

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

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Request # 161710

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") discontinuing her Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████ 2020.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department's decision to discontinue her SNAP benefits.

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

On ██████████ 2020, the Appellant requested a reschedule of the administrative hearing.

On ██████████, 2020, OLCRAH issued a notice rescheduling 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.

Due to the COVID-19 Pandemic, the administrative hearing was held as a telephonic hearing. The following individuals participated in the hearing:

██████████, Appellant
Nicole Caldwell, Department's Representative
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's SNAP benefits effective ██████████ 2020, was correct.

FINDINGS OF FACT

1. On ██████████ 2020, the Department mailed the Appellant a renewal notice. The notice informed the Appellant that the renewal document was due by ██████████ 2020, and that in order to receive uninterrupted benefits, the form must be received by ██████████, 2020. (Exhibit 4: Notice of Renewal of Eligibility, ██████████/20; Hearing Summary)
2. The Appellant's renewal cycle began in ██████████ 2018 with an end date of ██████████ 2020. (Exhibit 4; Department's Testimony)
3. The Appellant's household consists of one person, the Appellant. She is ██████ years old (DOB ██████████/51). (Appellant's Testimony)
4. On ██████████, 2020, the Department notified the Appellant that they had not received her renewal document. The Appellant was informed that benefits would be terminated effective ██████████, 2020 if the form was not completed. (Exhibit 1: Warning Notice, ██████████/20)
5. On ██████████ 2020, the Department issued an NOA to the Appellant discontinuing her SNAP benefits beginning ██████████ 2020, because she did not complete the renewal process. (Exhibit 2: NOA, ██████████/20)
6. On ██████████ 2020, the Appellant requested an administrative hearing. (Hearing Record)
7. 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 hearing. The Appellant requested an administrative hearing on ██████████ 2020. However, the Appellant requested a reschedule of the hearing which caused a 29-day delay. Because of this 29-

delay, this decision is due not later than [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. Title 7 of the Code of Federal Regulations (“CFR”) § 273.14(a) provides that no household may participate beyond the expiration of the certification period assigned in accordance with § 273.10(f) without a determination of eligibility for a new period. The State agency must establish procedures for notifying households of expiration dates, providing application forms, scheduling interviews, and recertifying eligible households prior to the expiration of certification periods. Households must apply for recertification and comply with interview and verification requirements.
3. “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*, 214 Conn. 601, 573 A.2d 712 (1990)).
4. Uniform Policy Manual (“UPM”) Section 1545.15(A)(1) provides in part that the Department is required to provide assistance units with timely notification of the redetermination.

The Department correctly notified the Appellant that her SNAP renewal must be completed by [REDACTED] 2020.

5. UPM § 1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.
6. UPM §1545.25(D) provides that assistance units that do not complete the redetermination form within the time limits specified in this chapter may be subject to discontinuance and an interruption in benefits.
7. UPM § 1545.35(A)(1) provides that assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions of the redetermination process.
8. UPM § 1545.35(A)(2) provides that the following actions must be timely completed in order to receive uninterrupted benefits:
 - a. The redetermination form must be filed and completed; and

- b. The office interview must be completed, unless exempt from the requirement; and
 - c. Required verification of factors that are conditions of eligibility must be provided.
9. UPM 1545.40(B)(2) provides that SNAP redetermination must be completed by the end of the cycle period.
- a. Eligibility for the FS program is discontinued at the end of the redetermination period in all situations where the redetermination is incomplete and the assistance unit has not been recertified.
 - b. Discontinuance is automatic, regardless of the reason for the incomplete redetermination.
 - c. Good cause is not a consideration in the FS program.

The Appellant did not submit her renewal form prior to the end of her [REDACTED] 2020, redetermination period. On [REDACTED] 2020, the Department correctly discontinued the Appellant's SNAP benefits effective [REDACTED] 2020, for failure to complete the renewal process.

DISCUSSION

The Appellant testified that she reapplied for SNAP in [REDACTED] or [REDACTED] 2020. The Department testified that they received an application from the Appellant on [REDACTED] 2020 that has since been denied for failure to provide information. That application was not received before the [REDACTED] 2020 discontinuance of SNAP benefits. The Department correctly discontinued the Appellant's SNAP benefits effective [REDACTED] 2020, because the Appellant did not complete her renewal by the end of her recertification period.

It is recommended that the Appellant reapply for SNAP.

DECISION

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


Carla Hardy
Hearing Officer

Pc: Yecenia Acosta, Tim Latifi, Nicole Caldwell, Department of Social Services,
Bridgeport Office

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.