STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS 55 FARMINGTON AVENUE HARTFORD, CT061056-3725

2022 Signature Confirmation

Client ID#	
Request #	

NOTICE OF DECISION

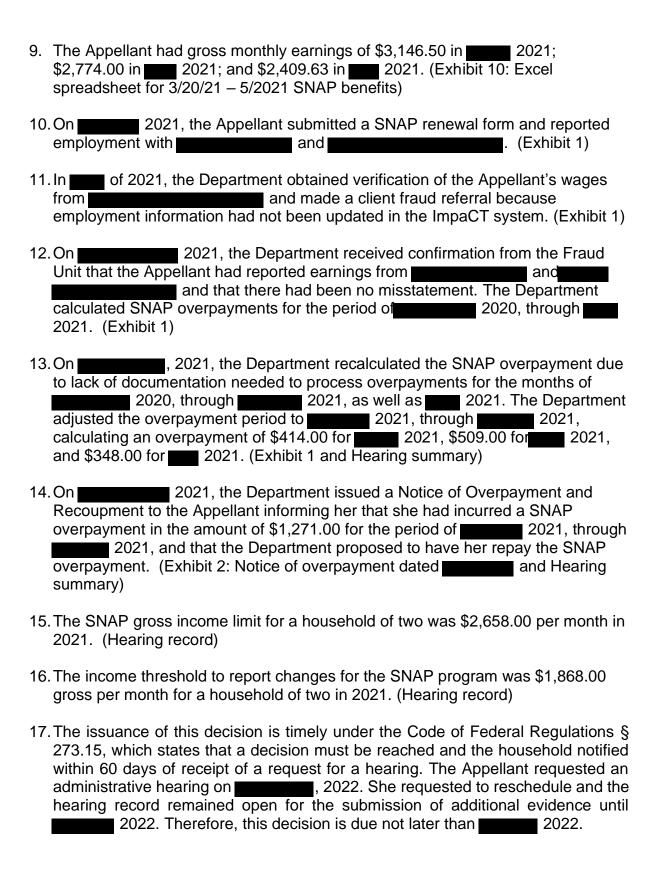
<u>PARTY</u>



PROCEDURAL BACKGROUND

[2021, the Department of Social Services (the "Department") sent (the "Appellant") a Notification of Overpayment and Recoupment advising her of an overpayment of \$1,271.00 of her Supplemental Nutrition Assistance Program ("SNAP") benefits for the period of 2021, through 2021, and advising her that she must repay the overpayment. 2021, the Appellant requested an administrative hearing to contest the Department's decision to have her repay such benefits. , 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for January 14, 2022. , 2022, the Appellant requested to reschedule the administrative hearing. 2022, the OLCRAH issued a notice scheduling the administrative hearing for February 9, 2022. On 2022, the Appellant requested to reschedule the ad ministrative hearing. ■ 2022, the OLCRAH issued a notice scheduling the administrative On hearing for 2022.

	, 2022, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 ive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. ollowing individuals were present at the hearing:			
	, the Appellant Rivera, Eligibility Services Worker, Department's Representative rta Gould, Hearing Officer			
	STATEMENT OF THE ISSUE			
was c	ssue to be decided is whether the Department's determination that the Appellant overpaid in SNAP benefits and that the Department must recoup the overpaid its is correct.			
FINDINGS OF FACT				
1.	On, 2020, the Appellant applied for SNAP assistance for herself and her child, (Exhibit 6: W-1E application form dated)			
2.	At the time of application for SNAP benefits the Appellant reported earnings from as a paid caregiver for her mother. (Exhibit 1: Case notes, Exhibit 6 and Exhibit 7: Wage stubs for)			
3.	On, 2020, the Appellant reported to the Department that she was no longer employed with Caregiver Homes of CT as a paid caregiver for her mother. (Exhibit 1)			
4.	In proceeding, the Appellant reported to the Department that she was employed with and and an arrangement. (Exhibit 1)			
5.	In the Appellant submitted wage verification for and and . (Exhibit 1 and Exhibit 8: Wage stubs for			
6.	On 2021, the Department received a New Hires match for . (Exhibit 11: Case notes)			
7.	On, 2021, the Appellant submitted a SNAP renewal form and reported that she was still employed with, that employment with had ended in of 2020, and that she was still employed with (Exhibit 1 and Exhibit 5: SNAP renewal form dated)			
8.	In of 2021, the Department documented that the Appellant began employment with in of 2020, and what her gross wages were from wage verification). (Exhibit 1 and Exhibit 4:			



CONCLUSIONS OF LAW

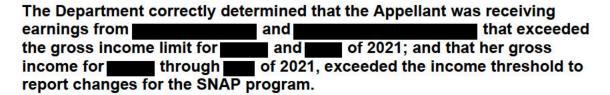
- Section 17b-2 of the Connecticut General Statutes, authorizes the Commissioner of the Department of Social Services to administer the SNAP program in accordance with federal law.
- 2. Section 17b-88 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to recover any public assistance overpayment and take such other action as conforms to federal regulations, including, but not limited, conducting administrative disqualification hearings.
- 3. Title 7 of the Code of Federal Regulations ("CFR") § 273.1(b)(1)(ii) provides that the following individuals who live with others must be considered as customarily purchasing food and preparing meals with others, even if they do not do so, and thus be included in the same household, unless otherwise specified. A person under 22 years of age who is living with his or her natural or adoptive parent(s) or step parent(s).
- 4. Conn. Gen. Stat. § 17b-10 provides that "the Department's Uniform Policy Manual ("UPM") is the equivalent of a state regulation and, as such, carries the force of law."

Uniform Policy Manual ("UPM") § 2020.10(A)(3) provides that the assistance unit must include certain individuals who are in the home, if they are not specifically excluded or ineligible to participate in the food stamp program. Those who are related as follows must be included in the assistance unit, except when the child or adult is a foster child or foster adult: children ages 18 through 21 living with their parents.

The Department correctly determined that the Appellant had an assistance unit of two persons during 2021, through 2021.

- 5. Title 7 of the CFR § 273.9(b)(1) provides for the definition of income and that household income shall mean all income from whatever source excluding items specified in paragraph (c) of this section.
 - UPM § 5005(A)(1) provides that the Department counts the assistance unit's available income, and that income is considered available if it is received directly by the assistance unit.
- 6. Title 7 of the Code of Federal Regulations (CFR) § 273.10(c)(1)(ii) & (c)(2)(i) provides for converting income into monthly amounts.
- 7. UPM § 5025.05(B)(2) provides that if income is received on other than a monthly basis, the estimate of income is calculated by multiplying 4.3 by a representative weekly amount that is determined as follows:

- a. if income is the same each week, the regular weekly income is the representative weekly amount;
- if income varies from week to week, a representative period of at least four consecutive weeks is averaged to determine the representative weekly amount;
- if there has been a recent change or if there is an anticipated future change, the amount expected to represent future income is the representative weekly amount;
- d. if income is received on other than a weekly a monthly basis, the income is converted to a representative weekly amount by dividing the income by the number of weeks covered.
- 8. UPM § 5520.40 provides that income eligibility for the FS program is determined either through the use of FS gross and applied income tests or through meeting the eligibility requirements for TFA (including diversion assistance), AFDC, AABD, GA, SAGA, refugee assistance or SSI.
- 9. UPM § 5520.40(B) provides that
 - Income eligibility is determined on the basis of the assistance unit's total monthly applied income:
 - a. including those units which are not subjected to the Gross Income Eligibility Test; and
 - excluding those units which are considered categorically eligible for FS benefits.
 - 2. the unit's total monthly applied income is compared to an amount equivalent to the Food Stamp Applied Income Limit for the respective unit size:
 - a. If the total applied income exceeds the FSAIL, the unit is not eligible for Food Stamp benefits;
 - b. If the total applied income equals or is less than the FSAIL, the unit is eligible.



- 10.UPM § 7005.10(A) provides for the determination of the cause of error for the SNAP program:
 - The Department classifies errors as agency, recipient, or provider caused.
 - If an overpayment is caused by the assistance unit, the Department makes a preliminary determination regarding whether the error was intentional or unintentional, and whether to pursue a legal action against the assistance unit on fraud charges.
 - If the Department seeks to impose a penalty against the assistance unit, a final determination regarding the nature of a recipient error is made either by a court of jurisdiction or by the Department through the Administrative Disqualification Hearing Process.
 - The Department takes action against the provider, is benefits paid to the provider on behalf of the assistance unit were overpaid due to a provider error.
- 11.UPM § 7005.10(C) provides, in part, that recipient error overpayment errors are either intentional or unintentional and that "If the Department does not seek a penalty against the assistance unit, either through a court procedure or through the Administrative Disqualification Hearing process, recipient error is classified as unintentional."

The Department corre	ctly determined that the SNAP	error overpayments for
2021, through	h 2021, were unintentio	nal as she had reported
her earnings from	and	in of
2020, and again in	of 2021, but had not reported	that her gross earnings
had surpassed the gro	oss income limit for the progra	m.

12.UPM § 7045.15(D)(3) provides that in the computation of the overpayment, the overpayment begins as of the date the factor should have been considered in the eligibility determination. In determining this date, the Department allows for the ten day notification period, if appropriate.

The Department cor	rectly determined that a SI	NAP overpayment existed for			
the months of	2021, through	2021, in the amount of			
\$1,271.00 (\$414.00 + \$509.00 + \$348.00) as an unintentional client error.					
On 202	1, the Department correct	ly issued a Notification of			
Overpayment and Recoupment advising the Appellant of a SNAP					
overpayment of \$1,2	271.00 for the period of	, 2021, through			

2021, and advising her that she must repay the overpayment.

DECISION

The Appellant's appeal is DENIED.	
	Roberta Gould Hearing Officer

CC: Angelica Branfait, Social Services Operations Manager, DSS Manchester Musa Mohamud, Social Services Operations Manager, DSS Manchester Javier Rivera, Eligibility Services Worker, DSS 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 <u>specific</u> 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.