

DHHR KANAWHA COUNTY
4190 W. WASHINGTON ST.
CHARLESTON WV 25313

Mailing Date: 11/16/22

TIMOTHY LOUDIN
1300 RENAISSANCE CIRCLE ST 806
CHARLESTON WV 25311 1505



West Virginia Department of Health & Human Resources

Case Name: TIMOTHY LOUDIN
Case Number: 0017487404
Worker Name: CASEY J DAVIS
Telephone: (304) 746-2360



Dear TIMOTHY LOUDIN,

This notice informs you of your eligibility for all assistance programs which may be available to you and your family. It gives reasons if you are not eligible for a benefit(s).

Note: If you currently receive Medical Assistance, the summary information could include eligibility for another Medical Assistance coverage group which is not addressed in the Detailed Notices.



If you have been evaluated for benefits for other months, you will be notified in a separate notice. This summary is for the month of December 2022 only.

Medical Assistance

Name	Begin Date	End Date	Status	Medicaid ID No.
TIMOTHY LOUDIN	2022-12-01		Eligible	00200464925

Supplemental Nutrition Assistance Program (SNAP)

Name	Begin Date	End Date	Status
TIMOTHY LOUDIN	2022-12-01		Eligible

Please see the attached detailed notices for additional information.

EDI4

SNAP

We have reviewed your eligibility based on the Income Maintenance Manual and determined that, effective 12/01/22 your SNAP benefits will remain the same.

The following is the list of individuals who are eligible for this benefit. If an individual has been added to the Assistance Group, their name will appear here. If an individual income has increased or decreased, this will be stated by the amount it increased or decreased by.

Fair Hearing: If you do not agree with any decision, you may request a Fair Hearing and/or Pre-Hearing Conference within 90 days of the effective date of the action. If you wish to request continued benefits, you must ask for a Fair Hearing or Conference before the date of proposed closure or reduction. Continued benefits only apply to closures and decreases in benefits. The form to request a Fair Hearing and/or Pre-Hearing Conference is enclosed, but you may request it by phone or in person. The following organization provides free legal services to eligible persons:

LEGAL AID OF WEST VIRGINIA, 922 QUARRIER ST., 4TH FLOOR
CHARLESTON, WV, 25301, 304-343-4481/866-255-4370

Medicaid benefits must be kept open for most individuals during the **COVID-19** Public Health Emergency (PHE), therefore you will continue to receive Medicaid benefits. However, if you were determined to not be eligible during this review, your Medicaid benefits will stop after the COVID-19 PHE ends. You will receive another notice the month your benefits will close. You should continue to report any changes to your household members or address, income, assets, etc., and we will redetermine your eligibility for benefits.

If you are applying for Pregnancy coverage, it has been approved. Please report when your pregnancy ends. You will then remain enrolled in Medicaid coverage for an additional 12 months after the month your pregnancy ends. Your enrollment will continue regardless of change in your circumstances and should be closed only if you die, move out of state, request closure, or we find your case was approved in error.

TIMOTHY LOUDIN

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

EDI3

We have reviewed your eligibility based on the Income Maintenance Manual and determined that, effective 12/01/22, your monthly amount will remain at \$ 281.00. Your SNAP benefits will **REMAIN THE SAME**.

Certification Begin Date	Certification End Date
2022-12-01	2023-11-30

The following is the list of individuals who are eligible for this benefit. If an individual has been added to the Assistance Group, their name will appear here. If an individual income has increased or decreased, this will be stated by the amount it increased or decreased by.

If they are affected by the Able-Bodied Adult Without Dependents (ABAWD) 36 month tracking policy, the tracking period will be stated after their name.

TIMOTHY LOUDIN

FROM 01/2022 TO 12/2024

EDI4

Adult Medicaid

We have reviewed your eligibility based on the Income Maintenance Manual and determined that, effective 12/01/22 your Adult Medicaid benefits will remain the same.

The following is the list of individuals who are eligible for this benefit. If an individual has been added to the Assistance Group, their name will appear here. If an individual income has increased or decreased, this will be stated by the amount it increased or decreased by.

Medicaid benefits must be kept open for most individuals during the **COVID-19** Public Health Emergency (PHE), therefore you will continue to receive Medicaid benefits. However, if you were determined to not be eligible during this review, your Medicaid benefits will stop after the COVID-19 PHE ends. You will receive another notice the month your benefits will close. You should continue to report any changes to your household members or address, income, assets, etc., and we will redetermine your eligibility for benefits.

If you are applying for Pregnancy coverage, it has been approved. Please report when your pregnancy ends. You will then remain enrolled in Medicaid coverage for an additional 12 months after the month your pregnancy ends. Your enrollment will continue regardless of change in your circumstances and should be closed only if you die, move out of state, request closure, or we find your case was approved in error.

TIMOTHY LOUDIN

Policy: West Virginia Income Maintenance Manual Section(s):

2.1

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: FNSCIVILRIGHTSCOMPLAINTS @usda.gov

This institution is an equal opportunity provider.

Notes:

You must contact this office and report if the gross income of the individuals included in the SNAP benefit increases to more than \$ 2266.00 per month. Gross income is the amount of all unearned income received in a month, plus the amount of earned income before any taxes or other withholdings are taken out. This includes the income of individuals who join your household in the future if the new individual purchases and prepares food with someone in your SNAP benefit, is married to someone in the SNAP benefit, is the parent or child of someone in the SNAP benefit (when the child is under 22 years of age), or exercises parental control over/is under the parental control of someone in the SNAP benefit (when the child is under 18 years of age).

IMPORTANT: If you were approved for Medicaid, your Medical ID card can be found at the end of this notice. The card lists the people who are covered and it must be shown to the health care provider each time you request medical service. Examples of health care providers are hospitals, doctors, and pharmacists.

For more information about your Medicaid coverage including covered services, co-payments for certain services, and Non-Emergency Medical Transportation (NEMT) for scheduled medical appointments and treatments, see "Your Guide to Medicaid" at www.dhhr.wv.gov/bms.

If you receive Medicaid only as a Qualified Medicare Beneficiary, DHHR will pay your Medicare premium and you will receive a Medical ID card that only pays for the co-payment and deductible expenses related to Medicare.

If you are interested in applying for the Tel-Assistance/Lifeline Program to help you save money on your phone bill, applications are available for you at your local West Virginia Department of Health and Human Resources office or you can download an application at www.wvpath.org.

This notice can be viewed online. Go to www.wvpath.org and create or log into your PATH account to view notices/appointments/benefit information.

Other Applicable Information :

SNAP

Vehicle Assets	0.00
Liquid Assets	0.00

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Real Property Assets	0.00		
Personal Property Assets	0.00		
Lump Sum Assets	0.00		
Burial Assets	0.00		
Deemed Assets	0.00		
Your Countable Assets	0.00	SNAP Asset Limit	2750.00

Your Gross Income	0.00	SNAP Gross Income Limit	1473.00
Your Countable Net Income	0.00	SNAP Net Income Limit	1133.00

Gross Earned Income	0.00
Earned Income Deduction	- 0.00
Gross Unearned Income	+ 0.00
Standard Deduction	- 0.00
Medical Expense Deduction	- 0.00
Dependent Care Deduction	- 0.00
Support Payments	- 0.00
Shelter/Utility Deduction	- 0.00
Net Adjusted Income	= 0.00
SNAP Maximum Allotment	281.00
30% Adjusted Income	- 0.00
Recoupment Amount	- 0.00
Your Monthly SNAP Benefits	= 281.00
Your Prorated SNAP Benefits	= 0.00

If you are paid more than once each month, your expected gross income for a month is determined by the following method:

Expected gross income received each week is multiplied by 4.3

Expected gross income received every two weeks is multiplied by 2.15

Expected gross income received twice a month is multiplied by 2

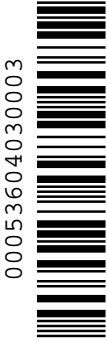
Medicaid and/or WV CHIP

The budget below was used to determine eligibility for TIMOTHY LOUDIN.

Earned Income	0.00
Unearned Income	0.00
Self Employment Income	0.00
Self Employment Expenses	0.00
Child Support Obligation Amount	0.00
Child Support Payment Amount	0.00
Lump Income	0.00
Lump Expenses	0.00
MAGI Income Amount	0.00



WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
PRE-HEARING CONFERENCE AND/OR FAIR HEARING REQUEST FORM



If you disagree with the decision made on your application or the proposed changes in your benefits, you may ask for a Pre-Hearing Conference, a Fair Hearing or both, either orally or in writing. You have the right to be assisted and/or represented by a person of your choice at the Pre-Hearing Conference/Fair Hearing. This person may be a friend, relative, attorney or any other person.

A Pre-Hearing Conference is an informal meeting with you and any person(s) you choose to have with you, your West Virginia Department of Health and Human Resources (DHHR) Case Worker and the Supervisor. This meeting is to explain anything you have questions about and for you to explain your situation. This Conference may resolve the problem and eliminate the need for a Fair Hearing. If not, you may proceed with a Fair Hearing.

A Fair Hearing is a meeting with you and anyone you choose to have with you, a State Hearings Officer, the DHHR representative and any witnesses you or DHHR believes can provide appropriate evidence. The Fair Hearing process is designed to make sure DHHR took the correct action on the issue(s) involved.

If you ask for a Pre-Hearing Conference and/or a Fair Hearing due to a decrease or closure of your benefits before the date of the proposed closure or reduction, your benefits will not be reduced or stopped, pending a final decision. Otherwise, the change will be made, and you may ask for a Fair Hearing or Pre-Hearing Conference within 90 days of the effective date of the actions. NOTE: If your benefits are being reduced or stopped due to a SNAP review, a mass change (such as the annual Social Security increase) or because you signed a form giving up your right to receive advance notice of this change, your benefits will not be continued (even if you request), but a hearing will be held.

The DHHR Case Worker will help you make arrangements for transportation to a hearing if you cannot provide your own transportation and you so request. Your hearing may also be conducted by phone. Also, the Case Worker will help you prepare for the Fair Hearing, if you so request. To request assistance, call DHHR Client Services: 1-800-642-8589.

If you wish to have a Pre-Hearing Conference and/or Fair Hearing, complete the section below and return to your local DHHR office. The address is on the top of the enclosed notice or can be provided to you by DHHR Client Services. You may review the materials in your case record during normal business hours (Monday-Friday, 8:30 a.m.-5:00 p.m.). If you request, we will send you a copy of the applicable Family Assistance Manual section or you may view and print manual sections yourself on the internet at <https://dhhr.wv.gov/bcf/Pages/default.aspx>

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- ☐ I would like to have a Pre-Hearing Conference with my Worker and/or the Supervisor. (You may have a Conference before the Fair Hearing and then proceed with the Fair Hearing if you are not satisfied)
 - ☐ I want a Fair Hearing before a State Hearing Officer. (You may have a Fair Hearing without a Pre-Hearing Conference)
 - ☐ I wish to have my Fair Hearing by phone.
 - ☐ Please send me the Family Assistance Manual section on which the decision was based.
 - ☐ I do NOT wish to continue receiving benefits while pending a Pre-Hearing Conference or a Fair Hearing decision. If the Dhhr's decision is not upheld at the Pre-Hearing Conference or Fair Hearing, DHHR will pay you any benefits you missed during the Pre-Hearing Conference/Fair Hearing process.

Signature : _____ Date : _____

Printed Name: _____ SSN: : _____

Address: _____ Phone : _____

Reason for Hearing/Pre-Hearing Request : _____

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West Virginia Medical ID Card

MA ID	Member Name	Birth Date
00200464925	TIMOTHY LOUDIN	03/03/1989

This card does not guarantee coverage. Verify coverage at www.wvmmis.com or 888-483-0793. Prior Authorization may be required for certain services.

For more information about Medicaid services, co-payments for certain services, Non-Emergency Medical Transportation (NEMT) for scheduled medical appointments and treatments, and more see '**Your Guide to Medicaid**' at www.dhhr.wv.gov/bms.

If you have questions about your Medicaid eligibility, call Client Services at 800-642-8589 or 304-558-2400; hearing impaired 304-558-3515.

If you have questions about Managed Care Organizations (MCO), call 800-449-8466. If you are enrolled in Managed Care, you will also receive an MCO card that must be taken to your healthcare provider. Questions about services or billing should be directed to the MCO you are enrolled in.

If you are not in Managed Care and have questions about services or billing, call Member Services at 888-483-0797.

For more information about NEMT, please contact the broker at 844-549-8353.

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