

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE
HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████, 2022
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT # ██████████
REQUEST # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2022, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) regarding the denial of her application for Supplemental Nutritional Assistance Program (“SNAP”) benefits due to excess income.

On ██████████, 2022, the Appellant requested an administrative hearing to appeal the SNAP denial.

On ██████████ 2022, 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 via computer connection with the Norwich regional office. The following individuals participated in the hearing:

██████████, Appellant
Amy McClafferty, Department’s Representative
Joseph Alexander, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's application for SNAP benefits due to excess income.

FINDINGS OF FACT

1. On [REDACTED], 2022, the Appellant requested an administrative hearing to dispute the discontinuance of her SNAP benefits due to failing to complete the renewal process. (Hearing Record)
2. On [REDACTED] 2022, the Appellant provided information pertaining to her [REDACTED] renewal to the Department. The Department screened SNAP as an application with an effective date of [REDACTED] 2022. The Department determined the Appellant was not eligible for SNAP as her household's income exceeded the programs income limit. (Hearing Record)
3. The Appellant has chosen not to pursue an administrative hearing to dispute the [REDACTED] 2022, SNAP denial. (Hearing Record)
4. In [REDACTED] 2022, the Appellant submitted an application requesting SNAP for a household of 4. (Hearing Record, Dept. Ex. 1: NOA dated [REDACTED] 2022)
5. In [REDACTED] 2022, the Department denied the application as the household's income exceeded the income limit for the SNAP. (Hearing Record)
6. The Appellant's household consist of the following individuals: The Appellant, the Appellant's spouse [REDACTED], child [REDACTED] and child [REDACTED]. (Dept. Ex. 1: NOA date [REDACTED] 2022)
7. No member of the household is elderly or disabled. (Appellant Testimony)
8. On [REDACTED] 2022, the Appellant submitted the following to the Department: (Dept. Ex. 3: [REDACTED] Earnings Statements, Dept. Ex. 4: [REDACTED] Earnings Statements, Dept. Ex. 5: Case Note dated [REDACTED], 2022)

[REDACTED] earnings statements (pay date/gross amount):

- [REDACTED] \$878.90
- [REDACTED] \$896.11
- [REDACTED] 22 \$1,035.03
- [REDACTED] 22 \$794.03

[REDACTED] earnings statements (pay date/gross amount)

- [REDACTED] 22 \$188.00
- [REDACTED] 22 \$247.75

9. The Department calculated the Appellant's [REDACTED] wages to total \$3,898.14. (Dept. Ex. 2: Federal SNAP-Income Test)
10. The Department calculated the Appellant's [REDACTED] wages to total \$461.18. (Dept. Ex. 2: Federal SNAP-Income Test)
11. The Department calculated the household's total gross monthly income to be \$4,359.32. (Dept. Ex. 2: Federal SNAP-Income Test)
12. The Appellant has a weekly shelter expense obligation of \$500.00. (Appellant Testimony)
13. The Appellant is responsible for paying heating and cooling expenses separately from the rental obligation. (Appellant Testimony)
14. The Appellant does not have any childcare/support obligations. (Appellant Testimony)
15. 185% of the Federal Poverty Level ("FPL") for a household of four is \$4,086.00 and 100% of the FPL for a household of four is \$2,209.00. These figures represent the gross and net income limits for the SNAP for a household of four. (Federal Register)
16. On [REDACTED], 2022, the Department issued a NOA notifying the Appellant that the SNAP was denied for the following reasons: (Dept. Ex. 1: NOA dated [REDACTED], 2022)
 - The monthly gross income of your household is more than the limit for this program
 - Does not meet program requirements
17. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within [REDACTED] days of the request for an Administrative Hearing. The hearing request was received on [REDACTED], 2022, making this decision due by [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. 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;

No member of the household is elderly or disabled therefore the household is subject to both the gross and net income eligibility standards.

4. 7 CFR § 273.2(j) provides for categorical eligibility. There are 2 different types of categorical eligibility: regular categorical eligibility (“RCE”) and expanded categorical eligibility (“ECE”).
5. 7 CFR § 273.2(j)(1)-(5) provides for RCE and specifies Eligibility Determination Groups (“EDG”) are RCE when each EDG member is authorized to receive at least one of the following programs:
 - AABD (Aid to the Aged Blind Disabled)
 - SAGA (State Administered General Assistance)
 - SSI (Supplemental Security Income)
 - TFA (Temporary Family Assistance)

“Authorized to receive” means an individual has been determined eligible for benefits and has been notified, even if the benefits have been:

- authorized but not accessed,
- authorized but not received,
- recouped,

- suspended, or
- not paid because they are less than the minimum amount.

The Department correctly determined none of the EDG members meet the RCE requirements.

6. 7 CFR § 273.2(j)(2)(ii)(A)-(B) and (iii) provides for ECE and specifies EDGs not RCE, whose gross income is below 185% of the Federal Poverty Level (“FPL”), are ECE because all household members are authorized to receive TFA-funded referral services.

The Department correctly determined the household does not meet the ECE requirements as the gross monthly income exceeds 185% of the FPL for a household of four (\$4,086.00), and no EDG member has been authorized to receive TFA-funded referral services.

The Department correctly determined that because the EDG members meet neither the RCE or ECE requirements, the household is subject to the net income limit (\$2,209.00) for the SNAP (household of four).

7. 7 CFR §273.10(c)(1)(i) states in part, “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.”
8. 7 CFR §273.10(c)(1)(ii) states, “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.”
9. 7 CFR § 273.9(b)(1)(i) instructs the Department to count all wages and salaries as earned income.

The Department correctly counted the Appellant’s wages from [REDACTED] and [REDACTED]

10. 7 CFR § 273.10(c)(3)(i)-(iii) instructs the Department to average income when the income amounts or receipt dates are inconsistent. To determine an average amount:
1. Add the gross income for the time period used;
 2. Divide the total gross income (Step 1) by the number of pay dates used;
 3. Multiply the average (Step 2) by the conversion factor, if applicable.

The result is the gross monthly average.

11. 7 CFR § 273.10(c)(2)(i) provides for income conversion and instructs the Department to convert income paid more often than monthly to a monthly amount. Conversion factors are:

- The average weekly amount multiplied by 4.3
- The average bi-weekly amount multiplied by 2.15
- Received twice a month (semi-monthly) multiplied by 2

The Hearing Officer is unable to determine if the Department used the correct conversions for the Appellant's income because the figures the Department references in the hearing summary differ from the figures shown on Dept. Ex. 2, which differ from the figures shown in the Notice of Action dated [REDACTED], 2022, which subsequently differ from the figures the Hearing Officer calculated. The Hearing Officer's calculations will be shown below.

The income which has been verified via earnings statements should be calculated as follows:

[REDACTED]
[REDACTED] \$878.90 + [REDACTED] \$896.11 + [REDACTED] \$1,035.03 + [REDACTED] \$794.03
Total \$3,604.07 / 4 = \$901.01 (average weekly pay)
\$901.01 x 4.3 (paid weekly) = \$3,874.37 (gross monthly [REDACTED] income)

[REDACTED]:
[REDACTED] \$188.00 + [REDACTED] \$247.75
Total \$435.75 / 2 = \$217.87 (average bi-weekly pay)
\$217.87 x 2.15 (paid bi-weekly) = \$468.43 (gross monthly [REDACTED] income)

Total Household Income: \$4,342.80

12. 7 CFR § 273.9(b)(1) instructs the Department to count bonuses as earned income if received while the individual is employed.

13. 7 CFR § 273.9(b)(1)(i) instructs the Department to count overtime pay as earned income.

14. 7 CFR § 273.9(b)(1)(i) and (2)(ii) & (c)(8) instruct the Department to count sick pay as earned income when the individual received it while employed.

15. 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. (Program Limits Chart Region A, B, C, Federal Register)

16. 7 CFR 273.9(a)(1)(i) provides for the gross income limit and specifies that the total of all non-excluded gross income of all EDG members must not be greater than the

gross income limit for that EDG size unless:

- the EDG is RCE; or
- An EDG member is elderly or disabled

The Department correctly determined that the household's total income exceeds the SNAP gross income limit for a household of four (\$4,086.00) (see Conclusion of Law #6).

The Department correctly determined no household members are elderly or disabled and the RCE and ECE criteria was not met (see Conclusions of Law #3, #5, and #6)

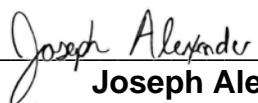
DISCUSSION

As mentioned in Conclusion of Law # 11 this Hearing Officer is unable to determine if the Department used the correct conversions for the Appellant's income as the income totals differ. The income (pay dates/gross amounts) displayed in the hearing summary when added and converted in accordance with Conclusion of Law # 11 do not equal the gross income displayed on the Federal SNAP-Income Test page. In addition, the average weekly and bi-weekly incomes show on the NOA dated [REDACTED], 2022, do not match the income shown in the hearing summary. Despite the income calculations between the Department and the hearing officer being different, the outcome is still the same. The household's gross monthly income exceeds the gross income limit for a household of four.

The Department correctly denied the Appellant's SNAP effective [REDACTED] 2022.

DECISION

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



Joseph Alexander
Administrative Hearing Officer

CC: Jessica Carrol, 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.