% (Round up)
- Subtract 30% of net income as calculated above from the maximum monthly benefit for the AG size

WV IMM, Chapter 4, Appendix A, Income Limits:

130% of the FPL for a two-person AG: \$2,215

100% of the FPL for a two-person AG: \$1,704

DISCUSSION

The Appellant underwent a Medicaid eligibility redetermination in December 2024. The Appellant reported receiving monthly Social Security Income of \$812 for herself and \$1,820 for her husband. Additionally, the Appellant's husband receives a monthly pension in the amount of \$1,019.40. The Respondent determined that the Appellant's AG had a combined income of \$3,651.40, which was over the allowable income limit for Adult Medicaid and SNAP benefits. On December 18, 2024, the Respondent sent notification to the Appellant that the AG's Adult Medicaid and SNAP benefits were being terminated effective January 1, 2025.

The Appellant appealed the Respondent's decision stating that they are unable to afford healthcare insurance. ██████ testified that he has been diagnosed with Congestive Heart Failure and needs his medications. Additionally, ██████ reports that he began receiving disability payments from Social Security in August 2024 but is not receiving Medicare. ██████ is 61 years old. There was also testimony given that ██████ and his wife had been homeless but now paying approximately \$1,700 a month in shelter expenses. The Respondent's representative, Ann Hubbard, testified that because the Appellant had not met the gross income test, no possible

deductions for SNAP calculations were considered.

Policy requires that when a SNAP recipient reports non-excluded income exceeding 130% of the FPL, the AG's eligibility must be re-evaluated. Additionally, if the SNAP AG includes at least one AG member who is elderly (at least age 60, or disabled), eligibility is determined by comparing the countable income to the maximum net monthly income found. There is no gross income test. In reviewing the evidence, the calculated net income was \$2,969.10, which exceeds the maximum allowable net income for an AG of 2 of \$1,704.

Although the testimony was unclear whether the Appellant reported other changes in her household circumstances as discussed above, there may be additional deductions which could be considered for their net income determination for SNAP benefits. The Appellant always has the right to apply.

With regard to Adult Medicaid eligibility, policy does not allow any income disregards other than an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. The 5% FPL disregard is not applied to every MAGI eligibility determination. It may only be used as a deduction if it brings the AG's gross income below the 133% FPL income limit. Policy sets forth the Adult Medicaid income limit for an AG of 2 as \$2,266 (133% FPL). To determine if the Appellant is eligible for the 5% disregard, the gross monthly income is divided by 100% of the federal poverty level for the size of the assistance group: \$3,651.40 divided by \$1,704 = 2.14, which is then converted to a percentage, 214%. Since applying the 5% disregard would not bring the Appellant's income of 214% FPL below the allowable income limit of 133% of the FPL, the disregard is not applied. The Appellant's income is excessive to continue receiving Adult Medicaid benefits.

CONCLUSIONS OF LAW

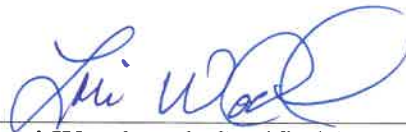
- 1) The income limit for a two-person AG for Adult Medicaid benefits is \$2,266.
- 2) The Appellant's AG has a gross monthly income is \$3,651.40.
- 3) The Appellant's AG income exceeds the eligibility limit to continue receiving Adult Medicaid benefits.
- 4) Policy requires that when a SNAP recipient reports non-excluded income that exceeds 130% of the FPL, the AG's eligibility must be reevaluated.
- 5) The income reported by the Appellant for her medical review resulted in her SNAP re-evaluation.
- 6) The gross income limit for a two-person AG for SNAP benefits is \$2,215.
- 7) The net income limit for a two-person AG for SNAP benefits is \$1,704.

- 8) The Appellant's AG has a gross monthly income of \$3,651.40.
- 9) The Appellant's AG has a net monthly income of \$2,969.10.
- 10) The Appellant's AG income exceeds the eligibility limit to continue receiving SNAP benefits.
- 11) The Respondent correctly terminated the Appellant's SNAP and Adult Medicaid benefits.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to terminate the Appellant's SNAP and Adult Medicaid.

ENTERED this 29th day of January 2025.



Lori Woodward, Certified State Hearing Officer