

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

Client ID ██████████  
Request #176940

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2021, the Department of Social Services (the “Department”) issued a Notification of Overpayment and Recoupment to ██████████ (the “Appellant”) notifying him that the Department determined he was overpaid \$2,563.80 in benefits from the Supplemental Nutrition Assistance Program (“SNAP”) for the period from ██████████ 2020 to ██████████ 2021, and that he was liable to repay the overpaid benefits.

On ██████████ 2021, the Appellant requested an administrative hearing to appeal that he was overpaid benefits in the SNAP program. The Appellant requested a telephone hearing rather than an in-person office hearing due to COVID-19 concerns.

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

On ██████████ 2021, 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  
Garfield White, Department’s Hearing Liaison  
James Hinckley, Hearing Officer

The hearing record was held open for time for the Department to produce additional records. On [REDACTED] 2021, the hearing record closed.

### **STATEMENT OF THE ISSUE**

1. Whether the Department correctly determined that the Appellant was overpaid \$2,563.80 in SNAP benefits between [REDACTED] 2020 and [REDACTED] 2021 and is liable to repay the overpaid benefits.

### **FINDINGS OF FACT**

1. On [REDACTED] 2019, the Appellant applied for SNAP for himself only. (Ex. 11: Online application form)
2. The Appellant is not elderly or disabled. (Hearing Record)
3. The Appellant reported on his [REDACTED] 2019 application that he was employed at [REDACTED]. (Ex. 11)
4. On [REDACTED] 2019, the Department verified the Appellant's earnings from [REDACTED] through a third-party employment verification service. The Appellant's average earnings were \$373.33 per week. (Ex. 14: Case Notes)
5. On [REDACTED] 2019, the Department issued a Notice of Action ("NOA") granting an ongoing SNAP award for the Appellant of \$29.00 per month beginning [REDACTED] 2020. (Ex. 10: NOA)
6. The NOA issued to the Appellant on [REDACTED] 2019 included the instruction, "You must call the Benefit Center at 1-855-626-6632 to report the following changes to us during your SNAP period of eligibility: 1. If your household's total monthly gross income is more than \$1,354.00. Total monthly gross income is all wages from working and any money you get from any other source before taxes and deductions. ...You must report changes to us by the 10<sup>th</sup> day of the month following the month of the change. For example, if your income goes over the limit in March you must tell us by April 10<sup>th</sup>." (Ex. 10)
7. Beginning in [REDACTED] 2020, SNAP households in Connecticut were issued Emergency SNAP Supplements authorized by the federal Families First Coronavirus Response Act of 2020. On a monthly basis, households received a supplemental payment equaling the difference between their authorized SNAP allotment and the maximum SNAP allotment for their household size. (Hearing Record)
8. On [REDACTED] 2020, the Appellant started a new job at a different company, [REDACTED]. (Ex 7: Equifax wage verification)

9. In █████ 2020, the Appellant had total earnings from █████ of \$2,640.07. The wages exceeded the \$1,354.00 threshold that had to be reported by the 10<sup>th</sup> day of the following month. (Ex. 7, Fact #6)
10. The Appellant did not report to the Department by █████ 2020 that his █████ 2020 gross income exceeded \$1,354.00. (Hearing Record)
11. The tables below reflect the total SNAP amounts issued to the Appellant (regular and supplemental) in each listed month:

█████ 2020	█████ 2020	█████ 2020	█████ 2020	█████ 2020	█████ 2020
\$194.00	\$194.00	\$194.00	\$199.80	204.00	\$204.00

█████ 2020	█████ 2021	█████ 2021	█████ 2021	█████ 2021	█████ 2021
\$204.00	\$234.00	\$234.00	\$234.00	\$234.00	\$234.00

(Ex. 12: Benefit History Search results)

12. On █████ 2021, the Appellant submitted an online application form to renew his eligibility for SNAP. (Hearing Record)
13. On █████ 2021, the Appellant reported his employment with █████ on his application/renewal form. (Hearing Record)
14. On █████ 2021, the Department discovered the Appellant's employment with █████ and verified his past earnings through a third-party employment verification service. The tables below reflect the Appellant's actual earnings in each listed month:

█████ 2020	█████ 2020	█████ 2020	█████ 2020	█████ 2020	█████ 2020
\$3,957.56	\$7,100.16	\$5,441.87	\$5,475.92	\$7,846.68	\$5,562.49

█████ 2020	█████ 2021	█████ 2021	█████ 2021	█████ 2021	█████ 2021
\$12,737.30	\$5,433.56	\$5,588.67	\$5,342.56	\$6,664.69	\$5,388.36

(Hearing Record, Ex. 7)

15. Because the Appellant was required to report by █████ 2020 that his █████ 2020 income exceeded the reporting threshold, the first month he was overpaid SNAP was █████ 2020, because that was the first month the change would have been reflected had he made a timely report. (Hearing Record, Fact #9)
16. On █████ 2021, the Department determined that the Appellant's income exceeded the gross income limit for SNAP for a household of one person in all months from █████ 2020 to █████ 2021, inclusive. (Ex. 9: Case Notes)

17. On █████ 2021, the Department determined that the Appellant's overpayment was not caused by intentional fraud but rather by client error. The client's error was his failure to report his new employment timely. (Ex. 9)
18. On █████ 2021, the Department issued a *Notification of Overpayment and Recoupment* to the Appellant. The notice stated the Appellant was overpaid \$2,563.80 in SNAP benefits during the period from █████ 2020 to █████ 2021. The mailing also included a form for the Appellant to select his preferred means of repayment. (Ex. 5-A: *Notification of Overpayment and Recoupment*, Ex. 5-B: *W-3007 Repayment Form*)
19. During the period from █████ 2020 to █████ 2021, the Appellant's monthly earnings were lowest in █████ 2020 when they equaled \$3,957.56. (Hearing Record, Ex. 7)

### 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 in accordance with federal law.
2. Title 7 of the Code of Federal Regulations ("CFR") Sec. 273.9(a) provides, in relevant part, as follows:
  - i. 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)).
3. **The Appellant's household did not contain an elderly or disabled member. The household was, therefore, subject to both the net income and gross income eligibility standards for SNAP, unless it met categorical eligibility requirements.**
4. States may, at their option, extend categorical eligibility to households "in which all members receive or are authorized to receive non-cash or in-kind services" from a program that is funded in part with State money counted for MOE purposes under Title IV-A, if the program was designed to further either purposes

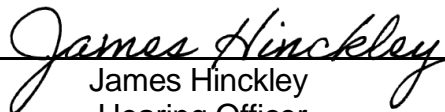
one and two, or three and four, of the TANF block grant. FNS must be informed of, or must approve, the TANF services that a State determines to confer categorical eligibility. 7 CFR § 273.2(j)(2)(ii)

5. **Households in Connecticut with incomes below 185% of the federal poverty level (“FPL”) qualify for the State’s “Help for People in Need” program which is funded with money counted for TANF MOE purposes and meets the requirements in 7 CFR § 273.2(j)(2)(ii). As such, the Department extends broad-based categorical eligibility for SNAP to all households that qualify for “Help for People in Need”.**
6. **The Appellant’s SNAP household size was one.**
7. The standards used in the SNAP are adjusted each year on the first day of October. The Federal Poverty Standards applicable to the Appellant’s SNAP eligibility determination for █████ 2020 – █████ 2020 are published in the Federal Register, Vol. 84, No. 22 / Friday, February 1, 2019, pp. 1167-1168. The Federal Poverty Standards applicable to the Appellant’s SNAP eligibility determination for █████ 2020 – █████ 2021 are published in the Federal Register, Vol. 85, No. 12 / Friday, January 17, 2020, pp. 3060-3061
8. **185% of the FPL for a household of one person was \$1,926.00 monthly in █████ 2020. From █████ 2020 █████ 2021, 185% of the FPL for a household of one person was \$1,968. The Appellant’s household’s total income of \$3,809.57 in █████ 2020 (his lowest earnings month), and in all other months of the overpayment, exceeded 185% of the FPL. His household was, therefore, not eligible for “Help for People in Need” in any month and, therefore, not categorically eligible for SNAP in any month under the provisions of 7 CFR § 273.2(j)(2)(ii). Because the household was not categorically eligible, it was required to meet both the gross and net income eligibility standards pursuant to 7 CFR § 273.9(a).**
9. 7 CFR § 273.9(a)(1) discusses the gross income eligibility standards for the Food Stamp Program and provides that: (i) “The income eligibility standards for the 48 contiguous States and the District of Columbia, Guam and the Virgin Islands shall be 130 percent of the Federal income poverty levels for the 48 contiguous States and the District of Columbia”.
10. **Because the Appellant’s household’s income exceeded 185% of the FPL in each month from █████ 2020 to █████ 2021, his household’s income also exceeded 130% of the FPL, the gross income eligibility standard for SNAP, in each month.**
11. **The Appellant was ineligible for SNAP from █████ 2020 to █████ 2021, because his income exceeded the gross income limit for the program in each month.**

12. **The Department was correct when it determined the Appellant was overpaid \$2,563.80 in SNAP benefits during the period from [REDACTED] 2020 to [REDACTED] 2021.**
13. "A recipient claim is an amount owed because of benefits that are overpaid..." 7 C.F.R. §273.18(a)(1)
14. "This claim is a Federal debt subject to this and other regulations governing Federal debts. The State agency must establish and collect any claim by following these regulations. 7 C.F.R. §273.18(a)(2)
15. **The Department was correct when it determined that the \$2,563.80 in overpaid SNAP benefits constituted a federal debt that was required to be repaid.**

**DECISION**

The Appellant's appeal is **DENIED.**

  
James Hinckley  
Hearing Officer

cc: Musa Mohamud  
Judy Williams  
Jessica Carroll  
Jay Bartolomei  
Garfield White

### **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.