

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT06105-3725

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

Client ID # ██████████  
Case ID # ██████████  
Hearing Request # 169194

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2020, the Department of Social Services (the "Department") issued a Notice of Action to ██████████ (the "Appellant") notifying that her Supplemental Nutrition Assistance Program ("SNAP") benefits would continue at \$74.00 per month.

On ██████████, 2020, the Appellant requested an administrative hearing to contest the SNAP amount of benefits.

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

On ██████████, 2021, following sections 17b-60, 17b-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:

██████████, the Appellant  
██████████, Appellant's mother, and representative  
Tonetica Sanchez, Department's representative  
Shelley Starr, Hearing Officer

The hearing record remained open for the submission of additional evidence from the Department. The Department provided the additional evidence. On ██████████, 2021, the hearing record closed.

## STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's calculation of the Appellant's SNAP benefits is correct.

## FINDINGS OF FACT

1. The Appellant is 58 years old [DOB ██████████] disabled, and receives SNAP benefits for herself with a SNAP assistance unit consisting of one member. (A hearing record)
2. On ██████████ 2020, the Appellant submitted the SNAP renewal form for the certification period of ██████████, 2020, through ██████████, 2020. (Exhibit 13: SNAP renewal received ██████████ 2020; Department's testimony; Hearing record)
3. On the ██████████ 2020, renewal form the Appellant listed as having monthly medical expenses including ██████████ \$11.05, ██████████ \$66.16, ██████████ \$1.67, ██████████ \$110.00, and ██████████ \$290.75 (Exhibit 13: Renewal Form received ██████████ 2020; Hearing record)
4. On ██████████ 2020, the Department completed the Appellant's SNAP renewal, waiving the SNAP interview and determining that due to no reported changes that the SNAP allotment per month would continue at \$74.00. ( Exhibit 10: Case Notes entry ██████████; Hearing record)
5. On ██████████, 2020, the Department issued a Notice of Action to the Appellant advising her that she is eligible for \$74.00 per month in SNAP effective ██████████ 2020, and ongoing months.(Exhibit 14: Notice of Action dated ██████████ 2020; Hearing record)
6. There is no evidence in the hearing record that the Department modified the Appellant's reported medical expenses at the time of the SNAP renewal or requested any medical expense verification. (Hearing record; Exhibit 14: Notice of Action dated ██████████ 2020)
7. On ██████████ 2020, the Appellant submitted an online change form for SNAP benefits. The Appellant submitted the change form listing medical expenses and provided some proof of the expenses because the figures that she submitted with her renewal form were not used. (Appellant's Exhibit A: Fair Hearing Request dated ██████████; Hearing summary; Exhibit 4: Online change form dated ██████████ 2020)
8. On the ██████████, 2020, change form, the Appellant listed as having medical expenses including ██████████ \$11.05, ██████████ \$66.16, ██████████ \$1.67, and ██████████ \$110.00. (Exhibit 4: Change Form received ██████████ 2020; Hearing Summary; Hearing Record).

9. On [REDACTED], 2020, the Department reviewed the change form and determined that the medical expenses and bills were over one year and outdated. The Department took no further action. (Exhibit 9: Case Notes entry [REDACTED] 2020; Exhibit 4: Change Form received [REDACTED] 2020; Exhibit 5: Medical bills)
10. The Department and the Appellant are in agreement with regards to the Appellant's gross monthly Social Security Disability income ("SSDI"), interest income, and shelter costs. (Hearing Record; Department's testimony; Appellant's testimony)
11. At the time of the hearing, the Appellant has medical and dental bills that she has provided to the Department for consideration of deductions for allowable medical expenses and has additional medical and dental bills that have not been submitted to the Department. (Appellant's testimony; Hearing record)
12. 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 hearing. The Appellant requested an administrative hearing on [REDACTED] 2020. The hearing record was held open one additional day to allow the Department to submit additional evidence. On [REDACTED] 2021, the hearing record closed. Therefore, this decision is due not later than [REDACTED] 2021, and is 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 of the Code of Federal Regulations ("CFR") § 273.1(a) provides that a household is composed of one of the following individuals or groups of individuals unless otherwise specified in paragraph (b) of this section:
    - (1) An individual living alone;
    - (2) An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others; or
    - (3) A group of individuals who live together and customarily purchase food and prepare meals together for home consumption.
- The Department correctly determined that the Appellant's household consists of an assistance unit of one person.**
3. 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 which 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 Federal Income poverty levels established as provided in section 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)).

4. Title 7 of the CFR §273.9 (a) (3) the income eligibility limits, as described in this paragraph, are revised each October 1 to reflect the annual adjustment to the Federal income poverty guidelines for the 48 States and the District of Columbia, for Alaska, and for Hawaii.

**The Department correctly determined the Appellant must meet the net income standard because she is deemed disabled.**

5. Title 7 of the CFR §273.9 (b) provides the definition of income. Household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.
6. Title 7 of the CFR § 273.9(b)(2)(i) provides that unearned income shall include, but not be limited to assistance payments from Federal or federally aided public assistance programs, such as supplemental security income (SSI) or Temporary Assistance for Needy Families (TANF); general assistance (GA) programs (as defined in §271.2); or other assistance programs based on need. Such assistance is considered to be unearned income even if provided in the form of a vendor payment (provided to a third party on behalf of the household), unless the vendor payment is specifically exempt from consideration as countable income under the provisions of paragraph (c)(1) of this section. Assistance payments from programs which require, as a condition of eligibility, the actual performance of work without compensation other than the assistance payments themselves, shall be considered unearned income.
7. "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 Connecticut Supp. 175, 178 (1994) (citing Connecticut General Statutes § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Connecticut 601, 573 A.2d 712 (1990)).
8. UPM § 5025.05(B)(1) provides that if income is received on a monthly basis, a representative monthly is used as the estimate of income.

**The Department correctly determined that the Appellant's monthly SSD income is \$1,474.00 in 2020 and \$1,513.00 in 2021.**

9. Title 7 of the CFR § 273.9 (d) (1) (i) pertains to a **standard deduction** in 48 States, District of Columbia, Alaska, Hawaii, and the Virgin Islands and provides, in part, Effective October 1, 2002, in the 48 States and the District of Columbia, Alaska, Hawaii, and the Virgin Islands, the standard deduction for household sizes one through six shall be equal to 8.31 percent of the monthly net income eligibility standard for each household size established under paragraph (a) (2) of this section rounded up to the nearest whole dollar. For household sizes greater than six, the standard deduction shall be equal to the standard deduction for a six-person household

UPM § 5045.15(C) provides that 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.**

**The Department did not correctly consider and determine the amount of the Appellant's allowable medical expenses at the time of her renewal and reported change.**

10. Title 7 CFR § 273.9 (d)(3) provides that an Elderly or disabled member means a member of a household who:

1. Is 60 years of age or older;
2. Receives supplemental security income benefits under title XVI of the Social Security Act or disability or blindness payments under titles I, II, X, XIV, or XVI of the Social Security Act;
3. Receives federally or State-administered supplemental benefits under section 1616(a) of the Social Security Act provided that the eligibility to receive the benefits is

based upon the disability or blindness criteria used under title XVI of the Social Security Act;

4. Receives federally or State-administered supplemental benefits under section 212(a) of Pub. L. 93-66;

5. Receives disability retirement benefits from a governmental agency because of a disability considered permanent under section 221(i) of the Social Security Act.

6. Is a veteran with a service-connected or non-service-connected disability rated by the Veteran's Administration (VA) as total or paid as total by the VA under title 38 of the United States Code;

7. Is a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound under title 38 of the United States Code;

8. Is a surviving spouse of a veteran and considered by the VA to be in need of regular aid and attendance or permanently housebound or a surviving child of a veteran and considered by the VA to be permanently incapable of self-support under title 38 of the United States Code;

9. Is a surviving spouse or surviving child of a veteran and considered by the VA to be entitled to compensation for a service-connected death or pension benefits for a nonservice-connected death under title 38 of the United States Code *and* has a disability considered permanent under section 221(i) of the Social Security Act.

“Entitled” as used in this definition refers to those veterans' surviving spouses and surviving children who are receiving the compensation or pension benefits stated or have been approved for such payments, but are not yet receiving them; or

10. Receives an annuity payment under: section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 *and* is determined to be eligible to receive Medicare by the Railroad Retirement Board; or section 2(a)(1)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used under title XVI of the Social Security Act.

11. Is a recipient of interim assistance benefits pending the receipt of Supplemented Security Income, a recipient of disability related medical assistance under title XIX of the Social Security Act, or a recipient of disability-based State general assistance benefits *provided* that the eligibility to receive any of these benefits is based upon disability or blindness criteria established by the State agency which are at least as stringent as those used under title XVI of the Social Security Act (as set forth at 20 CFR part 416, subpart I, Determining Disability and Blindness as defined in Title XVI).

11. CFR § 273.9 (d) (3) pertains to **allowable medical expenses** and provides that portion of medical expenses in excess of \$35 per month, excluding special diets, incurred by any household member who is elderly or disabled as defined in § 271.20. Spouses or other persons receiving benefits as a dependent of the SSI or disability and blindness recipient are not eligible to receive this deduction but persons receiving emergency SSI benefits based on presumptive eligibility are eligible for this deduction. Allowable medical costs are:

(i) Medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional.

(ii) Hospitalization or outpatient treatment, nursing care, and nursing home care including payments by the household for an individual who was a household member immediately prior to entering a hospital or nursing home provided by a facility recognized by the State.

(iii) Prescription drugs, when prescribed by a licensed practitioner authorized under State law, and other over-the-counter medication (including insulin), when approved by a licensed practitioner or other qualified health professional.

(A) *Medical supplies and equipment.* Costs of medical supplies, sick-room equipment (including rental) or other prescribed equipment are deductible;

(B) *Exclusions.* The cost of any Schedule I controlled substance under The Controlled Substances Act, 21 U.S.C. 801 *et seq.*, and any expenses associated with its use, are not deductible.

(iv) Health and hospitalization insurance policy premiums. The costs of health and accident policies such as those payable in lump sum settlements for death or dismemberment or income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled are not deductible;

(v) Medicare premiums related to coverage under Title XVIII of the Social Security Act; any cost-sharing or spend down expenses incurred by Medicaid recipients;

(vi) Dentures, hearing aids, and prosthetics;

(vii) Securing and maintaining a seeing eye or hearing dog including the cost of dog food and veterinarian bills;

(viii) Eyeglasses prescribed by a physician skilled in eye disease or by an optometrist;

(ix) Reasonable cost of transportation and lodging to obtain medical treatment or services;

(x) Maintaining an attendant, homemaker, home health aide, or child-care services, housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person benefit allotment shall be deducted if the household furnishes the majority of the attendant's meals. The allotment for this meal related deduction shall be that in effect at the time of initial certification. The State agency is only required to update the allotment amount at the next scheduled

recertification; however, at their option, the State agency may do so earlier. If a household incurs attendant care costs that could qualify under both the medical deduction of §273.9(d) (3) (x) and the dependent care deduction of §273.9(d) (4), the costs may be deducted as a medical expense or a dependent care expense, but not both.

**The Appellant is disabled and receiving SSDI income.**

**At the time of [REDACTED] 2020, submitted SNAP renewal and the [REDACTED], 2020, submitted change report, the Appellant reported that she has medical expenses and provided some medical receipts towards the calculation of SNAP benefits.**

**The Department took no action at the time of the renewal and the subsequent reported change.**

12. Title 7 of the 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.

**The accuracy of the SNAP calculation and applied income cannot be determined as the Department has not properly considered the Appellant's reported medical expenses and determined the deduction for allowable medical expenses.**

### **DISCUSSION**

Based on the testimony and evidence, I find the Department failed to properly consider the Appellant's reported medical expenses at the time of her [REDACTED] 2020, submission of her SNAP renewal, and her subsequent [REDACTED] 2020, reported change. Although the Appellant reported having medical expenses on her renewal form and it appears some expenses were carried over, the Department processed the renewal based on having no reported changes and did not request any further verification pertaining to the medical expenses. Because no action was taken by the Department, the Appellant subsequently made an online change report on [REDACTED], 2020, once again listing medical expenses and providing some proof of the expenses. The Appellant requested a hearing because she had not heard from the Department and did not believe that the figures she submitted were used because proof was not requested.



At the time of the hearing, the Appellant testified that she has provided the Department with some medical and dental expenses, however, she has additional expenses that have not been provided. It was agreed by the Department that she should submit the bills for review and be afforded the opportunity for consideration of her allowable medical expense deductions.

### **DECISION**

The Appellant's appeal is **REMANDED** to the Department.

### **ORDER**

1. The Department shall send a W-1348 to the Appellant requesting her medical expenses as outlined in CFR 273.9(d)(3) and allow her ten days for the submission of the expense verification.
2. The Department shall review the provided expenses and determine eligibility, notifying the Appellant of any allowable medical expense deductions and her SNAP allotment.
3. Proof of compliance with this order shall be submitted to the undersigned no later than [REDACTED] 2021.

  
Shelley Starr  
Hearing Officer

Pc: Yecenia Acosta, DSS, Bridgeport  
Tim Latifi, DSS, Bridgeport

### **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 06105-3725.

### **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, 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.