# 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



### NOTICE OF DECISION PARTY



### PROCEDURAL BACKGROUND

| , 2020, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to the "Appellant" (the "Appellant") advising her that her Supplemental Nutrition Assistance Program ("SNAP") benefits would be \$16.00 per month, effective 2020.                          |
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| , 2020, the Appellant requested an administrative hearing because she disagrees with the amount of his SNAP benefits.  |
| , 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the 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 an administrative hearing. Due to COVID-19 concerns, the hearing was held telephonically. No party objected to the hearing being held in that manner. |

The following individuals were present at the telephonic hearing:

, the Appellant Rose Montinat, Department's Representative Veronica King, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly calculated the Appellant's 2020 and ongoing SNAP benefits.

### **FINDINGS OF FACT**

| 1. | The Appellant is a recipient of the SNAP program. She receives SNAP benefits for | ٥r |
|----|--|----|
|    | herself only. (Appellant's Testimony and Hearing Record)                         |    |

- 2. The Appellant's household does not contain an elderly disabled household member. (Appellant's Testimony)
- 3. Appellant. (Exhibit 1: PRF)
- 4. 2020, the Department processed the Appellant's PRF to determine eligibility for the SNAP benefits. The Appellant was receiving \$434.00 per week in Unemployment Benefit Compensation ("UCB") and \$600.00 per week in Federal Disaster benefits. (Exhibit 6: Case Notes and Hearing Record)
- 5. SNAP benefits effective 2020, the Department sent the Appellant an NOA discontinuing her 2020, because she was over the gross monthly income for the program. (Exhibit 4: NOA, 2020)
- 6. 2020, the Appellant contacted the Department t inform that she was no longer receiving the \$600.00 per week in Federal Disaster benefit. The Department verified that the Appellant's UCB as \$343.00 per week. (Exhibit 2: UCB details, Exhibit 6 and Appellant's Testimony)
- 7. The Appellant is responsible for \$1,150.00 per month for rent and is responsible for heating and cooling expenses. (Appellant's Testimony and Hearing Record)
- 8. The Department calculated the Appellant's unearned income as \$1,474.90 (UCB \$343 \* 4.3). (Hearing Record)
- 9. 2020, the Department sent the Appellant an NOA informing the Appellant that she will receive \$16.00 per month in SNAP benefits effective 2020. (Exhibit 5: NOA, 20)
- 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 fair hearing. The Appellant requested an administrative hearing on administrative hearing on later than 2020.

### **CONCLUSIONS OF LAW**

- 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 as follows: General. 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. Title 7 of the Code of Federal Regulations ("CFR") § 273.12(a)(5)(iii)(A) provides that the State agency may require a household to submit a periodic report on its circumstances from once every 4 months up to once every 6 months.
- 4. "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, 2017 Conn. 601, 573 A.2d 712 (1990)).

### The Department correctly sent the Periodic Review Form of eligibility to the Appellant.

5. Title 7 of CFR § 273.9 (b)(2)(ii) provides that unearned income shall include, but not be limited to: Annuities, pensions, retirement, veteran's, or disability benefits, worker's or unemployment.

UPM § 5005(A)(1) provides in relevant part the Department counts the assistance units available income, and that income is considered available if it is received directly by the assistance unit.

The Department correctly determined that the Appellant's unemployment compensation unearned income must be included when calculating the SNAP benefits for the assistance unit.

4. Title 7 of CFR § 273.10(c)(1)(ii) & (c)(2)(i) provide for converting income into monthly amounts.

UPM § 5025.05(A)(2) provides for converting income to monthly amounts and states for current and future months, 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 (b) a reasonable anticipation of what circumstances will exist to affect the receipt of income in future months.

UPM § 5025.05(B)(2)(a) provides that if income is received on other than a monthly basis, the estimate of income is calculated by multiplying 4.3 by a representative weekly amount that is determined as follows: a. if income is the same each week, the regular weekly income is the representative weekly amount.

### The Department correctly determined that the Appellant's total monthly unearned income was \$1,474.90 (\$343 \* 4.3)

5. Title 7 of CFR § 273.9(d)(1)&(3) provides for standard deductions and excess medical deductions.

UPM § 5000.01 provides the definition of elderly person-Food Stamp program and states that an elderly person, in the context used by the Food Stamp program, means a person who is sixty or more years of age.

UPM § 5035.15 (E) provides that members of the assistance unit who are elderly or disabled are allowed medical expenses as deductions. 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.

## The Department correctly determined that the Appellant's household does not contain an elderly or disabled household member.

- 6. 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
    - 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 1, 2019}

- 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.

The Department correctly applied the \$167.00 standard deduction to the Appellant's total unearned income and determine the adjusted gross income as \$1,307.90 (\$1,474.90 - \$167).

7. 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;
- 8. 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.
- 9. Title 7 C.F.R. § 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, 2019, is \$569.00).

The Department correctly applied the Standard Utility Allowance ("SUA") of \$736.00.

The Department correctly determined the Appellant's shelter costs was \$1,886.00 (\$1,150.00 + \$736.00 SUA).

The Department correctly determined the Appellant's shelter hardship cost was \$1,232.05 (\$1,886.00 - \$653.95 (50% of the Adjusted Gross Income \$1,307.90 \*.5)

Shelter hardship cannot exceed \$569 unless SNAP household has a member 60 or older or disable.

The Department correctly determined the Appellant's shelter hardship was \$569.

The Department correctly determined the Appellant's net adjusted income was \$738.90 (\$1,307.90 adj. gross - \$569.00 capped shelter hardship).

10. Title 7 of 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.

In September 2020, 30% of the Appellant's net adjusted income, rounded up, was \$222 (\$738.90 \*.30).

11. Effective of 2020, the Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION - /20

| INCOME                  |   |  |  |
|-------------------------|---|--|--|
| Earned Income           | \$0                                       |  |  |
| Less 20% earned income  | \$0                                       |  |  |
| deduction               | \$0                                       |  |  |
|                         | <u></u>                                   |  |  |
| + Unearned income       | \$1,474.90                                |  |  |
| Less standard deduction | -\$167.00                                 |  |  |
|                         |   |  |  |
| Adjusted gross income   | \$1,307.90                                |  |  |
| SHELTER COSTS           |   |  |  |
| Rent                    | \$1,150.00                                |  |  |
| SUA                     | <u>+\$736.00</u>                          |  |  |
| Total shelter costs     | \$1,886.00                                |  |  |
| SHELTER HARDSHIP        |   |  |  |
| Shelter costs           | \$1,886.00                                |  |  |
| Less 50% of adjusted    | <u>-\$653.95</u>                          |  |  |
| gross income            | <u>\$1,232.05</u>                         |  |  |
| Total shelter hardship  | **\$569.00                                |  |  |
|                         | (Cannot exceed \$569<br>unless elderly or |  |  |
|                         | disabled)                                 |  |  |
|                         |   |  |  |
| ADJUSTED NET INCOME     |   |  |  |
| Adjusted gross income   | \$1,307.90                                |  |  |
| Less shelter hardship   | <u>-\$569.00</u>                          |  |  |
| Net Adjusted Income     | \$738.90                                  |  |  |
| (NAI)                   |   |  |  |
| BENEFIT CALCULATION     |   |  |  |
| Thrifty Food Plan for 1 | \$194                                     |  |  |
| Person                  |   |  |  |
| Less 30% of NAI         | <u>-\$222</u>                             |  |  |
| SNAP award              | \$0                                       |  |  |

- 12. Title 7 C.F.R. § 273.10(e)(2)(ii)(C) provides that all eligible one and two person households shall receive minimum monthly allotments equal to the minimum benefit.
  - UPM § 6020.15(C)(2)(a) provides that benefit payments are issued to SNAP 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% of the cost of the thrifty food plan for the household containing one member, rounded to the nearest whole dollar increment.
- 13. The thrifty food plan for one person is \$194.00. Eight percent of \$194.00 equals  $$16.00 [$194.00 \times 8\% = $16.00 (rounded to the nearest whole dollar)].$

, 2020, the Department correctly calculated the Appellant's SNAP benefits as \$16.00 per month effective 2020.

### **DECISION**

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

Veronica King Hearing Officer

Cc: Musa Mohamud, Judy Williams, Jessica Carrol, DSS Operations Manager, RO #10, Hartford.

Rose Montinat, Department's Representative, Fair Hearing Liaison 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 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 06105-3725. 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 his 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.