

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

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

Case ID# ██████████9
Client ID # ██████████
Hearing Request #168926

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2020, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") advising that her Supplemental Nutrition Assistance Program ("SNAP") benefits were approved of \$171.00 for ██████████ 2020 and ongoing.

On ██████████ 2020, the Appellant requested an administrative hearing because she disagrees with the amount of SNAP benefits.

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

On ██████████ 2021, the Appellant requested a reschedule.

On ██████████, 2021, OLCRAH issued a Notice rescheduling the telephone administrative hearing for ██████████, 2021.

On ██████████ 2021, the Appellant requested another reschedule.

On ██████████, 2021, the OLCRAH issued a Notice rescheduling the telephone administrative hearing for ██████████ 2021.

On [REDACTED] 2, 2021, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held a telephone administrative hearing due to the COVID-19 pandemic.

The following individuals called in for the hearing:

[REDACTED], Appellant
Christin Faucher, Department's Representative
Swati Sehgal, Hearing Officer

The hearing record was left open for submission for additional information. The additional information was received, and the hearing record was closed on [REDACTED] 2021.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department was correct in its calculation of the Appellant's SNAP benefits for [REDACTED] 2021 and ongoing.

FINDINGS OF FACT

1. The Appellant is a recipient of SNAP as a household of three, herself and her two children. (Exhibit 5: Notice of Action, [REDACTED] Appellant's Testimony)
2. The Appellant receives a gross monthly Supplement Security Income (SSI) of \$783.00. (Exhibit 5; Appellant's Testimony)
3. The Appellant's child Dominic receives Social Security Survivor (SSA) benefits of \$1056.00 a month. (Exhibit 5, Appellant's Testimony)
4. The Appellant is [REDACTED] years old (D.O.B. [REDACTED]) and disabled. (Appellant's Testimony)
5. The Appellant does not have any out-of-pocket medical expenses. (Appellant's testimony)
6. On [REDACTED], 2021, the Department received a Rent Change Notification. The Appellant's rent increased from \$244.00 to \$561.00 per month. The Department updated the shelter amount to \$561.00. (Exhibit 2: Rent Change Notification, Exhibit 3: Shelter Expenses Details)
7. The Appellant pays for utilities. The Department gave the Appellant the Standard Utility Allowance. (Exhibit 7: Federal SNAP Income Test)

8. On [REDACTED] 2021, The Department sent the Appellant a Notice of Action advising that his SNAP benefits would decrease to \$171.00 for [REDACTED] 2020 and ongoing. (Exhibit 5)
9. 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. Therefore, this decision was due no later than [REDACTED], 2021. The hearing, however, which was originally scheduled for [REDACTED], 2021, was rescheduled for [REDACTED], 2021, at the request of the Appellant, which caused a 30-day delay. Therefore, the decision was not due until [REDACTED] 2021. The hearing, which was scheduled for [REDACTED], 2021, again was rescheduled for [REDACTED] 2021, at the request of the Appellant, which caused another 20-day delay. Because this 20-day delay resulted from the Appellant's request, this decision is not due until [REDACTED] 2021, and is therefore timely.

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 CFR § 271.2 provides for the definition of the elderly or disabled member to include individuals who are 60 years of age or older
3. The Appellant is considered a disabled member for purposes of the SNAP program because she is receiving SSI.
4. Title 7 of the Code of Federal Regulations ("CFR") § 279.3(b)(2)(ii) provides for counting social security benefits as unearned income.
5. "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)).
6. UPM § 5050.13(A)(6) provides that benefits received from Social Security by any member of a Food Stamps unit are counted in the calculation of eligibility and benefits for the entire unit.
7. The Department correctly included the Appellant's and her child's Social Security income in the calculation of SNAP.
9. 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
 - 2. any earned income deductions approved by the Social Security Administration in regard 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 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.

10. The Department correctly applied the \$167.00 standard deduction to the total income of \$1839.00 (\$786.00; SSI + \$1056.00; SSA) to determine the amount of the Appellant's household adjusted gross income of \$1672.00.

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

12. Title 7 CFR § 273.9 (d) provides for excess medical deduction as that portion of medical expenses in excess of \$35 per month, excluding special diets, incurred by any household member who is elderly or disabled.

13. UPM § 5000.01 provides the definition of an 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.
14. 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.
15. The Department correctly determined that the Appellant was not eligible for excess medical deductions as she has \$0 reported in excess medical expenses.
16. Title 7 CFR § 273.9(d)(6)(ii) provides for excess shelter deduction.
17. 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;
18. Title 7 CFR § 273.9(d)(6)(iii) provides for the standard utility allowances.
19. 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.
20. The Standard Utility Allowance is \$736.00 effective [REDACTED] 2019.

21. Title 7 CFR § 271.2 provides for the maximum shelter deduction.
22. 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 [REDACTED] 2019 is \$569.00).
23. The Department correctly determined that the household contains an elderly/disabled household member, so her shelter deduction is not capped.
24. The Appellant's shelter costs totaled \$1297.00 (\$561.00 (Rent) + \$736.00 (Standard Utility Allowance)).
25. Title 7 CFR § 273.10(e)(2)(ii)(A)(1) provides for the monthly SNAP benefit calculation.
26. 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.
27. Field Operations Communication dated [REDACTED], 2020, issued a directive authorized by the federal Families First Coronavirus Responses Act of 2020, to increase the SNAP Maximum Benefit Allotment. Maximum SNAP Benefit Amount for a household of three is increased to \$535.
28. Effective [REDACTED] r 2021, the Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION

<u>INCOME</u>	
Earned Income	\$0.00
Less 20 percent	-\$0.00
= Adjusted earned income	\$0.00
+ Unearned income	\$1839.00
= Total income	<u>\$1839.00</u>
- Standard deduction	-\$167.00
- Medical expenses	\$0.00
-Dependent care expenses	\$0.00
=Adjusted gross income	\$1672.00
<u>SHELTER COSTS</u>	
Rent	\$561.00
+ SUA	<u>\$736.00</u>
Total shelter costs	\$1297.00
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$1297.00
Less 50% of adjusted	<u>-\$836.00</u>

gross income	
= Total shelter hardship (max \$552 if not disabled or elderly)	\$461.00
ADJUSTED NET INCOME	
Adjusted gross income	\$1672.00
Less shelter hardship	<u>-\$461.00</u>
Net Adjusted Income (NAI)	\$1211.00
BENEFIT CALCULATION	
Thrifty Food Plan for three person	\$535.00
Less 30% of NAI (rounded up to nearest whole dollar)	<u>-\$364.00</u>
SNAP award	\$171.00

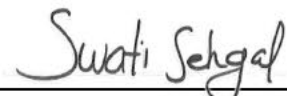
29. The Department correctly determined that the Appellant's household is eligible for a monthly SNAP benefit of \$171.00 effective [REDACTED] 2020, and ongoing.

DISCUSSION

The Department correctly calculated the Appellant's SNAP benefit to be \$171 for [REDACTED] 2020, and ongoing. However, the Appellant's and her son's Social Security Income increased as of [REDACTED] 2021. There was also an increase in SNAP maximum allotment which caused the Appellant's SNAP benefit to increase from \$171.00 to \$241 effective [REDACTED], 2021. The Department explained to the Appellant the change which caused the SNAP amount to increase. The Appellant understood.

DECISION

The Appellant's appeal is DENIED



Swati Sehgal
Hearing Officer

CC: Tricia Morelli, DSS Operations Manager, Manchester Regional Office
Christine Faucher, Hearing Liaison, Manchester 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 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 Legal Counsel, Regulations, and Administrative Hearings, 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 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.