

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

Client ID # ██████████
Request # 150736

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████, 2019, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") explaining that beginning ██████████ 2020, her household's monthly Supplemental Nutrition Assistance Program ("SNAP") allotment would be \$24.00.

On ██████████ 2020, the Appellant requested an administrative hearing to appeal the Department's calculation of her SNAP monthly benefit amount.

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

On ██████████, 2020, in accordance with sections 17b-60, 17-61 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
Lindsay Vallee, Department's representative
James Hinckley, Hearing Officer

STATEMENT OF THE ISSUE

1. The issue is whether the Department correctly determined the Appellant's ongoing monthly allotment of SNAP benefits.

FINDINGS OF FACT

1. The Appellant is a 68 year old woman and is a SNAP household of one person. (Hearing Record)
2. The Department certified the Appellant's household to receive SNAP for the period from [REDACTED] 2018 to [REDACTED], 2020. (Ex. 1: NOA)
3. In [REDACTED] 2019, at an approximate midpoint of the Appellant's two-year SNAP certification period, the Appellant submitted a periodic report form ("PRF") to the Department, as required by program rules. (Testimony, Hearing Record)
4. When the Appellant was initially certified for SNAP her rent was \$289.00 per month. The Appellant's rent increased to \$295.00 per month in [REDACTED] 2019, but the Appellant did not report the increase on her PRF, or report the change outside of the PRF. (Appellant's testimony)
5. The Appellant pays for utilities including gas heat. (Appellant's testimony)
6. As of [REDACTED] 2020, due to a COLA, the Appellant's monthly Social Security benefit increased to \$1,228.00. Social Security is the Appellant's only source of income. (Ex. 2: Unearned Income – Details screen, Appellant's testimony)
7. On [REDACTED] 2019, the Department issued a NOA to the Appellant explaining that, based on her new Social Security amount, her SNAP benefit would change to \$24.00 per month beginning [REDACTED] 2020. (Ex. 1)
8. The Appellant has out of pocket medical expenses. (Appellant's testimony)
9. The Appellant did not report out-of-pocket medical expenses to the Department at her initial SNAP certification, on her PRF, or as a change reported outside of the PRF. (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 in accordance with federal law.
2. Title 7 of the Code Of Federal Regulations ("CFR") Section 273.9 (a) provides, in relevant part, as follows:

- a. 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)).
3. "Eligibility for recertification shall be determined based on circumstances anticipated for the certification period starting the month following the expiration of the current certification period. The level of benefits for recertifications shall be based on the same anticipated circumstances..." 7 CFR § 273.10(a)(2)
4. "At certification and recertification, the household shall report and verify all medical expenses. The household's monthly medical deduction for the certification period shall be based on the information reported and verified by the household, and any anticipated changes in the household's medical expenses that can be reasonably expected to occur during the certification period...If the household voluntarily reports a change in its medical expenses, the State agency shall verify the change...if the change would increase the household's allotment..." 7 CFR § 273.10(a)(4)
5. "If a State agency opts to verify a deductible expense and obtaining the verification may delay the household's certification, the State agency shall advise the household that its eligibility and benefit level may be determined without providing a deduction for the claimed but unverified expense. This provision also applies to the allowance of medical expenses as specified in paragraph (f)(1)(iv) of this section...." 7 CFR § 273.2(f)(3)(ii)
6. "Previously unreported medical expenses...shall also be verified at recertification...." 7 CFR § 273.2(f)(8)(i)
7. For households required to submit a periodic report, "If the household fails to provide sufficient information or verification regarding a deductible expense, the State agency will not terminate the household, but will instead determine the household's benefits without regard to the deduction." 7 CFR § 273.12(a)(5)(iii)(D)

8. Paragraph (d) of 7 CFR § 273.9 provides for the only household expenses which are allowed as income deductions for the SNAP.

7 CFR § 273.9(d)(1) provides for the *standard deduction*.

All SNAP households qualify for the standard deduction. The deduction is currently \$167.00 for a household of one person.

7 CFR § 273.9(d)(3) provides for an *excess medical deduction* equal to “That portion of medical expenses in excess of \$35 per month...incurred by any household member who is elderly or disabled...”

The Appellant does not qualify for an *excess medical deduction* because she has not, to date, reported or verified medical expenses to the Department. SNAP households are not *required* to report medical expenses. But if a household does not report or verify a deductible expense, the household’s benefits are determined without regard to the deduction.

The Appellant does not qualify for the *earned income deduction, dependent care deduction or child support deduction*, which are the remaining deductions allowed under paragraphs (d)(1) to (d)(5) of 7 CFR § 273.9. The figure representing the total deductions the household qualifies for under (d)(1) to (d)(5) of 273.9 is applicable to the next calculation.

7 CFR § 273.9(d)(6)(ii) provides for the *excess shelter deduction*, and provides that the deduction equals the monthly shelter expenses in excess of 50 percent of the household’s income after all other deductions in paragraphs (d)(1) through (d)(5) of 7 CFR § 273.9 have been allowed.

The Appellant’s household qualifies for *one* of the deductions in paragraphs (d)(1) through (d)(5) of 7 CFR § 273.9, the *standard deduction*. After deducting the \$167.00 *standard deduction* from her household’s countable gross income, the remaining income is \$1,061.00 (\$1,228.00 Social Security - \$167.00 *standard deduction* = \$1,061.00).

50% of \$1,061.00 is \$530.50, and is the figure referenced in 7 CFR § 273.9(d)(6)(ii) that is used in the calculation of the *excess shelter deduction*.

7 CFR § 273.9(d)(6) discusses shelter costs and provides that only certain expenses are allowable as shelter expenses, including rent, mortgage, property taxes, insurance on the structure, condo and association fees, and the actual costs of utilities.

The Appellant’s shelter expenses must be calculated based on rent of \$289.00. Even though the Appellant’s *actual* rent is now \$295.00, she never reported the increase to the Department. For the same reason as for the Appellant’s medical expenses, when a deductible expense is not reported or verified, benefits are determined without regard to the deduction. In the

Appellant's case, the \$6.00 increase in her rent is not applied to her benefit calculation.

7 CFR § 273.9(d)(6)(iii) provides for a *standard utility allowance* which may, at State option, be used in place of the actual cost of utilities in determining a household's *excess shelter deduction* and which may be made available both to households that incur actual utility expenses and to those that receive assistance under the LIHEAA (Low Income Home Energy Assistance Act).

The Department allows a standard utility allowance (SUA), currently \$736.00, in place of the actual cost of utilities for qualifying households. The Appellant is responsible to pay for gas heat, thus her household qualifies to have the SUA used in place of her actual utility costs in the calculation of the excess shelter deduction.

The Appellant's shelter expenses are \$1,025.00 (289.00 rent + \$736.00 SUA).

The Appellant's excess shelter deduction is \$494.50 (\$1,025.00 shelter expenses - \$530.50 [50% of income net of allowable deductions provided for in 7 CFR § 273.9(d)(1) through (d)(5)]).

The Appellant's net income after all deductions is \$566.50 (\$1,228.00 total gross income, minus \$167.00 standard deduction, minus \$494.50 excess shelter deduction).

9. 7 CFR § 273.10(e)(2)(ii)(A) provides in relevant part that, "Except as provided in paragraphs (a)(1), (e)(2)(iii) and (e)(2)(vi) of this section, the household's monthly allotment shall be equal to the maximum SNAP allotment for the household's size reduced by 30 percent of the household's net monthly income as calculated in paragraph (e)(1) of this section...."

30% of the Appellant's household's net monthly income is \$170.00 (\$566.50 multiplied by .3 [product is rounded up])

The maximum food stamp allotment (known as the "thrifty food plan") for a household of one person is currently \$194.00.

The thrifty food plan for the Appellant's household size (\$194), reduced by 30% of the Appellant's household's net monthly income (\$170), equals \$24.

The Appellant's household qualifies for a monthly SNAP allotment of \$24.00.


The Department determined the Appellant's ongoing monthly allotment of SNAP benefits correctly.

DISCUSSION

The Appellant has the opportunity at any time to provide information and verification to the Department regarding her out-of-pocket medical expenses and any rent increase. The expenses can be given consideration for SNAP income deductions at that time.

DECISION

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


James Hinckley
Hearing Officer

cc: Yecenia Acosta
Lindsay Vallee

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.