

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

██████████
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # 196868

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████. (the "Appellant") discontinuing his Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████.

On ██████████, the Appellant requested an administrative hearing to contest the Department's discontinuance of his SNAP benefits.

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

On ██████████, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing via video connection to the New Haven Regional Office.

The following individuals participated in the hearing:

██████████ Appellant
Shannon Shlash, Department's Representative
Sara Hart, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department correctly discontinued the Appellant's SNAP benefits.

FINDINGS OF FACT

1. The Appellant was a recipient of SNAP for a household of two for the benefit period of [REDACTED], through [REDACTED] [REDACTED]. (*Exhibit 8: Notice of Renewal of Eligibility, Department's Testimony*)
2. On [REDACTED], the Appellant submitted a completed renewal form ("W1ER") for SNAP benefits for a household of two, including the Appellant, age [REDACTED] (DOB [REDACTED]), and his spouse, age [REDACTED] DOB [REDACTED]. (*Exhibit 1: W1ER, Exhibit 10: Case Notes, Appellant's Testimony*)
3. On [REDACTED], the Department reviewed the Appellant's renewal and completed a telephone interview. (*Exhibit 10*)
4. The Appellant receives Social Security Disability ("SSDI") of \$1965.10 per month and a pension of \$404.79 per month. The Appellant's spouse receives SSDI of \$ 1501.10 per month. (*Appellant's Testimony, Department's Testimony*)
5. The Department calculated the Appellant's total household monthly gross income as \$3870.99 (\$1965.10+\$1501.10+\$404.79). (*Exhibit 11: July EDG Calculation*)
6. The Appellant is responsible to pay \$1275.00 per month for rent and pays separate heating and cooling costs. (*Appellant's Testimony*)
7. The Appellant did not report any new medical expenses on his [REDACTED] W1ER or during his SNAP interview. (*Exhibit 1, Department's Testimony*)
8. The Appellant and his spouse each pay \$170.10 per month for Medicare Part B premiums. (*Exhibit 9, Appellant's Testimony*)
9. The household does not pay dependent care or child support expenses. (*Appellant's Testimony*)
10. On [REDACTED], the Department issued the Appellant a NOA discontinuing his SNAP benefits, effective [REDACTED], because his net income exceeded the limits. (*Exhibit 3: NOA [REDACTED]*)
11. The issuance of this decision is timely under Title 7 of the Code of Federal Regulations ("C.F.R") § 273.15 (c) (1) which requires that the Department render a decision and notify the household within 60 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on [REDACTED]; therefore, this decision is due no later than [REDACTED]

CONCLUSIONS OF LAW

1. Section 17b-2(7) of the Connecticut General Statutes provides that the Department of Social Services is designated as the state agency for the administration of the SNAP program pursuant to the Food and Nutrition Act of 2008.
2. "The department's uniform policy manual ("UPM") is the equivalent of state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. 7 C.F.R. § 273.1(b)(1)(i) provides for required household composition. The following individuals who live with others must be considered as customarily purchasing food and preparing meals with the others, even if they do not do so, and thus must be included in the same household, unless otherwise specified.
 - i. Spouses

The Department correctly determined the Appellant's household consists of two members.

4. 7 C.F.R. § 271.2 states that *Elderly or disabled member* means a member of a household who: (1) Is 60 years of age or older.

The Department correctly determined that both household members meet the definition of elderly for purposes of SNAP eligibility.

5. 7 C.F.R. § 273.9(b) provides for the definition of income. 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)(2)(ii) provides in part that unearned income shall include, but not limited to: 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.

The Department correctly considered the household's monthly Social Security of \$3466.20 and monthly pension of \$404.79 as unearned income in the determination of eligibility for SNAP benefits.

6. 7 C.F.R. § 273.9(a) provides that 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 the Food Stamp Program. Households, 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 that are categorically eligible as 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 levels established in Section 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)).

7 C.F.R. § 273.9(a)(1)(i) provides the gross income eligibility standards for SNAP shall be as follows: The income eligibility standards for the 48 contiguous States and the District of Columbia, Guam and the Virgin Islands shall be 130 percent of the Federal income poverty levels for the 48 contiguous States and the District of Columbia.

7 C.F.R. § 273.9(a)(2)(i) provides that the net income eligibility standards for SNAP shall be as follows: The income eligibility standards for the 48 contiguous States and the District of Columbia, Guam and the Virgin Islands shall be the Federal income poverty levels for the 48 contiguous States and the District of Columbia.

7 C.F.R. § 273.9(a)(3) provides the following: The income eligibility limits, as described in this paragraph, are revised each October 1 to reflect the annual adjustment to the Federal income poverty guidelines for the 48 States and the District of Columbia, for Alaska, and for Hawaii. (i) 130 percent of the annual income poverty guidelines shall be divided by 12 to determine the monthly gross income standards, rounding the results upwards as necessary. For households greater than eight persons, the increment in the Federal income poverty guidelines is multiplied by 130 percent, divided by 12, and the results rounded upward if necessary. (ii) The annual income poverty guidelines shall be divided by 12 to determine the monthly net income eligibility standards, rounding the results upward as necessary. For households greater than eight persons, the increment in the Federal income poverty guidelines is divided by 12, and the results rounded upward if necessary. (4) The monthly gross and net income eligibility standards for all areas will be prescribed in tables posted on the FNS web site, at www.fns.usda.gov/snap.

The Department correctly determined that the Appellant's household must meet the net income eligibility standard.

7. 7 C.F.R. § 273.9(d)(1) provides for the standard deduction.

7 C.F.R. 273.9(d)(3) provides for excess medical deduction.

The Department correctly applied the \$177.00 standard deduction.

The household's \$340.20 ($\170.10×2) monthly Medicare B premiums are allowable excess medical deductions. The Household's excess medical deduction equals \$305.20 ($\$340.20 - \35.00).

The household's adjusted gross income equals \$3388.79 ($\$3870.99 - 177.00 - \305.20)

8. 7 C.F.R. § 273.9(d)(6)(iii) provides for the Standard Utility Allowance (“SUA”), which may, at State option, be used in place of the actual cost of utilities in determining a household’s excess shelter deduction.

The Appellant is entitled to the SUA, which is \$783.00 effective [REDACTED]. The Appellant’s shelter costs totaled \$2058.00 (\$1275.00 rent + \$783.00 SUA).

9. 7 C.F.R. § 273.9(d)(6)(ii) provides for excess shelter deduction. Monthly shelter expenses in excess of 50 percent of the household's income after all other deductions in paragraphs (d)(1) through (d)(5) of this section have been allowed. If the household does not contain an elderly or disabled member, as defined in § 271.2 of this chapter, the shelter deduction cannot exceed the maximum shelter deduction limit established for the area.

Fifty percent of the household’s adjusted gross income is \$1694.40 (\$3388.79 * .50). The household’s excess shelter deduction is \$363.60 (\$2058.00-\$1694.40).

10. 7 C.F.R. § 273.10(e)(2)(i)(A) provides for the monthly SNAP benefit calculation and states that households which contain an elderly or disabled member as defined in §271.2, shall have their net income, as calculated in paragraph (e)(1) of this section (except for households considered destitute in accordance with paragraph (e)(3) of this section), compared to the monthly income eligibility standards defined in §273.9(a)(2) for the appropriate household size to determine eligibility for the month.

7 C.F.R. § 273.10(e)(2)(ii)(A) provides 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 the household's size reduced by 30 percent of the household's net monthly income as calculated in paragraph (e)(1) of this section. If 30 percent of the household's net income ends in cents, the State agency shall round in one of the following ways: (1) The State agency shall round the 30 percent of net income up to the nearest higher dollar.

Thirty percent of the Appellant’s applied income equals \$908.00 (\$3388.79-\$363.60 = \$3025.19 * .30 = \$907.55 rounded up).

11. 7 C.F.R. § 273.10(e)(4)(i) provides for the Thrifty Food Plan and Maximum Food Stamp Allotments. Maximum food stamp allotments shall be based on the TFP as defined in §271.2, and they shall be uniform by household size throughout the 48 contiguous States and the District of Columbia. The TFP for Hawaii shall be the TFP for the 48 States and DC adjusted for the price of food in Honolulu. The TFPs for urban, rural I, and rural II parts of Alaska shall be the TFP for the 48 States and DC adjusted by the price of food in Anchorage and further adjusted for urban, rural I, and rural II Alaska as defined in §272.7(c). The TFPs for Guam and the Virgin Islands shall be adjusted for changes in the cost of food in the 48 States and DC, provided that the cost of these TFPs may not exceed the cost of the highest TFP for the 50 States. The TFP amounts and maximum allotments in each area are adjusted

annually and will be prescribed in a table posted on the FNS web site, at www.fns.usda.gov/fsp.

Effective [REDACTED], the Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION

<u>UNEARNED INCOME</u>	
Appellant SSA	\$1965.10
Appellant Pension	\$404.79
Spouse SSA	\$1501.10
Total	\$3870.99
Less standard deduction	\$177.00
Less excess medical costs	\$305.20
Adjusted gross income	\$3388.79
<u>SHELTER COSTS</u>	
Rent	\$1275.00
SUA	<u>\$783.00</u>
Total shelter costs	\$2058.00
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$2058.00
Less 50% of adjusted gross income	<u>\$1694.40</u>
Total shelter hardship	\$363.60
	<small>(Cannot exceed \$569 unless elderly or disabled)</small>
<u>NET ADJUSTED INCOME</u>	
Adjusted gross income	\$3388.79
Less shelter hardship	<u>-\$363.60</u>
Net Adjusted Income (NAI)	\$3025.19
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for 2 Persons	\$459.00
Less 30% of NAI	<u>-\$908.00</u>
SNAP award	\$0.00

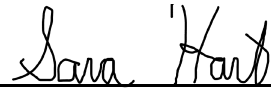
The Department correctly discontinued the Appellant's SNAP effective [REDACTED], because the Appellant's net household income exceeds the SNAP income limit for a household of two.

DISCUSSION

The Appellant provided testimony that he has incurred medical expenses that were not previously reported to the Department. The Department correctly issued a W1348 Request for Proofs on [REDACTED], requesting verification of medical expenses. The Appellant is encouraged to submit verification of his household's current medical expenses to the Department for review.

DECISION

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



Sara Hart
Hearing Officer

Cc: Shannon Shlash, Department Representative New Haven Regional Office
Rachel Anderson, Operations Manager New Haven Regional Office
Mathew Kalarickal, Operations Manager New Haven Regional Office
Lisa Wells, Operations Manager New Haven 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.