

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3730

██████████, 2020  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # 162601

NOTICE OF DECISION  
PARTY

██████████  
██████████  
██████████  
████████████████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the “Department”) issued a Notification of Overpayment and Recoupment to Ebony Cole (the “Appellant”), indicating she had been overpaid in Supplemental Nutrition Assistance Program (“SNAP”) benefits for \$1,700.00 and that she must repay the overpayment.

On ██████████, 2020, the Appellant requested an administrative hearing to contest the Department’s decision to recover such benefits.

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

On ██████████, 2020, at the Appellant’s request, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2020.

On ██████████, 2020, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184 of the Connecticut General Statutes, inclusive, the Department held an administrative hearing via telephone due to COVID 19.

The following individuals were present at the hearing:

██████████, Appellant  
Taneisha Hayes, Department’s Representative  
Swati Sehgal, Hearing Officer

The hearing record remained open for the submission of additional information. Additional information was received and the hearing record was closed on [REDACTED] 2020.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly determined the Appellant was overpaid \$1,700.00 in SNAP benefits and that the Department's proposal to recover the overpaid benefits is correct.

### **FINDINGS OF FACT**

1. The Appellant was receiving SNAP benefits for a household of one. (Appellant's Testimony, Exhibit 5: Periodic Report Form dated [REDACTED]/20)
2. On [REDACTED] 2019, the Department mailed the Appellant a Periodic Report Form with a due date of [REDACTED] 2019. (Hearing Summary, Exhibit 2: Periodic Report Form dated [REDACTED] 20)
3. On [REDACTED], 2019, the Department discontinued the SNAP benefits for failure to complete Periodic Report Form("PRF"). (Hearing Summary)
4. On [REDACTED] 2019, the Appellant contacted the Department to inquire about her SNAP benefits and reported a change of address. The Department issued a PRF to the Appellant's new address. (Hearing Summary, Appellant's Testimony)
5. On [REDACTED] 2019, the Appellant also appeared at the Regional Office and completed and signed PRF in person. The Appellant did not report any income. The Department determined the eligibility and granted the SNAP benefits. (Exhibit 5: PRF dated [REDACTED]/20, Exhibit 6: Notice of Action dated [REDACTED]/20, Exhibit 15: Case Notes)
6. On [REDACTED], 2019, the Department received another PRF completed by the Appellant. No income information was listed on this PRF. (Exhibit 7: PRF signed on [REDACTED]/20)
7. The Department advised the Appellant that her SNAP period of eligibility was [REDACTED]/19 to [REDACTED]/20 and that she must report to the Department if her household's total monthly gross income is more than \$1,354.00 from working or from any other source before taxes and deductions. (Exhibit 6)
8. On [REDACTED] 2020, the Department received W-69, New Hire Match SSN Report. [REDACTED] was listed as the Appellant's employer with a hire date of [REDACTED], 2019. The Department mailed the Appellant a W3015; Your

Information Does not Match Notice. (Exhibit 8: New Hire Matched SSN Report, Hearing Summary, Exhibit 15)

9. The Department did not receive a response from the Appellant. (Hearing Record)

10. On [REDACTED], 2020, the Department Processed the New Hire Matched SSN Report. The Department verified the Appellant's wages from Work Number for [REDACTED]. The Department updated the Appellant's Income, discontinued the SNAP benefits effective [REDACTED], 2020, and created overpayments from [REDACTED] r 2019-[REDACTED] 2020. (Hearing Summary, Exhibit11: Work Number Verification, Exhibit 15)

11. On [REDACTED], 2020, the Department Mailed the Appellant a Notice of Action informing her SNAP benefits will close as of [REDACTED] 2020, because her monthly gross income is more than the limit for the SNAP program. (Exhibit 10: Notice of Action dated [REDACTED]/20)

12. On [REDACTED] 2020, the Department determined that the Appellant received the following wages from Trinity Health Center:

[REDACTED] 2019	[REDACTED] ; \$570.00 + [REDACTED] 9; \$1140.00 = \$1710.00
[REDACTED] 2020	[REDACTED] 20; \$1543.85 + [REDACTED] 20; \$1364.24 = \$2898.09
[REDACTED] 2020	[REDACTED] 0; \$1364.24 + [REDACTED] /20; \$1173.60 = \$2537.84
[REDACTED] 2020	[REDACTED] /20; \$1549.45 + [REDACTED] /20; \$1304.40 = \$2853.85
[REDACTED] 2020	[REDACTED] /20; \$1173.60 + [REDACTED] /20; \$1173.60 = \$2347.20

(Exhibit 11: Work Number Verification for [REDACTED])

13. On [REDACTED] [REDACTED] 2020, the Department's Claims Unit reviewed the Appellant's overpayment and determined overpayment to be incorrect. The Claims Unit found another employment the Appellant failed to report. The Appellant began her employment with [REDACTED] on [REDACTED] 2019. The Department verified the Appellant's [REDACTED] wages from Work Number. (Exhibit 12: Work Number Verification for [REDACTED], Exhibit 15)

14. On [REDACTED] 2020, The Department determined that the Appellant received the following wages from [REDACTED]:

[REDACTED] 2019	[REDACTED] 19; \$223.25 = \$223.25
[REDACTED] 2019	[REDACTED] 19; \$484.50 + [REDACTED] 19; \$384.00 + [REDACTED] 19; \$474.00 + [REDACTED] 19; \$468.00 = \$1810.50
[REDACTED] 2019	[REDACTED] 19; \$369.00 + [REDACTED] 19; \$489.00 + [REDACTED] 0; 459.00 = \$1317.00
[REDACTED] 2019	[REDACTED] 19; \$381.00 + [REDACTED] 19; \$471.00 + [REDACTED] 19; \$489.00 + [REDACTED] 20; \$372.00 + [REDACTED] 20; \$459.00 = \$2172.00
[REDACTED] 2019	[REDACTED] 20; \$489.00 + [REDACTED] 0; \$489.00 + [REDACTED] 20; \$114.00 + [REDACTED] 20; \$372.00 = \$1464.00
[REDACTED] 2019	[REDACTED] 9; 300.00 + [REDACTED] 19; \$396.00 + [REDACTED] /20; \$384.00 = \$1080.00
[REDACTED] 2019	[REDACTED] 9; \$489.00 + [REDACTED] 0; \$513.00 + [REDACTED] 20; \$432.00 + [REDACTED] 20; \$48.00 = \$1482.00



(Exhibit 12: Work Number Verification for [REDACTED])

15. On [REDACTED] 0, 2020, the Claims Unit determined that the Appellant started her employment with [REDACTED] on [REDACTED], 2019, and went over 130% of the Federal Poverty Level in [REDACTED] 2019. The Appellant was required to report her income by [REDACTED] 2019. The Appellant failed to report her income in [REDACTED] 2019 and again in [REDACTED] 2019 when she submitted PRF. (Exhibit 15)

16. The Appellant received the following SNAP benefits:

[REDACTED] 2019	\$192.00
[REDACTED] 2019	\$192.00
[REDACTED] r 2019	\$155.00
[REDACTED] 2019	\$194.00
[REDACTED] 2019	\$194.00
[REDACTED] 2020	\$194.00
[REDACTED] 2020	\$194.00
[REDACTED] 2020	\$194.00
[REDACTED] 2020	\$194.00

(Exhibit 13: Notification of Overpayment and Recoupment and Exhibit 15)

17. The Department recalculated the Appellant's eligibility for the above stated months based on the Appellant's earnings in each of the months and determined that the Appellant was not eligible to receive any SNAP benefits and was overpaid for above listed months. (Exhibit 13)

18. On [REDACTED] 2020, the Claim Unit processed the overpayment and issued a Notification of Overpayment and Recoupment informing the Appellant that she received overpayments of SNAP benefits from [REDACTED] 2019, through [REDACTED] 2020, for \$1700.00. It further stated her options for repaying the overpayment and included a Repayment Form with a due date of [REDACTED] 2020. (Exhibit 13: Notification of Overpayment and Recoupment, Exhibit 15)

19. 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], 2020. This decision, therefore, was due no 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 40-day delay. Because this 40-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 provides that the Department of Social Services is designated as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
2. Section 17b-88 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to recover any public assistance overpayments and take such other action as conforms to federal regulations, including, but not limited, conducting administrative disqualification hearings.
3. 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 Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
4. Title 7 CFR § 273.9 (a) provides for income eligibility standards and states 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 SNAP. 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 SNAP.
5. Title 7 of the 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 that 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 levels established in Section 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)).
6. Title 7 of the CFR § 273.12(a)(1) provides in part that monthly reporting households are required to report as provided in § 273.21. Quarterly reporting households are subject to the procedures as provided in paragraph (a)(4) of this section. Simplified reporting households are subject to the procedures as provided in paragraph (a)(5) of this section.
7. Title 7 of the CFR § 273.12(a)(5) provides the State agency may establish a simplified reporting system in lieu of the change reporting requirements specified under paragraph (a)(1) of this section. The following requirements are applicable to simplified reporting systems: (i) Included households. The State agency may include

any household certified for at least 4 months within a simplified reporting system. (ii) Notification of simplified reporting requirement. At the initial certification, recertification, and when the State agency transfers the households to simplified reporting, the State agency shall provide the household with the following: (A) A written and oral explanation of how simplified reporting works; (B) For households required to submit a periodic report, a written and oral explanation of the reporting requirements including: (1) The additional changes that must be addressed in the periodic report and verified. (iii) Periodic report. (A) Exempt households. The State agency must not require the submission of periodic reports by households certified for 12 months or less in which all adult members are elderly or have a disability with no earned income.

**8. The Appellant's household is subject to simplified reporting requirements.**

9. Title 7 of the CFR § 273.12(a)(5)(v) provides for Reporting when gross income exceeds 130 percent of poverty. A household subject to simplified reporting in accordance with paragraph (a)(5)(i) of this section, whether or not it is required to submit a periodic report, must report when its monthly gross income exceeds the monthly gross income limit for its household size, as defined at §273.9(a)(1). The household shall use the monthly gross income limit for the household size that existed at the time of its most recent certification or recertification, regardless of any subsequent changes in its household size.

**10. The Appellant did not notify the Department of her earned income when her income exceeded 130% of the Federal Poverty Level in █████ 2019.**

11. Title 7 of the CFR § 273.9(b) provides that household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.

12. Title 7 of the CFR § 273.9 (b)(1) provides earned income shall include: (i) All wages and salaries of an employee

13. Uniform Policy Manual ("UPM") § 5005 (A)(1) provides that the Department counts the assistance unit's available income, and that income is considered available if it is received directly by the assistance unit.

14. UPM § 5025.05 (A) provides for the retrospective budgeting system. (1) Provides for past months the Department use the exact amount of the unit's available income received or deemed in the month.

**15. The Department correctly determined that the Appellant's earnings must be used when calculating the Appellant's SNAP benefits.**

16. Title 7 of the CFR § 273.18(a) provides in part a recipient claim is an amount owed because of benefits that are overpaid. The State agency must establish and collect any claim by following these regulations. The State Agency must develop a plan for establishing and collecting claims.

17. Title 7 CFR § 273.18 (c)(1)(A) and (C) provides the actual steps for calculating a claim of overpayment to determine the correct amount of benefits for each month that a household received an overpayment and subtract the correct amount from the amount actually received.
18. UPM § 6010.10 (B) (1) provides that the retrospective method is used to calculate benefits in all months after the initial month of eligibility.
19. UPM § 7000.01 (A) provides the definition of an overpayment and states that an overpayment is the amount of financial or medical assistance paid to or on behalf of the assistance unit, or the amount of the Food Stamp allotment issued to an assistance unit, in excess of the amount to which the unit is properly entitled.
20. UPM § 7045.15 A provides for the computation of Food Stamp Overpayments and speaks to the general description of the process. The Department computes the amount of the overpayment by comparing the amount of the benefit which the assistance unit received and cashed during a month or series of months to the amount the assistance unit should have received during that period.

The following chart reflects the calculation of overpayments:

MONTH	SNAP Issuance	Correct Issuance	Snap Overpayment
██████ 2019	\$192.00	\$0.00	\$192.00
██████ 2019	\$192.00	\$0.00	\$192.00
██████ 2019	\$155.00	\$0.00	\$155.00
██████ 2019	\$194.00	\$0.00	\$194.00
██████ 2019	\$194.00	\$0.00	\$194.00
██████ 2020	\$194.00	\$0.00	\$194.00
██████ 2020	\$194.00	\$0.00	\$194.00
██████ 2020	\$194.00	\$0.00	\$194.00
██████ 2020	\$194.00	\$0.00	\$194.00

The total SNAP overpayment amount is \$1700.00

21. UPM § 7045.05 (A) provides the Department recoups from the assistance unit which received the overpayment.
22. UPM § 7045.05 (C) provides for the participation of the assistance unit in the recoupment process. 1. The Department allows the assistance unit to participate in the recoupment process by a. discussing the cause and amount of the overpayment with the Department; and b. negotiating with the Department in establishing a recoupment plan.
23. The Department properly allowed the Appellant an opportunity to participate in the recoupment process.

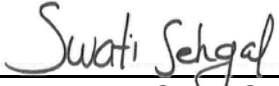
24. Title 7 of the CFR § 273.18 (a)(2) states that this claim is a federal debt subject to this and other regulations governing federal debts. The State Agency must establish and collect any claims following these regulations.
25. Title 7 of the CFR § 273.18 (a) (1) (i) provides for claims against households and states that a recipient claim is an amount owed because of benefits that are overpaid.
26. The Department correctly determined that the Appellant was overpaid SNAP benefits for the months from [REDACTED] 2019 through [REDACTED] 2020 and that she must repay the overpayments.
27. The Department correctly determined that the Appellant is obligated to repay the \$1700.00 in SNAP overpaid benefits she received for [REDACTED] 2019, through [REDACTED] 2020.

### **DISCUSSION**

The Appellant argued that she promptly informed the Department of her employment on [REDACTED] 2019, and mailed her wage stub, and again on [REDACTED], 2020. The Department's claim is that no such information was received from the Appellant. The Department provided sufficient evidence including PRF the Appellant signed and submitted on [REDACTED] 2019, and on [REDACTED] 2019, stating no income. The Appellant also stated that presently she is not employed and needs SNAP benefits. The Appellant was encouraged to apply for SNAP benefits.

### **DECISION**

The Appellant's appeal is **DENIED**

  
\_\_\_\_\_  
Swati Sehgal  
Hearing Officer

Cc: Musa Mohamud, Operations Manager, Hartford Regional Office  
Judy Williams, Operations Manager, Hartford Regional Office  
Jessica Carroll, Operation Manager, Hartford Regional Office  
Jay Bartolomei, Fair Hearing Liaison Supervisor, Hartford Regional Office  
Taneisha Hayes, Fair Hearing Liaison, Harford Regional 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, law, and 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 the 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, if 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, 165 Capitol Avenue, 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 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.