

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2020
Signature Confirmation

CL ID # ██████████
Hearing Request # 149576

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

██████████ BACKGROUND

On ██████████ 2019, the Department of Social Services (the “Department”) issued a notice to ██████████ (the “Appellant”) advising her that she was eligible for \$194 in Supplemental Nutritional Assistance Program (“SNAP”) benefits for the month of ██████████ 2019 and \$116 per month in SNAP benefits beginning in ██████████ of 2019 and continuing through ██████████ of 2020.

On ██████████ 2019, the Appellant requested an administrative hearing because she disagrees with the amount of the SNAP benefits.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, the Appellant, participating via telephone conference call at her request
Christopher Filek, Fair Hearing Liaison, DSS, Middletown
Maureen Foley-Roy, Hearing Officer

The hearing officer held the hearing record open for the submission of additional evidence and to provide the Appellant with an opportunity to review and respond to the the hearing summary and evidence. The hearing record closed on [REDACTED] 2020.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly determined the Appellant's monthly SNAP benefit amount.

FINDINGS OF FACT

1. The Appellant household consists of a single individual as she lives alone and provides food for just herself. (Hearing Record and Appellant's testimony)
2. The Appellant had been certified for SNAP benefits through [REDACTED] of 2020. (Exhibit 3: Notice of Action dated [REDACTED], 2019)
3. The Appellant receives a monthly Social Security Disability ("SSDI") benefit and a benefit from Supplemental Security Income ("SSI") She has no other source of income. (Exhibit 8: SOLQ printout, Exhibit 9: Bendex printout and Appellant's testimony)
4. On [REDACTED] 2019, the Appellant provided the Department with an unpaid dental bill of \$421. (Exhibit 2: Case Notes)
5. On [REDACTED] 2019, the Appellant provided the Department with verification of an additional unpaid dental expense of \$153. (Exhibit 2)
6. On [REDACTED], 2019, the Department sent the Appellant a Notice of Action stating that she had been approved for SNAP benefits in the amount of \$194 for the month of [REDACTED] of 2019 and \$116 for the month of [REDACTED] of 2019 and ongoing. (Exhibit 5: Notice of Action dated [REDACTED] 2019)
7. On [REDACTED] 2019, the Appellant provided verification that she owed \$240 to the Community Health Center. (Exhibit 2)
8. In 2019, the Appellant received \$350 per month from Social Security. In [REDACTED] of 2020, the Appellant's Social Security benefit increased to \$355 per month. (Exhibit 8)
9. In [REDACTED] of 2020, the Appellant's SSI benefit increased to \$561 per month.(Exhibit 9)
10. Beginning in [REDACTED] of 2020, the Appellant's total income was \$916 per month (Facts 3 and 4)

11. The majority of the Appellant's rent is subsidized and the Appellant pays \$49 in rent per month. (Exhibit 11: Lease and Exhibit 12: Email)
12. The Appellant pays for "partial heating". (Appellant's testimony)
13. The Appellant has no minor children and has neither a child support nor day care expense. (Appellant's testimony)
14. The Appellant is on Medicare and the Medicare Savings Program. (Appellant's testimony and Exhibit 4: Notice of Action)
15. The Appellant was found eligible for Medicaid with a spenddown. She must meet the spenddown before Medicaid coverage becomes active. Her out of pocket monthly medical expenses vary and there are times when she cannot pay them. (Appellant's testimony)
16. On ██████████ 2019, the Department sent the Appellant a Notice of Action stating that she had been approved for SNAP benefits in the amount \$116 for the month of ██████████ of 2019 and \$110 for the months of ██████████ through ██████████ of 2020. (Exhibit 6: Notice of Action dated ██████████ 2019)
17. On ██████████ 2019, the Department sent the Appellant a Notice of Action stating that she had been approved for SNAP benefits in the following amounts: \$110 for July of 2019, \$192 for August of 2019, \$94 for September of 2019, \$98 for October of 2019, \$194 for November of 2019, \$131 for December of 2019 and \$125 for the months of January through June of 2020. (Exhibit 7: Notice of Action dated ██████████ 2019)
18. The issuance of this decision is timely under the Code of Federal Regulations § 273.15 which states that a decision must be reached and the household notified within 60 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on ██████████ 2019. The hearing record was held open for the submission of additional evidence. Thus, this decision is due not later than ██████████ 2020 and is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes, authorizes the Commissioner of the Department of Social Services to administer the SNAP program in accordance with federal law.
2. The Department's Uniform Policy Manual ("UPM") is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v Rowe*, 43 Conn Supp. 175 178 (194) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of*

Income Maintenance, 214 Conn. 601, 573 A.2d712(1990)).

3. Title 7 CFR § 273.9(b)(2)(ii) provides for counting pensions and social security benefits as unearned income.

UPM § 5050.13(A)(6) provides that benefits received from Social Security by any member of a Food Stamps unit is counted in the calculation of eligibility and benefits for the entire unit.

The Department was correct when it determined that income received from Social Security Disability and SSI is counted in calculating the SNAP benefit.

9. Title 7 C.F.R. § 273.9(d)(1)&(2) provides for standard deductions and earned income deductions.

UPM § 5045.15 provides that the amount of applied income upon which the level of SNAP benefits is based is calculated in the following way:

- A. The monthly net earned income amount is calculated by reducing monthly earnings by:
 1. the actual amount of self-employment expenses, if applicable; and
 2. any earned income deductions approved by the Social Security Administration in regards to individual self-support plans (Cross reference: 5035.15); and
 3. a deduction of 20% of the gross earnings for personal employment expenses.
- B. The monthly net earned income is added to the monthly gross unearned income amount and the total of the income deemed to the unit.
- C. The amount of applied income is calculated by reducing the combined total of net earnings, gross unearned income and deemed income by the following in the order presented:
 1. a deduction for farming losses, if any;
 2. a disregard of \$167.00 per month, effective 10-1-19
 3. a deduction for unearned income to be used to fulfill a bona-fide plan to achieve self-support (PASS); Cross reference: 5035.15
 4. the appropriate deduction for work related dependent care expenses;

5. deduction for allowable medical expenses for those assistance unit members who qualify;
6. a deduction for legally obligated child support when it is paid for a child who is not a member of the assistance unit;
7. a deduction for shelter hardship, if applicable.

(Cross References: 5030 - "Income Disregards" and 5035 "Income Deductions")

- D. The remaining amount after the disregards and deductions are subtracted is the amount of the unit's applied income.

The Department correctly determined that the Appellant's total countable income was \$916 per month. (\$355 (SSDI) + \$561 (SSI))

The Department correctly applied the \$167 standard deduction to the income of \$916.

10. Title 7 CFR § 273.9 (d) provides for excess medical deduction as that portion of medical expenses in excess of \$35 per month, excluding special diets, incurred by any household member who is elderly or disabled.

11. Title 7 CFR § 273.10(d)(3) provides for averaging expenses and states in part that households may elect to have fluctuating expenses averaged. The household may elect to have one-time only expenses averaged over the entire certification period in which they are billed. Households reporting one-time only medical expenses during their certification period may elect to have a one-time deduction or to have the expense averaged over the remaining months of their certification period. Averaging would begin the month the change would become effective. For households certified for 24 months that have one-time medical expenses, the State agency must use the following procedure. In averaging any one-time medical expense incurred by a household during the first 12 months, the State agency must give the household the option of deducting the expense for one month, averaging the expense over the remainder of the first 12 months of the certification period, or averaging the expense over the remaining months in the certification period. One-time expenses reported after the 12th month of the certification period will be deducted in one month or averaged over the remaining months in the certification period, at the household's option.

The Department correctly allowed a deduction of \$73.78 for the Appellant's medical expenses in excess of \$35 per month.

(\$421 [dental bill provided for 11/1/19] / 8 {months remaining in certification period} = \$52.65)

(\$153 [additional dental bill provided 11/14/2019/ 7 {months remaining in certification period} = \$21.85)

(\$240 [Community Health Center bill provided 12/9/2019/ 7 {months remaining in certification period = \$34.28)

\$52.65 + \$21.85 + \$34.28 = \$108.78 - \$35 = \$73.78

The Department correctly determined that the Appellant's adjusted gross income was \$675.22 per month. (\$916 -\$167 - \$73.78)

12. Title 7 C.F.R. § 273.9(d)(6)(ii) provides for an excess shelter deduction.

UPM § 5035.15(F)(1) provides for the calculation of the shelter hardship for the SNAP and states in part that the amount of shelter expenses which exceeds 50% of that portion of the assistance unit's income which remains after all other deductions have been subtracted is allowed as an additional deduction. Shelter expenses are limited to the following:

- a. rent, mortgage payments, and any continuing charges leading to ownership of the property occupied by the assistance unit excluding any portions allowed as self-employment deductions in multiple-family dwellings;
- b. taxes, state and local assessments, and insurance on real property;
- c. the entire amount paid as a condominium fee;

13. Title 7 C.F.R. § 273.9(d)(6)(iii) provides for the standard utility allowances.

UPM § 5035.15(F)(6) provides that a standard utility allowance determined annually by the agency to reflect changes in utility costs is used to represent the total monthly utility expenses of the assistance unit if:

- a. the assistance unit incurs heating fuel or cooling costs separately from rent or mortgage payments; and
- b. the bill is established on the basis of individualized metering of service to the unit; or
- c. the costs are paid:
 - (1) totally or partially by the unit; or
 - (2) partially from a federal means-tested energy program directly to the service provider or to the recipient when these payments are less than the unit's total monthly heating or cooling costs; or
 - (3) totally by CEAP regardless of whether the payment is made to the unit or directly to the service provider.

14. Title 7 C.F.R. § 273.9(d)(6)(iii)(B) requires states to review the cost of heating and cooling homes and to update the standard utility allowance based on such costs.

The Department correctly determined that the Appellant was entitled to the standard utility allowance of \$736 (effective October of 2019).

The Department correctly determined the Appellant's shelter costs were \$785. (\$49 (Rent) + \$736 SUA)

The Department correctly determined the Appellant's shelter hardship was \$447.39. (\$785 shelter costs - \$337.61, fifty percent of adjusted gross income)

The Department correctly determined the Appellant's net adjusted income was \$227.84. (\$675.23 adjusted gross income - \$447.39 shelter hardship)

15. Title 7 C.F.R. § 273.10(e)(2)(ii)(A)(1) provides for the monthly SNAP benefit calculation.

UPM § 6005(C) provides that in the SNAP, the amount of benefits is calculated by: (1) multiplying the assistance unit's applied income by 30%; and (2) rounding the product up to the next whole dollar if it ends in 1-99 cents; and (3) subtracting the rounded product from the Food Stamp standard of assistance for the appropriate unit size.

16. The Appellant's SNAP benefits were computed as follows:

SNAP BENEFIT CALCULATION

<u>INCOME</u>	
Earned Income	\$0
Less 20%	-\$
Total	<u>\$0</u>
Plus Unearned Income SSDI & SSI	\$916
Total	\$916
Less standard deduction	<u>\$167</u>
Less medical deduction	73.78
Adjusted gross income	\$675.22
<u>SHELTER COSTS</u>	
Rent	\$49
SUA	<u>\$736</u>
Total shelter costs	\$785
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$785

Less 50% of adjusted gross income	<u>-\$337.61</u>
Total shelter hardship	\$447.39
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$675.22
Less shelter hardship	<u>-\$447.39</u>
Net Adjusted Income (NAI)	\$227.83
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for 1 Person	\$194
Less 30% of NAI	<u>-\$69</u>
SNAP award	\$125

The Department correctly calculated the Appellant's SNAP benefit amount of \$125 per month effective January 2020.

DISCUSSION

The Appellant's SNAP benefit calculation is based on income and the expenses/deductions that are allowed by the regulations. One of the allowable deductions for individuals who are older than 60 years of age or who are disabled is out of pocket medical expenses in excess of \$35 monthly. The Appellant has Medicare coverage and coverage through the Medicare Savings program so the majority of her medical expenses are not out of pocket. However, she does have out of pocket medical expenses that fluctuate. Therefore, it logically follows that her SNAP benefit fluctuates as well. The Department has correctly calculated the Appellant's SNAP benefit and correctly adjusts the benefit amount as the Appellant provides verification of her out of pocket medical expenses.

DECISION

The Appellant's appeal is **DENIED**.



Maureen Foley-Roy
Hearing Officer

Cc: Brian Sexton, Operations Manager, DSS, Middletown
Christopher Filek, Fair Hearing Liaison, DSS, Middletown

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.