

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

[REDACTED]
[REDACTED] Confirmation

[REDACTED]
Hearing Request # 148928

NOTICE OF DECISION

PARTY

PROCEDURAL BACKGROUND

On [REDACTED], the Department of Social Services (the "Department") issued a Notice of Action to [REDACTED] (the "Appellant") advising her that her Supplemental Nutrition Assistance Program ("SNAP") benefits would be reduced from \$250.00 to \$104.00 per month, effective [REDACTED] 2019.

On [REDACTED], 2019, the Appellant requested an administrative hearing because she disagrees with the Department's decision to reduce her SNAP benefits.

On [REDACTED] 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED], 2019.

On [REDACTED] 2019, the Appellant requested a continuance which OLCRAH granted.

On [REDACTED], 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] 2019.

On [REDACTED] 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:

[REDACTED], the Appellant
Joseph Alexander, Department's Representative

Thomas Monahan, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the Appellant's November 2019 SNAP benefits.

FINDINGS OF FACT

1. The Appellant's household consists of herself and her [REDACTED] year old child. (Appellant's testimony)
2. On [REDACTED], 2019, the Appellant submitted her SNAP recertification form to the Department. (Exhibit 1: Renewal form)
3. The Appellant is employed at [REDACTED]. On [REDACTED] 2019 the Appellant submitted verification of her bi-weekly wages as follows: \$985.00 for [REDACTED] 2019 and \$992.67 for [REDACTED] 2019. (Exhibit 2: Case notes, Exhibit 3: Wage stubs)
4. The household receives the twenty percent earned income deduction. (Exhibit 6: SNAP computation sheet)
5. The household of two receives the standard income deduction of \$167.00. (Exhibit 6: SNAP computation sheet)
6. The Appellant is eligible for the standard utility allowance. (Hearing record)
7. The Appellant pays child care expenses of \$129.00 per month. (Hearing record, Exhibit 6: SNAP computation sheet)
8. The Appellant's monthly rent is \$600.00. (Hearing record)
9. On [REDACTED] 2019, the Department completed the Appellant's SNAP recertification and found the Appellant eligible for \$104.00 per month effective [REDACTED], the beginning of the new certification period. (Exhibit 8: Notice of Action)
10. The Appellant did not submit any other wages other than her two [REDACTED] paystubs to the Department. (Appellant's testimony)

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 of the Code of Federal Regulations ("CFR") § 273.9 and Uniform Policy Manual (UPM) § 2545.05(A) provide for an assistance's unit categorically eligibility for the Food Stamp (SNAP) program.
3. Regulation provides that an assistance unit is considered categorically eligible for the SNAP program if:
 1. all members of the assistance unit receive or are authorized to receive benefits under one or more of the following cash assistance programs:
 - a. TFA, including diversion assistance;
 - b. AABD;
 - c. SSI (except if the individual does not meet the Food Stamp technical requirement of citizenship status);
 - d. SAGA individual or family assistance;
 - e. Refugee Assistance
 2. at least one member of the assistance unit receives or is authorized to receive TANF-funded services under the Help for People in Need Program.
 3. the assistance unit meets the criteria in section 2545.05 A.1, but payment of benefits or services is not being made because:
 - a. The cash benefits or TANF-funded services are being recouped;
 - b. The cash benefits amount to less than ten (\$10.00) dollars;
 - c. The cash benefit or TANF-funded service is temporarily suspended due to income received in a prior budget month, under retrospective budgeting; and
 4. none of the assistance unit's members have been disqualified, as follows:
 - a. the assistance unit has not been disqualified from SNAP because of failure to comply with any of the following requirements:
 - (1) work registration, participation, or job search;
 - (2) voluntary quit; or

b. an individual in the household has not been disqualified from SNAP for:

- (1) committing an intentional program violation; or
- (2) failure to comply with the requirements of work registration, participation or job search.

UPM § 2545.05(A)

4. Title 7 CFR § 273.9(a) provides that participation in the Program 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 the Food Stamp Program. 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 the Food Stamp Program. Households which are categorically eligible as defined in §273.2(j)(2) or 273.2(j)(4) do not have to meet either the gross or net income eligibility standards. The net and gross income eligibility standards shall be based on the Federal income poverty levels established as provided in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
5. Uniform Policy Manual ("UPM") § 5520.40 provide that income eligibility for the SNAP is determined either through the use of SNAP gross and applied income tests or through meeting the eligibility requirements for TFA (including diversion assistance), AFDC, AABD, GA, SAGA, refugee assistance, or SSI.
 - A. Gross Income Eligibility Test
 1. The Gross Income Eligibility test is used for all units except those which:
 - a. include one or more persons who are elderly or disabled; or
 - b. are categorically eligible for FS benefits.
 2. When the Gross Income Test is used, the assistance unit's gross monthly income is compared to a limit which is equal to 130% of the Food Stamp Applied Income Limit (FSAIL) for the number of persons in the needs group:
 - a. If the unit's total gross income exceeds the standard, the unit is not eligible for Food Stamps benefits.
 - b. If the unit's gross income equals or is less than the limit, the unit's applied income is then subjected to the Applied Income Test.
6. Per an email from Mark Shok, Adult Services Program Manager, dated June 19, 2009, the Department implemented SNAP changes referred to as Expanded Categorical

Eligibility ("ECE") effective July 1, 2009 in which the gross income limit for SNAP increased to 185% of the Federal Poverty Level ("FPL") for SNAP households that do not contain an elderly or disabled member.

7. The Department correctly determined that the Appellant is not categorically eligible for SNAP benefits under UPM § 2545.05 as all household members are not receiving TFA (including diversion assistance), AFDC, AABD, GA, SAGA, refugee assistance, or SSI.
8. The Department correctly determined that the Appellant is subject to the SNAP ECE 185% of FPL Gross Income Test.
9. 185% of the FPL in [REDACTED] is \$2,607.00.00 monthly. *Federal Register*, Vol. 84, FR. 1167 1/11/19, pp. 1167-1168.
10. The Appellant's gross income is under the ECE limit.
11. Title 7 of the Code of Federal Regulations (CFR) § 273.10(c)(1)(ii) & (c)(2)(i) provide for converting income into monthly amounts.

Uniform Policy Manual (UPM) § 5025.05(A)(1) provides for converting income to monthly amounts and states for past months the Department uses the exact amount of the unit's available income received or deemed in the month.

Or

Uniform Policy Manual ("UPM") § 5025.05(B)(2)(a) provides that if income is received on other than a monthly basis, the estimate of income is calculated by multiplying 4.3 by a representative weekly amount that is determined as follows: a. if income is the same each week, the regular weekly income is the representative weekly amount.

12. The Department correctly determined that the Appellant's monthly gross earned income was $\$2,126.01$ $\$985.00 + \$992.67 = \$1,977.67 / 4 \text{ weeks} = \$464.42 \times 4.3 \text{ weeks} = \$2,126.00$
13. Title 7 CFR § 273.9(d)(1)&(3) provides for standard deductions and excess medical deductions.

Regulation 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.

The incurred or anticipated medical expenses which may be deducted are limited to the following:

- a. medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional;
- b. hospitalization or outpatient treatment, nursing care, and care in a long term care facility recognized by the State. These

expenses include payments made by the assistance unit to a facility on behalf of someone who was an assistance unit member at the time of admission to facility;

- c. 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;
- d. purchase or rental of prescribed medical supplies and sick room equipment;
- e. premiums for health and hospitalization insurance except for those which are written to provide lump-sum settlements in the event of death or dismemberment or to protect and maintain income;
- f. premiums for Medicare under Title XVIII of the Social Security Act;
- g. medical expenses paid by the applicant or recipient under Medicaid spenddown or cost-sharing requirements;
- h. dentures, hearing aids, and prosthetics;
- i. securing and maintaining a seeing eye or hearing dog including the cost of dog food and veterinarian bills;
- j. eye glasses prescribed by physician skilled in eye disease or by an optometrist;
- k. reasonable cost for transportation and lodging necessary to obtaining medical treatment or services;
- l. services of an attendant, homemaker, home health aid, child care provider, or housekeeper necessitated by age, infirmity, or illness of a unit member. The amount of this expense includes an amount equal to the one-person coupon allotment if the assistance unit provides the majority of the person's meals.

Each assistance unit which qualifies to have medical expenses treated as deductions is responsible for meeting the initial \$35 of expenses each month.

UPM § 5035.15(E)

14. The Appellant is not elderly or disabled.

15. Regulation 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 October 1, 2019}
 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.

UPM § 5045.15

16. The Department correctly applied the 20% earned income deduction, the \$167.00 standard deduction and the \$129.00 dependent care deduction to the Appellant's total income and determined that adjusted gross income to be \$1,404.80 (\$2,126.00 – \$425.20 [20%] - \$167.00- \$129.00).
17. Title 7 CFR § 273.9(d)(6)(ii) provides for 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;

18. Title 7 CFR § 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.

For those units which do not have any members who are elderly or disabled, a maximum shelter hardship deduction which is established by the USDA is allowed. The maximum shelter hardship is revised annually effective October 1. The maximum shelter hardship effective October 1, 2019 is \$569.00. UPM 5035.15(F)(10)

19. The Department correctly determined the Appellant's verified shelter costs are \$1,336.00. (\$600.00 rent + \$736.00 Standard Utility Allowance).

20. The Appellant's shelter hardship is \$569.00, the maximum allowed (\$1,336.00 shelter exp. - \$702.40 [50% of adj. gross income] = \$633.36).

21. The Appellant's applied income is \$835.80 (1,404.80 adj. gross - \$569.00 shel hardship).

22. Title 7 CFR § 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.

23. The Department correctly determined that 30% of the Appellant's net adjusted income, rounded up, was \$251.00. ($\$835.80 \times 30\%$)

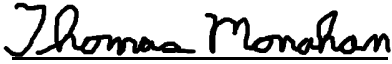
24. Effective [REDACTED], the Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION	
INCOME	
Earned income	\$2,2126.00
20% deduction	<u>-\$425.20</u>
Total income	<u>\$1,700.80</u>
Less standard deduction	-\$167.00
Dependent care Exp.	-\$129.00
Adjusted gross income	\$1,404.80
SHELTER COSTS	
Rent	\$600.00
SUA	<u>+\$736.00</u>
Total shelter costs	\$1,336.00
SHELTER HARDSHIP	
Shelter costs	\$1,336.00
Less 50% of adjusted gross income	<u>-\$702.40</u>
	<u>636.60</u>
Total shelter hardship	\$569.00
Max Allowable	
ADJUSTED NET INCOME	
Adjusted gross income	\$1,404.80
Less shelter hardship	<u>-\$569.00</u>
Net Adjusted Income (NAI)	\$835.80
BENEFIT CALCULATION	
Thrifty Food Plan for 2 Person eff. 10/1/17	\$355.00
Less 30% of NAI	<u>-\$251.00</u>
SNAP award 11/1/19	\$104.00

25. The Department correctly calculated the Appellant's SNAP benefit amount of \$104.00, effective [REDACTED] 2019.

DECISION

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


Thomas Monahan
Thomas Monahan
Hearing Officer

C: Fred Presnick, Operations Manager, Bridgeport Regional Office
Yecenia Acosta, Operations Manager, Bridgeport Regional Office
Tim Latifi, Operations Manager, Bridgeport Regional Office
Joseph Alexander, Hearing Liaison

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 06105-3725.

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 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.