

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 #150120

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2019 and ██████████, 2019, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") stating that ██████████ (the "Appellant") was entitled to \$16.00 in Supplemental Nutrition Assistance Program ("SNAP") benefits.

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

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

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

On ██████████, 2020, 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 participated with the telephone hearing:

██████████, Appellant
Christopher Filek, Department's Representative
Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED], 2019, the Appellant submitted to the Department an application for SNAP benefits. (Summary)
2. The Appellant is applying for SNAP benefits for a household of one person. (Summary)
3. The Appellant is [REDACTED] years old. (Appellant's Testimony)
4. The Appellant is disabled.
5. The Appellant is a recipient of SSDI benefits.
6. The Appellant's monthly Social Security Disability Income ("SSDI") income is \$1,577.00. (Exhibit 1: Department's SNAP Computation Sheet, Appellant's Testimony)
7. The Appellant pays \$600.00 per month for rent. (Exhibit 2: Department's Case Notes printout)
8. The Department is crediting the Appellant the Standard Utility Allowance ("SUA") for heat and utilities. (Exhibit 1: Department's SNAP Computation Sheet)
9. The Appellant pays monthly child support payments of \$43.50. (Exhibit 1, Exhibit 5)
10. On December 12, 2019, the Appellant reported that his rent increased to \$635.00. At the hearing the Appellant stated his rent has not yet increased. (Exhibit 1, Appellant's Testimony)
11. The Appellant's rental amount changing by \$35.00 is not sufficient enough to change the Appellant's benefit amount. (Department's Testimony)
12. The Appellant pays out of pocket medical expenses. The Appellant advised to submit medical expenses to the Department for review. At the time of the hearing the Department had none on file for the Appellant. (Department's Testimony, Appellant's Testimony)
13. The Department calculated SNAP benefits of \$16.00 for a household of one. (Summary, Exhibit 3: NOA dated [REDACTED]-19, [REDACTED]-19)

14. 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 17-day delay. Because this 17-day delay resulted from the Appellant's request, this decision is not due until [REDACTED], 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.

"The department's uniform policy manual 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 Maintenance*, 214 Conn. 601, 573 A.2d (1990)).

2. Title 7 CFR § 273.9 (b) (2) (i) (ii) provides payments from Social Security Benefits are treated as countable income in determine SNAP benefits.
UPM 5050.13(A) (1)
3. The Department correctly determined that the Appellant's gross monthly income from Social Security is \$1,577.00.
4. 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) provides for converting income to monthly amounts and states:

1. 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(A)(2)(a)(b) provides the Department uses the best estimate of the amount of income the unit will have, if the exact amount is unknown. This estimate is based upon: information about what the unit received in similar past periods of time and a reasonable anticipation of what circumstances will exist to affect the receipt of income in future months.

5. The Department correctly determined that the Appellant's monthly gross unearned income is \$1,577.00.
6. Title 7 CFR § 273.9(d)(1)&(2) provides for standard deductions and earned income deductions.
7. 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.

8. The Department verified through CCSES that the Appellant pays monthly Child Support payments of \$43.50.
9. The Department correctly applied the \$167.00 standard deduction and child support payments of \$43.50 to the total income of \$1,577.00 to determine the amount of the Appellant's household adjusted gross income of \$1,366.50 ($\$1,577.00 - \$167.00 - \43.50 equals $\$1,366.50$)
10. Title 7 CFR § 273.9(d)(6)(ii) provides for excess shelter deduction.
11. 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;
12. 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.
13. Effective October 1, 2019 the Standard Utility Allowance ("SUA") equals \$736.00.

14. The Department correctly determined the Appellant's shelter costs were \$1,371.00 (Rent + SUA).
15. UPM 5035.15 E provides for medical expenses as deductions.
 1. Members of the assistance unit who are elderly or disabled are allowed medical expenses as deductions.
 2. 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.
 3. When the only elderly or disabled member of a unit of two or more persons is disqualified, the medical expenses of the disqualified person are either:
 - a. allowed as the unit's expenses, less \$35, when the disqualification is pursuant to an intentional program violation(IPV); or
 - b. no longer allowed as a deduction for the remaining unit members when the disqualification is pursuant to a reason other than IPV.
 4. 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
 - 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 aide, 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.
5. When the assistance unit incurs an expense that qualifies as both a medical expense and as a dependent care expense, it is treated as a medical deduction.
 6. Each assistance unit which qualifies to have medical expenses treated as deductions is responsible for meeting the initial \$35 of expenses each month.
 7. Eligible residents of group homes who make a single payment for room, meals and medical expenses are allowed a deduction if the medical expense can be identified separately.
16. The Appellant as of the hearing date has not provided the Department with documented medical expenses.
 17. 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 deduction, which is established by the USDA, is allowed. The maximum shelter hardship is revised annually effective October 1. (Maximum effective October 2019 is \$569.00)
 18. The Department correctly determined the Appellant's shelter hardship was \$687.75.
 19. The Department correctly determined the Appellant's applied income was \$1,366.50.
 20. 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.
 21. The Department correctly determined that 30% of the Appellant's net adjusted income, rounded up, was \$204.00.
 22. The Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION

<u>INCOME</u>	
Earned Income	\$0.00
Less 20%	<u>\$0.00</u>
Total	<u>\$0.00</u>
Unearned Income	<u>\$1,577.00</u>
Total	\$1,577.00
Less standard deduction (\$167.00) for one person	\$167.00
Child Support payments	\$43.50
Adjusted gross income	\$1,366.50
<u>SHELTER COSTS</u>	
Rent	\$635.00
SUA	<u>\$736.00</u>
Total shelter costs	<u>\$1,371.00</u>
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$1,371.00
Less 50% of adjusted gross income	<u>-\$683.25</u>
Total shelter hardship	\$687.75 <small>(Cannot exceed \$569 (unless elderly or disabled))</small>
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$1,366.50
Less shelter hardship	<u>-\$687.75</u>
Net Adjusted Income (NAI)	\$678.75
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for One Persons	\$194.00
Less 30% of NAI	<u>-\$204.00</u>
SNAP award	\$0.00

23. 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.

B. Applied Income Eligibility Test

1. Income eligibility is determined on the basis of the assistance unit's total monthly applied income:
 - a. including those units which are not subjected to the Gross Income Eligibility Test; and
 - b. excluding those units which are considered categorically eligible for FS benefits.
 2. The unit's total monthly applied income is compared to an amount equivalent to the Food Stamp Applied Income Limit ("FSAIL") for the respective unit size:
 - a. If the total applied income exceeds the FSAIL, the unit is not eligible for Food Stamps benefits;
 - b. If the total applied income equals or is less than the FSAIL, the unit is eligible.
24. The Department correctly determined that the Appellant's applied income is less than the FSAIL limit for one person.
25. UPM § 6020.15(C)(2)(a) provides that in SNAP, in all months except the initial month of eligibility: assistance units consisting of 1 or 2 members which have a calculated benefit amount of less than the minimum amount established by the Food and Nutrition Act of 2008, which is equal to 8 percent of the cost of the thrifty food plan for a household containing one member, rounded to the nearest whole dollar increment.
26. The monthly SNAP minimum benefit is \$16.00 effective for October 1, 2019
27. The Department correctly calculated the Appellant's SNAP benefit amount.

DISCUSSION

The Department correctly determined the Appellant's SNAP benefit amount based on his household size, income and deductions. The Appellant stated at the hearing he has out of pocket medical expenses. The Appellant advised to submit the medical expenses to the Department so the Department can review and make a determination of what expenses are allowable as deductions for the SNAP program. .

DECISION

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


Miklos Mencseli
Hearing Officer

C: Brian Sexton, Operations Manager, DSS R.O. # 50 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.

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.