

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

CL ID # ██████████  
Hearing Request # 145313

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2019, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ ██████████ (the “Appellant”) advising her that her Supplemental Nutrition Assistance Program (“SNAP”) benefits would increase from \$73 per month to \$83 per month effective in ██████████ 2019, and would then decrease to \$72 per month for ██████████ 2019 and ongoing.

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

On ██████████ ██████████, 2019, OLCRAH issued a Notice scheduling the telephone 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 a telephone administrative hearing. The following individuals were present at the hearing:

██████████, Appellant  
Aneilyse Boebel, Department's Representative  
Marci Ostroski, Hearing Officer

The hearing record was left open for submission of additional evidence from the Department. Exhibits were received and the record closed on ██████████, 2019.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department was correct in its recalculation of the Appellant's SNAP benefits for the months of ██████████ and ██████████ 2019.

### **FINDINGS OF FACT**

1. The Appellant was a recipient of SNAP as a household of one. She received a benefit of \$73.00 per month since ██████████ 2019. (Ex. 1: Notice of Action, ██████████/19)
2. The Appellant receives a gross monthly Social Security benefit of \$1043.00 per month and a pension of \$91.49 per month. (Ex. 1: Notice of Action ██████████/19, Ex. 4: Unearned Income Details)
3. The Appellant is 75 years old (D.O.B. ██████████) and is disabled. (Appellant's testimony)
4. The Appellant pays \$321.00 per month in rent and is responsible for utilities. The Department gave the Appellant the Standard Utility Allowance. (Ex. 1: Notice of Action, ██████████/19, Ex. 5: Shelter Expenses)
5. On ██████████ 2019, the Appellant provided a letter dated ██████████, 2019, to the Department from ██████████, APRN, from ██████████ ██████████ which stated that the Appellant is advised to take Ensure twice daily due to previous treatment of medical conditions. (Ex. 2: UCONN Health Letter, ██████████/19)
6. On ██████████, 2019, the Appellant provided to the Department two receipts from a pharmacy showing purchases of Ensure on ██████████ 2019 and ██████████, 2019 totaling \$59.94. (Hearing Summary, Ex. 6: Medical Expenses)
7. On ██████████, 2019, the Department updated the Appellant's SNAP case with the out of pocket medical expenses as a one-time credit for the month of ██████████ 2019 only. (Hearing Summary, Ex. 1: Notice of Action ██████████/19)
8. On ██████████, 2019, the Department sent the Appellant a Notice of Action advising that her SNAP benefits would be increased to \$83.00 for ██████████ 2019 and reduced to \$72.00 effective ██████████ 2019 and ongoing. (Ex.1: Notice of Action, ██████████/19)

9. 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 [REDACTED] 2019. Therefore, this decision was due no later than [REDACTED] 2019, 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. Title 7 CFR § 271.2 provides for the definition of elderly or disabled member to include individuals who are 60 years of age or older
3. The Appellant is considered an elderly or disabled member for purposes of the SNAP program, because she is 75 years old.
4. Title 7 of the Code of Federal Regulations (“CFR”) § 279.3(b)(2)(ii) provides for counting pensions and social security benefits as unearned income.
5. “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 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 2017 Conn. 601, 573 A.2d 712 (1990)).
6. Uniform Policy Manual (“UPM”) § 5050.09(A) provides that payments received by the assistance unit from annuity plans, pensions and trusts are considered unearned income.
7. 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.
8. The Department correctly included the Appellant’s Social Security and pension income in the calculation of SNAP.
9. 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 \$ 160.00 per month; {effective October 2017}
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.

10. The Department correctly applied the \$164.00 standard deduction to the total income of \$1134.49 (\$91.49 pension + 1044.00 Social Security income = 1134.49) to determine the amount of the Appellant's household adjusted gross income of \$970.49.

11. Title 7 CFR § 273.9(d)(1)&(3) provides for standard deductions and excess medical deductions.

12. 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.

13. The Department correctly determined that the counted medical deduction was \$24.94 (\$59.94-\$35.00).

14. UPM § 5000.01 provides the definition of an elderly person – Food Stamp Program and states that an elderly person in the context used by the Food Stamp Program, means a person who is sixty or more years of age.
15. UPM § 5035.15 (E) provides that members of the assistance unit who are elderly or disabled are allowed medical expenses as deductions. An elderly or disabled assistance unit member who provides an estimate of the medical expenses he or she expects to incur over a certification period that does not exceed twelve months can choose to have medical expenses averaged over the certification period.

In part, the incurred or anticipated medical expenses which may be deducted are limited to the following:

- . prescription and nonprescription medications when prescribed or recommended as treatment for a condition by a licensed practitioner authorized under State law; and the cost of postage for purchasing prescription medications by mail;
16. Title 7 CFR § 273.2 (f) (5)(i) provides in part that the household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information.
  17. Title 7 CFR § 273.2 (f) (1)(iv) provides for mandatory verification and states the amount of any medical expenses (including the amount of reimbursements) deductible under §273.9(d)(3) shall be verified prior to initial certification. Verification of other factors, such as the allowability of services provided or the eligibility of the person incurring the cost, shall be required if questionable.
  18. UPM § 1010.05 (A) (1) provides that the assistance unit must supply the Department in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits.
  19. UPM § 5099.10 provides that deductions are subtracted from counted income subject to a verification of the costs by the assistance unit. Verification is not mandatory except as a condition of having the expense used as a deduction. Verification is provided when the deduction is initially claimed and, thereafter, at each time the amount of applied income is recalculated. Failure to provide verification when requested precludes continued deduction of the expense.
  20. UPM § 5099.10 1 provides for verification of medical deductions for SNAP benefits and states that the Department will estimate at certification a recipient's recurring medical expenses for the certification period based upon the recipient's current verified medical expenses, and any available information about the recipient's medical condition, and any available information about public or private medical insurance coverage.

21. The Appellant correctly supplied the Department with verification of medical expenses.
22. The Department correctly allowed the medical expense of \$24.94 (\$59.94-\$35.00) for the month of ██████████ 2019
23. The Department incorrectly did not calculate the expense as recurring for the months of ██████████ 2019 and ongoing.
24. Title 7 CFR § 273.9(d)(6)(ii) provides for excess shelter deduction.
25. 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;
26. Title 7 CFR § 273.9(d)(6)(iii) provides for the standard utility allowances.
27. 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.
28. The Standard Utility Allowance is \$736.00 effective October 1, ██████████.
29. Title 7 CFR § 271.2 provides for the maximum shelter deduction.

30. UPM § 5035.15(F)(10) provides that for those units which do not have any members who are elderly or disabled, a maximum shelter hardship is revised annually effective October 1. (Maximum shelter hardship effective October 1, [REDACTED], is \$552.00).
31. The Appellant's shelter costs totaled \$1057.00 (\$321.00 (rent) + \$736.00 (Standard Utility Allowance) = \$1057.00)
32. Title 7 CFR § 273.10(e)(2)(ii)(A)(1) provides for the monthly SNAP benefit calculation.
33. 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.
34. Effective [REDACTED] 2019, the Appellant's SNAP benefits are computed as follows:

<b><u>SNAP BENEFIT CALCULATION</u></b>	
<b><u>INCOME</u></b>	
Earned Income	\$0.00
Less 20 percent	-\$0.00
<b>= Adjusted earned income</b>	<b>\$0.00</b>
+ Unearned income	\$1134.49
<b>= Total income</b>	<b><u>\$1134.49</u></b>
- Standard deduction	-\$164.00
- Medical expenses	-\$24.94
-Dependent care expenses	\$0.00
<b>=Adjusted gross income</b>	<b>\$945.55</b>
<b><u>SHELTER COSTS</u></b>	
Rent	\$321.00
+ SUA	<u>\$736.00</u>
<b>Total shelter costs</b>	<b>\$1057.00</b>
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$1057.00
Less 50% of adjusted gross income	<u>-\$472.78</u>
<b>= Total shelter hardship</b> <small>(max \$552 if not disabled or elderly)</small>	<b>\$584.22</b>
<b><u>ADJUSTED NET INCOME</u></b>	
Adjusted gross income	\$945.55
Less shelter hardship	<u>-\$584.22</u>
<b>Net Adjusted Income (NAI)</b>	<b>\$361.33</b>
<b><u>BENEFIT CALCULATION</u></b>	
Thrifty Food Plan for one	\$192.00

person	
Less 30% of NAI (rounded up to nearest whole dollar)	<u>\$109.00</u>
<b>SNAP award</b>	<b>\$83.00</b>

35. The Appellant's SNAP benefit effective [REDACTED] 2019 and ongoing is \$83.00

### DISCUSSION

The Appellant reported and submitted verification of recurring medical expenses in [REDACTED] 2019. The Department correctly calculated the Appellant's [REDACTED] SNAP benefit amount using \$24.94 in medical expenses however failed to apply the deduction for the ongoing months even though the documentation clearly reflects this is a recurring medical expense.

The regulations state that medical expense deductions will be estimated based on current medical expenses and available information regarding the recipient's medical condition. The Department was correct to calculate the medical expense deduction based on the receipts she had provided at the time of the recalculation of SNAP benefit. The Appellant reported that she had additional receipts reflecting additional out of pocket medical expenses that had not been provided to the Department. The Appellant is encouraged to provide any additional receipts she has to the Department for a recalculation of her ongoing medical expenses.

### DECISION

The Appellant's appeal regarding the amount of SNAP benefits for [REDACTED] 2019 is **DENIED**

The Appellant's appeal regarding the amount of SNAP benefits for [REDACTED] 2019 and ongoing is **GRANTED**



**ORDER**

1. The Department is to recalculate the Appellant's SNAP benefits for [REDACTED] of 2019 and ongoing with the inclusion of the previously verified medical expenses.
2. Compliance with this order is due back to the undersigned no later than [REDACTED] 2019



\_\_\_\_\_  
Marci Ostroski  
Hearing Officer

CC: Musa Mohamud, Judy Williams, Jessica Carol, DSS Operations Managers,  
Hartford Regional Office  
Jay Bartolomei, Fair Hearings Liaison Supervisor  
Anellyse Boebel, Connecticut Careers Trainee

### **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 Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

### **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 his 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.