

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

██████████
██████████
Request # 150019

NOTICE OF DECISION
PARTY

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PROCEDURAL BACKGROUND

██████████, 2019, the Department of Social Services (the "Department") issued ██████████ (the "Appellant") a Notice of Action ("NOA") changing his benefit under the Supplemental Nutrition Assistance Program ("SNAP") from \$190.00 per month to \$184.00 per month effective ██████████ 2020.

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

██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2020.

██████████ 2020, the Appellant requested a telephone hearing.

██████████, 2020, OLCRAH issued a notice rescheduling the telephone administrative hearing for ██████████ 2020.

██████████, 2020, 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
Garfield White, Department's Representative

Veronica King, Hearing Officer

The record was left open for the submission of the additional documents. On [REDACTED], 2020, the record closed.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. The Appellant is a recipient of the SNAP benefits. He lives by himself and has a SNAP household of one. (Appellant's Testimony and Department's Representative Testimony)
2. [REDACTED] [REDACTED] [REDACTED] 2019, the Department interfaced with Social Security Administration. Starting [REDACTED] 2020, the Appellant's monthly gross unearned income increased from \$791.00 (Supplemental Security Income "SSI" \$661.00 + Social Security Disability "SSDI" \$130.00) to \$803.00 (SSI \$671.00 + SSDI \$132.00). (Exhibit 4: NOA, [REDACTED] and Hearing Record)
3. [REDACTED], 2019, the Department determined that the Appellant's monthly total gross countable income was \$803.00, effective [REDACTED] 2020. (Exhibit 2)
4. The Appellant has a total rent obligation of \$187.00 per month and pays for heating. (Exhibit 1: Case Notes)
5. The Appellant doesn't have any child support obligation. (Appellant's Testimony)
6. The Appellant received \$190.00 in SNAP benefits in [REDACTED] 2019. (Exhibit 6: Eligibility Determination Results and Exhibit 4)
7. [REDACTED], 2019, the Department sent the Appellant an NOA advising him that his SNAP benefits were changing and that he would receive a monthly benefit of \$184.00 beginning [REDACTED] 2020. (Exhibit 4)
8. 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 is due not later than [REDACTED] 2020. However, the hearing, which was originally scheduled for [REDACTED] 2020, was rescheduled for [REDACTED], 2020, at the request of the Appellant, which caused a 20-day delay. Because this 20-day delay resulted from

the Appellant's request, this decision is not due until [REDACTED], 2020, and is therefore timely." (Hearing Record)

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 is the equivalent of 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*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. 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.

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.

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.

4. The Department correctly included the Appellant's Social Security unearned income in the calculation of SNAP.
5. The Department correctly determined that on [REDACTED] 2020, the Appellant's household monthly gross unearned income was \$803.00 (SSI \$671.00 + SSD \$132.00)
6. Title 7 CFR § 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 October 2018}
 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.
7. The Department correctly applied the \$167.00 standard deduction to the total gross unearned income of \$803.00 to determine the amount of the Appellant's household adjusted gross income of \$636.00 (\$803 - \$167).
8. 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;
9. 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.

The Standard Utility Allowance ("SUA") is \$736.00 effective October 1, 2018.

10. Title 7 CFR § 271.2 provides for the maximum shelter deduction.

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, 2018, is \$552.00).

11. The Department correctly applied the \$736.00 SUA when calculating the Appellant's total shelter cost.

12. The Appellant's shelter costs totaled \$923 (\$187 rent + \$736.00 SUA).

13. 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.

14. Effective [REDACTED] 2020, the Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION

<u>INCOME</u>	
Earned Income	\$0.00
Less 20 percent	-\$0.00
= Adjusted earned income	\$0.00
+ Unearned income	\$803.00
= Total income	<u>\$803.00</u>
- Standard deduction	-\$167.00
- Medical expenses	\$0.00
-Dependent care expenses	\$0.00
=Adjusted gross income	\$636.00
<u>SHELTER COSTS</u>	
Rent	\$187.00
+ SUA	<u>\$736.00</u>
Total shelter costs	\$923.00
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$923.00
Less 50% of adjusted gross income	<u>-\$318.00</u>
= Total shelter hardship <small>(max \$552 if not disabled or elderly)</small>	\$605.00
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$636.00
Less shelter hardship	<u>-\$605.00</u>
Net Adjusted Income (NAI)	\$31.00
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for one person	\$194
Less 30% of NAI (rounded up to nearest whole dollar)	<u>\$10</u>
SNAP award	\$184.00

15. The Department correctly determined the Appellant's [REDACTED] 2020 benefit equals \$184.00.

DISCUSSION

The Appellant's SNAP benefit is based on many factors. These include, but are not limited to laws and regulations, his income and certain allowable expenses. SNAP benefits may fluctuate when there are changes in any of these factors.

The Appellant argued that his unearned income is not enough to pay his expenses and to provide for his children when they come to visit. At the hearing, the Appellant reported that he has medical expenses. The Appellant was encouraged to report his recurrent medical expenses to the Department and provide verifications for calculation of ongoing eligibility.

DECISION

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

Veronica King
Hearing Officer

Cc: Musa Mohamud, Judy Williams, Jessica Carroll, DSS Operations Manager, RO #10 Hartford.
Jay Bartolomei, DSS Liaison Supervisor, RO #10 Hartford
Garfield White, Fair Hearing Liaison, DSS, RO #10 Hartford

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.