

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

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████████████████████
Hearing Request # 169234

NOTICE OF DECISION
PARTY

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PROCEDURAL BACKGROUND

████████████████████, 2020, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) advising him that his Supplemental Nutrition Assistance Program (“SNAP”) benefits would be \$16.00 per month, effective ██████████ 2020.

████████████████████, 2020, the Appellant requested an administrative hearing because he 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 ██████████, 2021. The hearing was scheduled to be held telephonically due to the COVID-19 pandemic.

████████████████████, 2021, 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
Javier Rivera, 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 [REDACTED] 2020 and ongoing SNAP benefits.

FINDINGS OF FACT

1. The Appellant is a recipient of the SNAP program. He receives SNAP benefits for himself only. (Appellant's Testimony and Hearing Record)
2. The Appellant is [REDACTED] years old, DOB [REDACTED]. (Appellant's Testimony)
3. [REDACTED], 2020, the Department received a W-1ER Renewal of Eligibility form ("W1ER") from the Appellant. The Appellant reported a change of his rent amount from \$1,000 per month to \$548.00 per month. (Exhibit 1: W1ER and Hearing Record)
4. [REDACTED], 2020, the Department processed the Appellant's redetermination form to determine eligibility for the SNAP benefits beyond the certification period of [REDACTED], 2020. The Appellant received \$1,545.00 per month in Social Security ("SSA"). (Exhibit 1, Exhibit 3: Federal SNAP – Income Test and Appellant's Testimony)
5. The Appellant is responsible for \$548.00 per month for rent and is responsible for heating and cooling. (Exhibit 1 and Appellant's Testimony)
6. [REDACTED], 2020, the Department sent the Appellant an NOA informing the Appellant that he will receive \$16.00 per month in SNAP benefits effective [REDACTED] 2020. (Exhibit 5: NOA, [REDACTED]/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 [REDACTED] 2020; therefore, this decision is due not later than [REDACTED] 2021.

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") § 273.14(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 redetermination 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 Social Security unearned income must be included when calculating the SNAP benefits for the assistance unit.

6. 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 contain an elderly or disabled household member.

7. 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 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, 2020}
 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 \$1,378.00 (\$1,545.00 - \$167).

8. 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;

9. 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.

10. 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, 2020, 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 \$1,284.00 (\$548 rent + \$736.00 SUA).

The Department correctly determined the Appellant’s shelter hardship cost was \$595.00 (\$1,284.00 - \$689.00(50% of the Adjusted Gross Income \$1,378.00 *.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 \$595.00.

The Department correctly determined the Appellant's net adjusted income was \$783.00 (\$1,378.00 adj. gross - \$595.00 capped shelter hardship).

11. 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 ██████████ 2020, 30% of the Appellant's net adjusted income, rounded up, was \$235.00 (\$783.00 *.30).

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

SNAP BENEFIT CALCULATION - ██████████/20	
INCOME	
Earned Income	\$0
Less 20% earned income deduction	<u>\$0</u>
	<u>\$0</u>
+ Unearned income	\$1,545.00
Less standard deduction	-\$167.00
Adjusted gross income	\$1,378.00
SHELTER COSTS	
Rent	\$548.00
SUA	+\$736.00
Total shelter costs	\$1,284.00
SHELTER HARDSHIP	
Shelter costs	\$1,284.00
Less 50% of adjusted gross income	<u>-\$689.00</u>
	<u>\$595.00</u>
Total shelter hardship	**\$569.00 (Cannot exceed \$569 unless elderly or disabled)
ADJUSTED NET INCOME	
Adjusted gross income	\$1,378.00
Less shelter hardship	<u>-\$595.00</u>
Net Adjusted Income (NAI)	\$783.00
BENEFIT CALCULATION	

Thrifty Food Plan for 1 Person	\$204
Less 30% of NAI	-\$235
SNAP award	\$0

8. 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.

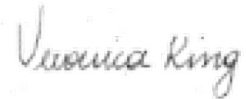
UPM § 6020.15(C)(2)(a) provides that benefit payments are issued to SNAP assistance units consisting of 1 or 2 members which have a calculated benefit amount of less than the minimum amount established by the Food and Nutrition Act of 2008, which is equal to 8% of the cost of the thrifty food plan for the household containing one member, rounded to the nearest whole dollar increment.

13. The thrifty food plan for one person is \$204.00. Eight percent of \$204.00 equals \$16.00 [$\$204.00 \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: Tricia Morelli, DSS Operations Manager, RO #11 Manchester
Javier Rivera, Department's Representative, Fair Hearing Liaison RO#11 Manchester

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 06105-3725.

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.