

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 # ██████████
CLIENT ID # ██████████
REQUEST# ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021 the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") informing her that she had been approved for Supplemental Nutritional Assistance Program ("SNAP") benefits in the amount of \$414.00 effective ██████████ 2022.

On ██████████ 2021, the Appellant requested an administrative hearing to appeal the Department's calculation of her SNAP.

On ██████████, 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative Hearing for ██████████
██████████ 2022.

On ██████████ 2022, 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 hearing was held telephonically at the Appellant's request.

The following individuals participated in the hearing:

██████████, Appellant
Marybeth Mark, Department's representative
Joseph Alexander, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the Appellant's monthly SNAP allotment beginning ██████████ 2022.

FINDINGS OF FACT

1. The Appellant's household consist of two persons; Herself and her adult daughter (Appellant's Testimony, Hearing Record).
2. The Appellant is ██████ years old. (Hearing Record).
3. On ██████████ 2021, The Social Security Administration notified the Department via an online interface of an increase in the Appellant's Social Security benefit. (Department's Exhibit 3: Unearned Income Details for ██████████ 2022)
4. On ██████████ 2021, the Department sent a Notice of Action to the Appellant notifying her that the household's SNAP would be reduced from \$442.00 to \$414.00 effective ██████████ 2022. The SNAP reduction would result from a Cost of Living increase associated with the Appellant's Social Security income. (Department's Testimony, Department's Exhibit 1: NOA dated ██████████, Department's Exhibit 3: Unearned Income Details for ██████████ 2022)
5. Effective ██████████ 2022, the household's income consists of the Appellant's \$1,131.00 Social Security benefit. (Hearing Record, Department's Exhibit 3: Unearned Income Details for ██████████ 2022).
6. The Appellant has a \$500.00 per month rental obligation (Appellant Testimony, Hearing Record).
7. The Appellant is responsible for paying for her heating and cooling expenses separately from her rent. (Dept. Ex. 4: Federal SNAP Income Test)
8. The Appellant had not reported/verified out-of-pocket medical expenses to/with the Department prior to ██████████ 2022. (Appellant Testimony)
9. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within ██████ days of the request for an Administrative Hearing. The hearing request was received on ██████████, 2021 therefore, this decision is due no later than ██████████, 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”) Sec. 273.9(a) provides, in relevant part, as follows:

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. Household’s which contain an elderly or disabled member shall meet the net income eligibility standards for the Food Stamp Program. Household’s 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 are 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 § 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

3. 7 CFR § 271.2 states that 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;

The Appellant’s household contains an elderly member. Therefore, the household is not subject to the SNAP gross income eligibility standards.

4. “For purposes of determining the household’s eligibility and level of benefits the State agency shall take into account the income already received by the household during the certification period and any anticipated income, the household and the State agency are reasonably certain will be received during the remainder of the certification period....” 7 CFR § 273.10(c)(1)(i).
5. “Income received during the past 30 days shall be used as an indicator of the income that is and will be available to the household during the certification period....” 7 CFR § 273.10(c)(1)(ii).

The Department correctly determined the Appellant receives Social Security income.

6. 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 and 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)

Pursuant to SNAP rules, the Appellant's household size is two and her household's total countable gross monthly income is \$1,131.00.

7. The income limits and standards used in the SNAP are adjusted each year on the first day of October. The current figures used for the SNAP are effective from October 1, 2021 through September 30, 2022.

185% of the Federal Poverty Level ("FPL") for a household consisting of two person is \$2,686.00 monthly. The Appellant's household's total income of \$1,131.00 is less than 185% of the FPL. The Appellant's household is therefore eligible for "Help for People in Need" and therefore categorically eligible for SNAP under the provisions of 7 C.F.R. §273.2(j)(2)(ii). Due to the household being categorically eligible, it is not required to meet either the gross or net income eligibility standards pursuant to 7 CFR §273.9(a).

8. In the benefit determination, the Appellant's household's income and deductions must be calculated pursuant to 7 CFR § 273.9. Net income and SNAP benefit levels then must be calculated pursuant to 7 CFR § 273.10(e). The calculations are as follows:

Only certain deductions can be used in the calculation of SNAP benefits. The household expenses which may be used as deductions are described in paragraphs (d)(1) to (d)(6) of 7 CFR § 273.9.

9. The standard deduction for a household size of one to six persons is equal to 8.31% of the monthly net income standard for each household size established under § 273.9(a)(2) rounded up to the nearest whole dollar. 7 CFR § 273.9(d)(1).

The Appellant's household qualifies for the standard deduction for a household consisting of one to three persons which is \$177.00. The figure equaling the total deductions allowable under (d)(1) to (d)(5) is applicable to the next calculation.

10. CFR § 273.9(d)(6)(ii) provides for the excess shelter deduction. Monthly shelter expenses in excess of 50% of the household's income after all other deductions in paragraphs (d)(1) to (d)(5) of 7 CFR § 273.9 have been allowed, are allowed as an excess shelter deduction.
11. 7 CFR § 273.9(d)(6) discussed shelter costs and provides that only certain expenses are allowable as shelter expense, including rent, mortgage, property taxes, insurance on the structure, condo and association fees and the actual costs of utilities.

The Department correctly included the Appellant’s \$500.00 monthly rental obligation in the SNAP benefit calculation.

12. 7 CFR § 273.9(d)(6)(iii) provides for a standard utility allowance which may, at State option, be used in place of the actual cost of utilities in determining a household’s excess shelter deduction and which may be made available both the household’s that incur actual utility expenses and to those that receive assistance under the Low-Income Home Energy Assistance Act (“LIHEAA”).

The Department allows a Standard Utility Allowance (“SUA”), currently \$783.00, in place of the actual cost of utilities for qualifying households.

The Department correctly included the SUA in the SNAP benefit calculation.

13. 7 CFR § 273.9(b)(2)(ii) and (b)(5)(i) & (c)(8) instructs the Department to count Social Security Benefits as unearned income. Furthermore, the Department counts the gross amount even if Social Security tax or Medicare premium is withheld.
14. “Except as provided in paragraphs (a)(1), (e)(2)(iii) and (e)(2)(vi) of this section, the household’s monthly allotment shall be equal to the maximum SNAP allotment for a household’s size reduced by 30% of the household’s net monthly income as calculated in paragraph (e)(1) of this section....” 7 CFR §273.10(e)(2)(ii)(A).

30% of the Appellant’s household’s net monthly income is \$44.40. This figure is rounded up to \$45.00 pursuant to § 273.10(e)(2)(ii)(A)(1).

The maximum SNAP allotment (known as the “Thrifty Food Plan”) for a household of two is \$459.00.

Total Wages	\$0.00
Total Unearned Income	\$1,131.00
Gross Monthly Income	\$1,131.00
-20% Earned Income Deduction	\$0.00
-Standard Deduction	\$177.00
Total Adjusted Gross Monthly Income	\$954.00
Total x .5 (50% Adjusted Gross Income)	\$477.00
Shelter Costs	
Rent or Mortgage	\$500.00
Standard Utility Allowance (SUA)	\$783.00
Total Shelter Costs	\$1,283.00
-50% Adjusted Gross Income	\$477.00
Excess Shelter Costs	\$806.00

Total Shelter Deduction (not capped)	\$806.00
Net Monthly Income	\$954.00
-Total Shelter Deduction	\$806.00
Total Net Monthly Income	\$148.00
Total Net Monthly Income x .30	\$45.00(rounded to nearest whole dollar)
Thrifty Food Plan (household of one)	\$459.00
-30% Net Monthly Income	\$45.00
SNAP Allotment for Household	\$414.00

15. 7 CFR § 273.12(a)(5)(vi) & (c) provides for action on interim changes which are defined as changes that become known outside of application, Periodic Report Form (PRF), or renewal.

The date a change becomes known is the date:

- The EDG reports the change by:
 - in-person,
 - mail,
 - online through ConneCT, or
 - phone;
- The information regarding an EDG change is received from other sources.

The Social Security Administration reports changes in benefit amounts directly to the Department via an online interface shared between the two Departments.

Review the change within 10 days of the date the change becomes known to determine the appropriate actions to take for:

- Benefit increases
- Benefit decreases/Case closures
- Unclear information

Provide the EDGs with the appropriate notice when the benefits are decreased or the case is closed.

Benefit decreases or case closures are effective no later than the month following the month the adverse action period (Notification period 10 days before a decrease in benefits or case closure) ends.

16. 7 CFR § 273.12(c)(2)(i) instructs the Department to decrease the benefit within 10 days after the change becomes known if:

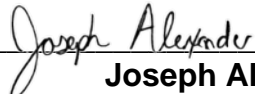
- the EDG requested their case be closed
- TFA or SAGA benefits changed, or

The information was verified upon receipt (information is not questionable, and the provider is the primary source of the information. No further verification is required)

The increase to the Appellant's Social Security benefits that would take effect [REDACTED] 2022 was reported to the Department on [REDACTED] 2021. Therefore, the Appellant's SNAP was correctly decreased from \$452.00 to \$414.00 effective [REDACTED] 2022.

DECISION

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



Joseph Alexander
Administrative Hearing Officer

CC: Cheryl Stuart, Operations Manager, DSS, Norwich Regional Office
Marybeth Mark, Administrative Hearing Liaison, DSS, Norwich 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 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.