

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105

██████████ 2022
Signature confirmation

Case: ██████████
Client: ██████████
Request: 187486

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the "Department") issued ██████████ (the "Appellant") a *Notice of Action* denying her ██████████ 2021 Supplemental Nutrition Assistance Program ("SNAP") application.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received the Appellant's telephoned hearing request.

On ██████████ 2021, the OLCRAH issued a notice to the Appellant, scheduling the administrative hearing for ██████████, 2022.

On ██████████ 2022, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, and Section 273.15 of Title 7 of the Code of Federal Regulations ("C.F.R."), the OLCRAH held an administrative hearing. The following individuals participated:

██████████ Appellant
██████████, Appellant Witness (daughter)
Juan Santiago, Department Representative
Eva Tar, Hearing Officer

The administrative hearing record closed ██████████ 2022.

STATEMENT OF ISSUE

The issue is whether the Department correctly determined that the Appellant was ineligible for SNAP benefits.

FINDINGS OF FACT

1. The Appellant is ■ years old. (Appellant Witness Testimony)
2. The Appellant lives alone. (Appellant Witness Testimony)
3. In ■ he Appellant grossed \$820.00 per month in Social Security benefits. (Appellant Witness Testimony)
4. In 2021, Medicare B premiums equaled \$148.50 per month; the Medicare B premium increased to \$170.10 per month in 2022. (Department Representative Testimony)
5. In 2021, the Appellant paid her Medicare B premium as a deduction from her Social Security benefits. (Appellant Witness Testimony)
6. The Appellant grossed \$1,300.00 per month from a pension. (Appellant Witness Testimony)
7. There were no deductions taken from the Appellant's pension. (Appellant Witness Testimony)
8. The Appellant's rent was \$565.00 per month, with heat included. (Appellant Testimony)
9. On ■ 2021, the Department received the Appellant's SNAP application, signed by the Appellant on ■, 2021. (Exhibit 6)
10. On the ■ 2021 SNAP application, the Appellant reported that she had medical insurance through ■ (Exhibit 6)
11. On the ■, 2021 SNAP application, the Appellant reported that she had monthly out-of-pocket medical expenses of approximately \$25.00 for prescription co-pays and \$125.00 for over-the-counter medications. The Appellant also indicated that she paid \$325.00 per year for eyeglasses. (Exhibit 6)
12. On ■ 2021, the Department issued a *Notice of Action* denying the Appellant's ■ 2021 SNAP application. (Exhibit 2)
13. Prior to the Department's ■ 2021 denial of the Appellant's ■ 2021 SNAP application, the Department did not ask the Appellant to verify: 1) her

reported [REDACTED] medical premium, if any, and 2) her reported out-of-pocket monthly medical expenses. (Hearing record)

14. At the [REDACTED] 2022 and [REDACTED] 2022, the Appellant's Witness emailed the Department verification of additional medical expenses incurred by the Appellant at various dates in 2021. (Department Representative Testimony) (Appellant Witness Testimony)
15. Title 7, Section 273.15 (c)(1) of the Code of Federal Regulations ("C.F.R.") provides in part that "[w]ithin 60 days of receipt of a request for a fair hearing, the State agency shall assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision...." Subsection (c)(4) of this Section provides in part that "[t]he household may request and is entitled to receive a postponement of the scheduled hearing. The postponement shall not exceed 30 days and the time limit for action on the decision may be extended for as many days as the hearing is postponed...."
16. On [REDACTED] 2021, the OLCRAH received the Appellant's telephoned hearing request. The issuance of this decision initially would have been due by [REDACTED] 2022. However, the OLCRAH granted the Appellant's request for a 10-day extension to the close of the hearing record, and as a result extended the deadline for this decision by 10 days to [REDACTED] 2022. This decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.

The Department had the authority under State statute to administer the SNAP in Connecticut.

2. Title 7, Code of Federal Regulations ("C.F.R.") section 273.1 (a)(3) provides that a household is "[a] group of individuals who live together and customarily purchase food and prepare meals together for home consumption."

For the purposes of the SNAP, the Appellant was a SNAP household of one.

3. 7 C.F.R. § 271.2 in part provides the definition of an elderly or disabled individual.

The Appellant was an elderly individual.

4. "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 SNAP.* ... 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)).” 7 C.F.R. § 273.9 (a). (emphasis added).

As an elderly individual, the Appellant is required to meet the net income eligibility standards for the SNAP as a condition of participation in that program.

1. “Household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.” 7 C.F.R. § 273.9 (b).

“Unearned income shall include, but not be limited to: (ii) Annuities; pensions; retirement, veteran's, or disability benefits; worker's or unemployment compensation including any amounts deducted to repay claims for intentional program violations as provided in §272.12; old-age, survivors, or social security benefits; ...” 7 C.F.R. § 273.9 (b)(2)(ii).

For the purposes of the SNAP, the Appellant’s Social Security and pension benefits were counted unearned income.

2. Title 7, Section § 273.9 (d)(1)(i) of the Code of Federal Regulations provides for a standard deduction for the 48 States, District of Columbia, Alaska, Hawaii, and the Virgin Islands.

The SNAP Standard Deduction is \$177.00 per month for a household of one to three people effective October 1, 2021.

In determining the Appellant’s net applied income, the Department correctly used the \$177.00 Standard Deduction for a household of one in its calculation.

In ██████████ 2021, the Appellant’s adjusted monthly gross income equaled \$1,943.00. [\$820.00 (SSA) plus \$1,300.00 (pension) minus \$177.00 (standard deduction)]

3. Title 7, Section 273.10 (e) of the Code of Federal Regulations provides for calculating net income and benefit levels. Subsection (e)(1)(i) provides:
To determine a household's net monthly income, the State agency shall:
(A) Add the gross monthly income earned by all household members and the total monthly unearned income of all household members, minus income exclusions, to determine the household's total gross income...
(B) ...
(C) Subtract the standard deduction.
(D) If the household is entitled to an excess medical deduction as provided in §273.9(d)(3), determine if total medical expenses exceed \$35. If so, subtract that portion which exceeds \$35.
(E) ...
(F) ...

(G)...

(H) Total the allowable shelter expenses to determine shelter costs, unless a deduction has been subtracted in accordance with paragraph (e)(1)(i)(G) of this section. Subtract from total shelter costs 50 percent of the household's monthly income after all the above deductions have been subtracted. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, the net monthly income has been determined. If there is excess shelter cost, compute the shelter deduction according to paragraph (e)(1)(i)(I) of this section.

(I) Subtract the excess shelter cost up to the maximum amount allowed for the area (unless the household is entitled to the full amount of its excess shelter expenses) from the household's monthly income after all other applicable deductions. Households not subject to a capped shelter expense shall have the full amount exceeding 50 percent of their net income subtracted. The household's net monthly income has been determined.

7 C.F.R. § 273.10 (e)(1)(i).

The Appellant's shelter expenses were an allowable deduction with respect to the SNAP net income eligibility calculation.

The Appellant's [REDACTED] premium (if any), Medicare B premium, and other out-of-pocket monthly medical expenses—if verified—were an allowable deduction with respect to the SNAP net income eligibility calculation.

4. *"Determining deductions.* Deductible expenses include only certain dependent care, shelter, medical and, at State agency option, child support costs as described in §273.9." 7 C.F.R. § 273.10 (d).

"At certification and recertification, the household shall report and verify all medical expenses. *The household's monthly medical deduction for the certification period shall be based on the information reported and verified by the household, and any anticipated changes in the household's medical expenses that can be reasonably expected to occur during the certification period based on available information about the recipient's medical condition, public or private insurance coverage, and current verified medical expenses....*" 7 C.F.R. § 273.10 (d)(4). (emphasis added)

The Department erred by failing to consider and request verification of the Appellant's reported out-of-pocket monthly medical expenses and medical insurance premium(s)—including her monthly Medicare B premium—which are allowable deductions from the Appellant's income.

The Department incorrectly determined that the Appellant was ineligible for SNAP benefits in [REDACTED] 2021, as the Department had failed to correctly calculate the Appellant's net applied income when it did not explore and verify the Appellant's reported medical expenses.

DECISION

The Appellant's appeal is REMANDED to the Department for further action.

ORDER

1. The Department will reopen the Appellant's [REDACTED], 2021 SNAP application.
2. The Department will evaluate the Appellant's submitted, allowable medical expenses to determine whether these deductions render the Appellant's income within the SNAP's net applied income limit.

Should the Department require additional verification from the Appellant as to her out-of-pocket monthly medical expenses (including medical insurance premiums), the Department will issue a written request for verification to the Appellant, giving her 10 days to submit the requested documentation.

3. Within 14 calendar days of the date of this decision, or [REDACTED] 2022, documentation of compliance with this Order is due to the undersigned.

Eva Tar-electronic signature

Eva Tar
Hearing Officer

Cc: Juan Santiago, DSS-Willimantic
Tonya Cook-Beckford, DSS-Willimantic

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.