

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

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 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.

On ██████████, 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.

On ██████████, 2022, the Appellant requested to reschedule the administrative hearing.

On ██████████, 2022, the OLCRAH issued a notice scheduling the administrative hearing for February 9, 2022.

On ██████████ 2022, the Appellant requested to reschedule the administrative hearing.

On ██████████ 2022, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2022.

On [REDACTED], 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 following individuals were present at the hearing:

[REDACTED], the Appellant
Javier Rivera, Eligibility Services Worker, Department's Representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's determination that the Appellant was overpaid in SNAP benefits and that the Department must recoup the overpaid benefits is correct.

FINDINGS OF FACT

1. On [REDACTED], 2020, the Appellant applied for SNAP assistance for herself and her child, [REDACTED]. (Exhibit 6: W-1E application form dated [REDACTED])
2. At the time of application for SNAP benefits the Appellant reported earnings from [REDACTED] as a paid caregiver for her mother. (Exhibit 1: Case notes, Exhibit 6 and Exhibit 7: Wage stubs for [REDACTED])
3. On [REDACTED], 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 [REDACTED], the Appellant reported to the Department that she was employed with [REDACTED] and [REDACTED]. (Exhibit 1)
5. In [REDACTED], the Appellant submitted wage verification for [REDACTED] and [REDACTED]. (Exhibit 1 and Exhibit 8: Wage stubs for [REDACTED])
6. On [REDACTED] 2021, the Department received a New Hires match for [REDACTED] [REDACTED]. (Exhibit 11: Case notes)
7. On [REDACTED], 2021, the Appellant submitted a SNAP renewal form and reported that she was still employed with [REDACTED], that employment with [REDACTED] had ended in [REDACTED] of 2020, and that she was still employed with [REDACTED]. (Exhibit 1 and Exhibit 5: SNAP renewal form dated [REDACTED])
8. In [REDACTED] of 2021, the Department documented that the Appellant began employment with [REDACTED] in [REDACTED] of 2020, and what her gross wages were from [REDACTED]. (Exhibit 1 and Exhibit 4: [REDACTED] [REDACTED] wage verification)

9. The Appellant had gross monthly earnings of \$3,146.50 in [REDACTED] 2021; \$2,774.00 in [REDACTED] 2021; and \$2,409.63 in [REDACTED] 2021. (Exhibit 10: Excel spreadsheet for 3/20/21 – 5/2021 SNAP benefits)
10. On [REDACTED] 2021, the Appellant submitted a SNAP renewal form and reported employment with [REDACTED] and [REDACTED]. (Exhibit 1)
11. In [REDACTED] of 2021, the Department obtained verification of the Appellant's wages from [REDACTED] and made a client fraud referral because employment information had not been updated in the ImpaCT system. (Exhibit 1)
12. On [REDACTED] 2021, the Department received confirmation from the Fraud Unit that the Appellant had reported earnings from [REDACTED] and [REDACTED] and that there had been no misstatement. The Department calculated SNAP overpayments for the period of [REDACTED] 2020, through [REDACTED] 2021. (Exhibit 1)
13. On [REDACTED], 2021, the Department recalculated the SNAP overpayment due to lack of documentation needed to process overpayments for the months of [REDACTED] 2020, through [REDACTED] 2021, as well as [REDACTED] 2021. The Department adjusted the overpayment period to [REDACTED] 2021, through [REDACTED] 2021, calculating an overpayment of \$414.00 for [REDACTED] 2021, \$509.00 for [REDACTED] 2021, and \$348.00 for [REDACTED] 2021. (Exhibit 1 and Hearing summary)
14. On [REDACTED] 2021, the Department issued a Notice of Overpayment and Recoupment to the Appellant informing her that she had incurred a SNAP overpayment in the amount of \$1,271.00 for the period of [REDACTED] 2021, through [REDACTED] 2021, and that the Department proposed to have her repay the SNAP overpayment. (Exhibit 2: Notice of overpayment dated [REDACTED] and Hearing summary)
15. The SNAP gross income limit for a household of two was \$2,658.00 per month in 2021. (Hearing record)
16. The income threshold to report changes for the SNAP program was \$1,868.00 gross per month for a household of two in 2021. (Hearing record)
17. 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], 2022. She requested to reschedule and the hearing record remained open for the submission of additional evidence until [REDACTED] 2022. Therefore, this decision is due not later than [REDACTED] 2022.

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. 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;
 - b. if income varies from week to week, a representative period of at least four consecutive weeks is averaged to determine the representative weekly amount;
 - c. 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
1. 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
 - b. 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.

The Department correctly determined that the Appellant was receiving earnings from [REDACTED] and [REDACTED] that exceeded the gross income limit for [REDACTED] and [REDACTED] of 2021; and that her gross income for [REDACTED] through [REDACTED] of 2021, exceeded the income threshold to report changes for the SNAP program.

10. UPM § 7005.10(A) provides for the determination of the cause of error for the SNAP program:

1. The Department classifies errors as agency, recipient, or provider caused.
2. 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.
3. 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.
4. The Department takes action against the provider, if 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 correctly determined that the SNAP error overpayments for [REDACTED] 2021, through [REDACTED] 2021, were unintentional as she had reported her earnings from [REDACTED] and [REDACTED] in [REDACTED] of 2020, and again in [REDACTED] of 2021, but had not reported that her gross earnings had surpassed the gross income limit for the program.

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 correctly determined that a SNAP overpayment existed for the months of [REDACTED] 2021, through [REDACTED], 2021, in the amount of \$1,271.00 (\$414.00 + \$509.00 + \$348.00) as an unintentional client error.

On [REDACTED] 2021, the Department correctly issued a Notification of Overpayment and Recoupment advising the Appellant of a SNAP overpayment of \$1,271.00 for the period of [REDACTED], 2021, through [REDACTED] 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 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.