

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

██████████ 2019
Signature Confirmation

██████████
Hearing Request # 142497

NOTICE OF DECISION
PARTY

██████████
██████████

PROCEDURAL BACKGROUND

██████████, 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") advising her of an overpayment with regards to her Supplemental Nutrition Assistance Program ("SNAP") benefits issued from ██████████ 2019 through ██████████ 2019 in the amount of \$1412.00 and advising her that she must repay the overpayment.

██████████, 2019, the Appellant requested an administrative hearing to contest the Department's decision to recoup such benefits.

██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████, 2019.

██████████, 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:

██████████, Appellant
Evan Carroll, Department's Representative
Veronica King, Hearing Officer

The record remained open for submission of additional requested information from the Department. Exhibits were received. The record closed on ██████████ 2019.

A separate hearing decision will be issued regarding the recoupment of the Temporary Family Assistance program.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly determined that the Appellant was overpaid in SNAP benefits and is subject to recoupment.

FINDINGS OF FACT

1. [REDACTED], 2018, the Appellant was granted SNAP benefits. The Appellant received SNAP benefits for herself and her minor child. (Exhibit 1: NOA, [REDACTED]/18)
2. The Appellant reported no income and that she was out of work on unpaid maternity leave from employment at [REDACTED] (Exhibit 1 and Exhibit 6: Case Notes)
3. When individuals apply for and receive state assistance, they are advised that they must report changes in their circumstances within 10 days. (Exhibit 1 and Department's Representative's Testimony)
4. The Department advised the Appellant that her SNAP period of eligibility was [REDACTED]/19 to [REDACTED]/19 and that she must report to the Department if her household's total monthly gross income is more than \$518.00 from working or from any other source. (Exhibit 1)
5. [REDACTED], 2019, the Department received a completed Periodic Report Form ("PRF") from the Appellant. She reported employment at [REDACTED]. (Exhibit 3: PRF)
6. The Department learned that in [REDACTED] 2018, the Appellant returned to work at [REDACTED] and received her first paycheck on [REDACTED], 2018. (Exhibit 2: Wages verification and Department's Representative's Testimony)
7. [REDACTED], 2019, the Department reviewed the Appellant's PRF and determined that the Appellant received the following wages:

[REDACTED] 2018	[REDACTED] \$154.30	[REDACTED] \$505.96	[REDACTED] \$435.12	[REDACTED] \$611.80 =
	\$1707.18			
[REDACTED] 2019	[REDACTED] \$494.71	[REDACTED] \$858.60	[REDACTED] \$436.80	[REDACTED] \$272.336 =
	\$2062.47			
[REDACTED] 2019	[REDACTED] \$396.70	[REDACTED] \$292.88	[REDACTED] \$448.90	[REDACTED] \$376.88 =
	\$1515.36			
[REDACTED] 2019	[REDACTED] \$393.34	[REDACTED] \$299.38	[REDACTED] \$505.12	[REDACTED] \$347.20
	\$354.14 = \$1899.18			
[REDACTED] 2019	[REDACTED] \$347.20	[REDACTED] \$339.92	[REDACTED] \$450.01	[REDACTED] \$365.46 =

	\$1502.59
2019	\$516.04 \$507.97 \$492.01 \$404.41
	\$479.47 = \$2399.90
2019	\$137.74 \$306.86 \$290.60 \$438.76 =
	\$1173.96

(Exhibit 2)

8. The Appellant received the following SNAP benefits:

2019	\$353.00
2019	\$353.00
2019	\$353.00
2019	\$353.00

(Exhibit 4: Notification of Overpayment and Recoupment /19)

9. The Department recalculated the Appellant's eligibility based on the Appellant's accurate earnings in each of the months and determined that the Appellant's was eligible to receive the following SNAP benefits:

2019	\$0.00
2019	\$0.00
2019	\$0.00
2019	\$0.00

(Exhibit 4 and Exhibit 8: W-1216 SNAP computation sheet form)

10. , 2019, the Department issued an NOA to the Appellant advising that she had been overpaid by \$1412.00 in SNAP benefits for the months of 2019 through 2019 and she must repay the overpayment. (Exhibit 4)

11. 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 requested for a fair hearing. The Appellant requested an administrative hearing on , 2019. Therefore, this decision is due not later than 2019, and is 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. Section 17b-88 of the Connecticut General Statutes, authorizes the Commissioner of the Department of Social Services to recover any public assistance overpayments

and take such other action as conforms to federal regulations, including, but not limited, conducting administrative disqualification hearings.

3. Title 7 CFR § 273.9 (b)(2)(i) provides for income eligibility standards and provides in part; types of unearned income are included in the calculation of the SNAP allotment; Assistance payments from Federal or federally aided public assistance programs, such as supplemental security income (SSI) or Temporary Assistance for Needy Families (TANF); general assistance (GA) programs (as defined in §271.2); or other assistance programs based on need.
4. Uniform Policy Manual ("UPM") § 5005 (A) (1) provides that the Department counts the assistance unit's available income, and that income is considered available if it is received directly by the assistance unit.
5. The Department correctly determined that the Appellant's earnings must be included when calculating the SNAP benefits for the assistance unit.
6. Title 7 CFR § 273.18 (c)(1)(A) and (C) provide that the actual steps for calculating a claim of overpayment are to determine the correct amount of benefits for each month that a household received an overpayment and subtract the correct amount from the amount actually received.
7. UPM § 6010.10 (B) (1) provides that the retrospective method is used to calculate benefits in all months after the initial month of eligibility.
8. UPM § 7000.01 provides the definition of an overpayment and states that an overpayment is the amount of financial or medical assistance paid to or on behalf of the assistance unit, or the amount of the Food Stamp allotment issued to an assistance unit, in excess of the amount to which the unit is properly entitled.
9. UPM § 7045.15 A provides for the computation of Food Stamp Overpayments and speaks to the general description of the process. The Department computes the amount of the overpayment by comparing the amount of the benefit which the assistance unit received and cashed during a month or series of months to the amount the assistance unit should have received during that period.

The following chart reflects the calculation of overpayments:

Month	SNAP Issuance	Correct Issuance	SNAP OP's
2019	\$353.00	\$0.00	\$353.00
2019	\$353.00	\$0.00	\$353.00
2019	\$353.00	\$0.00	\$353.00
2019	\$353.00	\$0.00	\$353.00

Total SNAP overpayment amount \$1412.00 ($\$353.00 * 4 = \$1,412.00$).


10. The Department correctly determined that the Appellant had an overpayment of SNAP benefits for the months of [REDACTED] 2019 through [REDACTED] 2019.
11. The Department correctly determined that the Appellant is liable to repay \$1412.00 in overpaid SNAP benefits that she received for the months of [REDACTED] 2019 through [REDACTED] 2019.

DISCUSSION

The evidence indicates that the Appellant's earnings exceeded the income limits for the SNAP program and that she was overpaid in SNAP benefits. The Appellant received SNAP benefits in [REDACTED] 2019 through [REDACTED] 2019 in error and per the regulations, is responsible for repaying such benefits. The Appellant testified during the hearing that she was in agreement with the Department's findings and was inquiring on repayment options. The Appellant is encouraged to contact the Department of Administrative Services to discuss her repayment options.

DECISION

The Appellant's appeal is DENIED.


Veronica King
Hearing Officer

CC: Carol Sue, Operations Manager, Danbury Regional Office
Evan Carroll, Fair Hearing Liaison, Danbury Regional Office

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 060105-3725.

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 06105-3725. 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.