

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

[REDACTED], 2020
Signature confirmation

Case: [REDACTED]
Client: [REDACTED]
Request: 165733

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received [REDACTED] (the “Appellant”) online hearing request disputing the calculation by the Department of Social Services (the “Department”) of the amount of her Supplemental Nutrition Assistance Program (“SNAP”) benefits.

On [REDACTED] 2020, the OLCRAH scheduled the administrative hearing for [REDACTED] 2020.

On [REDACTED] 2020, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated in the proceeding:

[REDACTED], Appellant
Jacqueline Taft, Department’s Representative
Eva Tar, Hearing Officer

The hearing record closed [REDACTED] 2020.

STATEMENT OF ISSUE

The issue is whether the Department correctly determined the amount of the Appellant’s [REDACTED] 2020 SNAP benefits.

FINDINGS OF FACT

1. The Appellant lives alone. (Appellant Testimony)
2. The Appellant pays \$142.00 per month in rent, with heat included. The Appellant's electric bills are not included in her rent. (Appellant Testimony)
3. The Appellant grosses \$783.00 per month in SSI [Supplemental Security Income] benefits. (Appellant Testimony) (Department Representative Testimony)
4. The Department received an automated match from the Social Security Administration affirming that the Appellant had been granted an additional \$306.00 per month in Social Security disability benefits. (Department Representative Testimony)
5. On [REDACTED] 2020, the Department issued a *Notice of Action* to the Appellant, notifying her that her SNAP benefits would decrease to \$52.00 per month, effective [REDACTED] 2020. (Department Exhibit 2)
6. On [REDACTED] 2020, the Department issued the Appellant \$52.00 in SNAP benefits as her regular benefit. (Department Representative Testimony)
7. On [REDACTED] 2020, the Department issued the Appellant an additional \$152.00 in SNAP benefits as a federal COVID-19 public health emergency supplement. (Department Representative Testimony)
8. The Appellant stipulates to receiving \$204.00 in SNAP benefits from the Department in [REDACTED] 2020. (Stipulation)
9. In [REDACTED] 2020, the maximum SNAP allotment for an individual without income was \$204.00. (Department Representative Testimony)
10. The Appellant does not think she received the \$306.00 in Social Security disability benefits by direct deposit into her bank account in [REDACTED] 2020. (Appellant Testimony)
11. The Appellant is waiting until [REDACTED] 2020 to check her bank account balance for the \$306.00 in Social Security disability benefits. (Appellant Testimony)
12. Title 7, Code of Federal Regulations ("C.F.R.") 273.15 (c)(1) provides in part that "[w]ithin 60 days of receipt of a request for a fair hearing, the State agency shall assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision..." On [REDACTED] 2020, the OLCRAH received the Appellant's online hearing request. The issuance of this decision would have been due by [REDACTED], 2020. This decision is timely.

CONCLUSIONS OF LAW

1. The Department of Social Services is the designated state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008. Conn. Gen. Stat. § 17b-2.

“The commissioner shall make periodic investigations to determine eligibility and may, at any time, modify, suspend or discontinue an award previously made when such action is necessary to carry out the provisions of the ... supplemental nutrition assistance program....” Conn. Gen. Stat. § 17b-80.

The Department has the authority to modify, suspend, or discontinue the Appellant’s SNAP benefits to carry out the provisions of the SNAP.

2. Title 7, Code of Federal Regulations (“C.F.R.”) section 273.1 (a)(3) provides that a household is “[a] group of individuals who live together and customarily purchase food and prepare meals together for home consumption.”

The Appellant is a SNAP household of one.

3. “Household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.” 7 C.F.R. § 273.9 (b).

“Unearned income shall include, but not be limited to: (ii) Annuities; pensions; retirement, veteran's, or disability benefits; worker's or unemployment compensation including any amounts deducted to repay claims for intentional program violations as provided in § 272.12; old-age, survivors, or social security benefits....” 7 C.F.R. § 273.9 (b)(2)(ii).

For the purposes of the SNAP, the Appellant’s SSI and Social Security disability benefits are counted, unearned income.

4. Title 7, Section § 273.9 (d)(1)(i) of the Code of Federal Regulations provides for a standard deduction for the 48 States, District of Columbia, Alaska, Hawaii, and the Virgin Islands.

The SNAP Standard Deduction is \$167.00 per month for a household of one, effective October 1, 2020.

In calculating the Appellant’s applied income, the Department must use the \$167.00 standard deduction for a household of one.

For ██████████ 2020, the Appellant’s adjusted monthly gross income equaled \$922.00. [\$783.00 plus \$306.00 minus \$167.00]

5. Title 7, Section 273.10 (e) of the Code of Federal Regulations provides for calculating net income and benefit levels. Subsection (e)(1)(i) provides:

To determine a household's net monthly income, the State agency shall:

(A) Add the gross monthly income earned by all household members and the total monthly unearned income of all household members, minus income exclusions, to determine the household's total gross income...

(B) ...

(C) Subtract the standard deduction.

(D) ...

(E) ...

(F) ...

(G)...

(H) Total the allowable shelter expenses to determine shelter costs, unless a deduction has been subtracted in accordance with paragraph (e)(1)(i)(G) of this section. Subtract from total shelter costs 50 percent of the household's monthly income after all the above deductions have been subtracted. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, the net monthly income has been determined. If there is excess shelter cost, compute the shelter deduction according to paragraph (e)(1)(i)(I) of this section.

(I) Subtract the excess shelter cost up to the maximum amount allowed for the area (unless the household is entitled to the full amount of its excess shelter expenses) from the household's monthly income after all other applicable deductions. Households not subject to a capped shelter expense shall have the full amount exceeding 50 percent of their net income subtracted. The household's net monthly income has been determined.

7 C.F.R. § 273.10 (e)(1)(i).

6. "With FNS approval, a State agency may develop the following standard utility allowances (standards) to be used in place of actual costs in determining a household's excess shelter deduction: an individual standard for each type of utility expense; a standard utility allowance for all utilities that includes heating or cooling costs (HCSUA);...." 7 C.F.R. § 273.9 (d)(6)(iii)(A).

Effective October 1, 2020, the standard utility allowance ("SUA") in Connecticut equaled \$736.00 per month.

For the purposes of the SNAP, the Appellant's monthly shelter costs equal \$878.00. [\$142.00 (rent) + \$736.00 (SUA)]

For the purposes of the SNAP, the Appellant's shelter hardship equals \$417.00. [\$878.00 monthly shelter costs) minus \$461.00 (50% of adjusted gross income)]

7. Title 7, Section 273.10 (e)(4) of the Code of Federal Regulations addresses the Thrifty Food Plan and maximum SNAP allotments.

The Thrifty Food Plan for a qualified assistance unit of one in Connecticut with no applied income equals \$204.00 per month, effective October 1, 2020.

Title 7, Section 273.10 (e)(2)(ii)(A) of the Code of Federal Regulations provides:

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. If 30 percent of the household's net income ends in cents, the State agency shall round in one of the following ways:

- (1) The State agency shall round the 30 percent of net income up to the nearest higher dollar; or
- (2) The State agency shall not round the 30 percent of net income at all. Instead, after subtracting the 30 percent of net income from the

appropriate Thrifty Food Plan, the State agency shall round the allotment down to the nearest lower dollar.

7 C.F.R. § 273.10 (e)(2)(ii)(A).

8. The Appellant's regular SNAP benefits for the [REDACTED] 2020 service month are computed as follows:

<u>SNAP BENEFIT CALCULATION</u>	
<u>INCOME</u>	
Unearned Income	\$1,089.00
Less standard deduction	- 167.00
Adjusted gross income -	\$922.00
<u>SHELTER COSTS</u>	
Rent	\$142.00
SUA	+ 736.00
Total shelter costs -	\$878.00
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$878.00
Less 50% of adjusted gross income	- 461.00
Total shelter hardship -	\$417.00
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$922.00
Less shelter hardship	- 417.00
Net Adjusted Income (NAI)	\$505.00
-	
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for one	204.00
Less 30% of NAI (<i>rounded up to nearest dollar</i>)	- 152.00
<u>SNAP BENEFITS –</u> (regular amount)	= \$52.00

The Department correctly determined on [REDACTED] 2020 that the Appellant's regular SNAP amount would equal \$52.00 per month, by incorporating her income as reported to it by the Social Security Administration and the Appellant's shelter costs.

9. <Field Operations Communication, Elizabeth Thomas, [REDACTED]/2020> in part notifies Department staff that the Department would provide Emergency SNAP supplements on

██████████ 2020, as authorized by the federal Families First Coronavirus Responses Act of 2020. The Field Operations Communication notifies staff that the Emergency SNAP supplement would be the difference between what the household received in ██████████ 2020 and the maximum benefit amount for their household size.

In ██████████ 2020, the Department correctly issued \$152.00 to the Appellant as her Emergency SNAP supplement. [\$204.00 (maximum amount for an individual with no income) minus \$52.00 (Appellant's regular monthly SNAP amount)]

The Department correctly determined that the Appellant was eligible for \$204.00 in SNAP benefits (between her regular SNAP amount and the Emergency SNAP supplement) in ██████████ 2020.

DISCUSSION

In ██████████ 2020, the Appellant received her \$52.00 regular SNAP allotment and an Emergency SNAP supplement of \$152.00. The Department issued the Emergency SNAP supplement in conjunction with the federal Families First Coronavirus Responses Act of 2020.

The Appellant correctly received a total of \$204.00 in SNAP benefits in ██████████ 2020, which is the maximum allotment for a household of one in Connecticut.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Cc: Jacqueline Taft, DSS-New Haven
Rachel Anderson, DSS-New Haven
Cheryl Stuart, DSS-New Haven
Lisa Wells, DSS-New Haven

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, 165 Capitol Avenue, 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.