

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
25 SIGOURNEY STREET  
HARTFORD, CT 06106-5033

██████████ 2021  
Signature Confirmation

Case # ██████████  
Client ID # ██████████  
Request # 169215

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2020, the Department of Social Services (the “Department”) sent ██████████ ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing the Appellant’s Supplemental Nutrition Assistance Program (“SNAP”).

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

On ██████████ ██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the administrative hearing for ██████████ 2021.

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  
Carmen Ferrer, Department Representative  
Maria Cuarez, ITI Spanish interpreter  
Almelinda McLeod, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the Appellant's SNAP benefits due to failure to submit information needed to establish eligibility was correct.

## **FINDINGS OF FACT**

1. On [REDACTED] 2020, the Department received the Appellant's SNAP renewal application for a household of 4. The household consists of the Appellant and three children; First born [REDACTED]; [REDACTED] second born [REDACTED] and [REDACTED], last born was [REDACTED]. (Exhibit 1, W-1ERS)
2. On [REDACTED] 2020, the Department processed the SNAP renewal. The Appellant reported she stopped working for [REDACTED] and her first son stopped working for [REDACTED] [REDACTED]. The Appellant receives Unemployment compensation benefits ("UCB") in the amount of \$266 weekly and her first son receives UCB of \$52.00 weekly. The Appellant's second born receives SSI in the amount of \$783.00 per month. (Exhibit 1, Hearing record)
3. On [REDACTED] 2020, the Department attempted to contact the Appellant for a telephone interview but was not successful. (Exhibit 5, Case Notes)
4. The Department was unable to verify the Appellant's last day of employment and her last paystub through their internal systems. (Department testimony)
5. On [REDACTED], 2020, the Department issued a W-1348 Proofs We Need form was issued to the Appellant requesting last day of employment and proof of loss of employment. The due date for this information was [REDACTED] 2020. (Exhibit 3, W-1348)
6. On [REDACTED] 2020, the Department issued a W-3015N an interview Notice to the Appellant which required an interview by [REDACTED] 2020. The notice indicated a benefit closure date of [REDACTED] 2020 if the interview was not done and all the required proofs were not received by the benefit closure date. (Exhibit 4, Interview notice)
7. On [REDACTED] 2020, the Department issued a W-0001N, NOA closing the Appellant's SNAP benefits because the "renewal process was not completed; No household members are eligible for this program and does not meet program requirements". (Exhibit 6, NOA)

8. The Appellant changed her telephone number several times because of her boyfriend. She attempted to upload her telephone number on the system using a neighbor's computer but was not successful. The Appellant did not contact the Department about her change. (Appellant's testimony)
9. The Appellant testified she did not send in the requested verifications because she was told they would send her last day of employment and last paycheck received; however, the Appellant did not receive the requested information. The Appellant did not follow up with her employer to obtain the verification; nor did she request assistance or an extension of time from the Department to obtain the requested verifications. (Appellant's testimony)
10. As of the day of this hearing, a thorough check of the Department's Impact system did not show evidence that the requested verifications had been received by the Department by the requested due date nor that the Appellant completed the required interview. (Hearing record).
11. The issuance of this decision is timely under United States Department of Agriculture Food and Nutrition Services Connecticut waiver approved on [REDACTED] 2020 which extends the time frame required to issue a decision under Title 7 Section 273.15(c) of the Code of Federal Regulation from 60 days to 120 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2020; therefore, this decision is due no later than [REDACTED] 2021.

### **CONCLUSIONS OF LAW**

1. Section 17b-2 and § 17b-260 of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. The Department's Uniform Policy Manual ("UPM") is the equivalent of 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)).
3. 7 C.F.R. § 273.2 (c) (5) provides that the State agency shall provide each household at the time of application for certification and recertification with a notice that informs the household of the verification requirements the household must meet as part of the application process. The notice shall also inform the household of the State agency's responsibility to assist the household in obtaining required verification provided the household is cooperating with the State agency as specified in (d)(1) of this section. The

notice shall be written in clear and simple language and shall meet the bilingual requirements designated in §272.4(b) of this chapter. At a minimum, the notice shall contain examples of the types of documents the household should provide and explain the period the documents should cover.

4. **The Department provided the Appellant with a W-1348 Proofs We Need verifications list of proofs needed to complete her SNAP renewal.**
5. 7 C.F.R. § 273.2(e) (2) provides the State agency may use a telephone interview instead of the face-to-face interview required in paragraph (e)(1) of this section for all applicant households, for specified categories of households, or on a case-by-case basis because of household hardship situations as determined by the State agency. The hardship conditions must include, but are not limited to, illness, transportation difficulties, care of a household member, hardships due to residency in a rural area, prolonged severe weather, or work or training hours that prevent the household from participating in an in-office interview. If a State agency has not already provided that a telephone interview will be used for a household, and that household meets the State agency's hardship criteria and requests to not have an in-office interview, the State agency must offer to the household to conduct the interview by telephone. The State agency may provide a home-based interview only if a household meets the hardship criteria and requests one. A State agency that chooses to routinely interview households by telephone in lieu of the face-to-face interview must specify this choice in its State plan of operation and describe the types of households that will be routinely offered a telephone interview in lieu of a face-to-face interview. The State agency must grant a face-to-face interview to any household that requests one.
6. **The Department correctly issued an Interview Notice to the Appellant for a telephone interview to be completed by [REDACTED] 2020 due date.**
7. **The hearing record shows that the Appellant did not complete the telephone interview requirement by the due date.**
8. 7 C.F.R. § 273.2 (f) (5) (i) provides for the responsibility of obtaining verification. The household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information. The State agency must assist the household in obtaining this verification provided the household is cooperating with the State agency as specified under paragraph (d)(1) of this section. Households may supply documentary evidence in person, through the mail, by facsimile or other electronic device, or through an authorized representative. The State agency must not require the household to present verification in person at the food stamp office. The State agency must accept any reasonable documentary evidence provided by the household and must be primarily concerned with how adequately the verification proves the

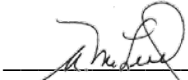
- statements on the application. However, the State agency has primary responsibility for verifying fleeing felon and parole or probation violator status in accordance with §273.11(n).
9. UPM § 1010.05 (A) (1) provides that the assistance unit must supply the Department in an accurate and timely manner as defined by the Department, all pertinent information, and verification that the Department requires to determine eligibility and calculate the amount of benefits.
  10. UPM § 1010.05 (A) (2) provides the assistance unit must permit the Department to verify information independently whenever the unit is unable to provide the necessary information, whenever verification is required by law, or whenever the Department determines that verification is necessary (Cross reference: 1540).
  11. UPM § 1015.05 (C) states that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.
  12. UPM 1505.40 (C) (1) (c) provides that the applicant is considered responsible for incomplete applications if the Department has taken the following actions: offered assistance in completing applications materials or procuring difficult to obtain verification; or with the exception of (3) below, has allowed at least ten days from the date it notifies the applicant of a required action for the applicant to complete the action, including requests to provide verification.
  13. **The Department correctly sent the Appellant a W-1348 Proofs We Need form requesting additional information needed to determine eligibility and correctly allowed the Appellant ten days to provide said information.**
  14. **The Appellant did not ask for help from the Department or more time to obtain the request verifications; therefore, there was no further action required by the Department.**
  15. Title 7 CFR § 273.14(e) (2) provides that If a household files an application before the end of the certification period, but fails to take a required action, the State agency may deny the case at that time, at the end of the certification period, or at the end of 30 days. Notwithstanding the State's right to issue a denial prior to the end of the certification period, the household has 30 days after the end of the certification period to complete the process and have its application be treated as an application for recertification. If the household takes the required action before the end of the certification period, the State agency must reopen the case and provide a full month's benefits for the initial month of the new certification period. If the household takes the required action after the end of the certification period but within 30 days after the end of the certification period, the State agency shall reopen the case and provide benefits

retroactive to the date the household takes the required action. The State agency shall determine cause for any delay in processing a recertification application in accordance with the provisions of §273.3(h)(1).

16. UPM § 1545.35 (A) (1) provides 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.
17. UPM § 1545.35 (A) (2) provides 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.”
18. UPM § 1545.40 (B) (2) (a) provides 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.
19. UPM § 1545.40(B)(2)(b) provides discontinuance is automatic, regardless of the reason for the incomplete redetermination.”
20. UPM § 1545.40 (B) (2) (c) provides good cause in not a consideration in the FS program.”
21. UPM § 1545.40 (A)(2) provides that unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.
22. **The Hearing record shows that the Appellant failed to complete the required interview and failed to provide all the requested verification by the designated due date of [REDACTED] 2020.**
23. **The Department correctly discontinued the Appellant’s SNAP benefits, effective [REDACTED] 2020 for failing to complete the redetermination process for recertification of SNAP benefits.**

### DECISION

The Appellant’s appeal is DENIED.

  
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 Almelinda McLeod  
 Hearing Officer

CC: Yecenia Acosta, SSOM Stamford  
 Carmen Ferrer. Fair Gearing Liaison, Stamford

### **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.