

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 # [REDACTED]
Client ID # [REDACTED]
Request # 199766

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], 2022, the Department of Social Services (the "Department") issued [REDACTED] [REDACTED] (the "Appellant") a Notice of Action ("NOA") advising her that her Supplemental Nutrition Assistance Program ("SNAP") benefits were increasing from \$20.00 to \$139.00 per month, effective [REDACTED] 2022.

On [REDACTED], 2022, the Appellant requested an administrative hearing because she disagrees with the amount of SNAP benefits that she received in the months of [REDACTED] 2022 through [REDACTED] 2022.

On [REDACTED] 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] [REDACTED] 2022.

On [REDACTED] 2022, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic administrative hearing. The following individuals participated in the hearing:

[REDACTED], Appellant
[REDACTED], Appellant's Witness
Matthew Genua, Department's Representative
Kristin Haggan, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department issued the correct SNAP benefit amount to the Appellant for the months of [REDACTED] 2022 through [REDACTED] 2022.

FINDINGS OF FACT

1. The Appellant is a recipient of SNAP benefits for a household of one person, herself. (*Appellant's Testimony*)
2. The Department certified the Appellant's SNAP benefit for the period of [REDACTED], 2020, through [REDACTED] 2022. (*Exhibit 1: NOA*)
3. The Appellant is [REDACTED] years old (DOB [REDACTED]). (*Appellant's Testimony*)
4. The Appellant's current household income consists of a gross Social Security Disability ("SSDI") benefit of \$1,009.00 per month. (*Appellant's Testimony, Department's Testimony*)
5. The Appellant was employed by [REDACTED] and received earned income of \$579.50 per month. (*Exhibit 7: W-1216 SNAP Computation Sheet*)
6. On [REDACTED] 2022, the Appellant ended her employment with [REDACTED]. On [REDACTED], 2022, she received her last pay of \$48.50. (*Exhibit 5: Letter from [REDACTED]*)
7. On [REDACTED] 2022, the Appellant contacted the Benefit Center to report that her job at [REDACTED] had ended. The Department issued the Appellant a request for verification of the date her job ended. (*Department's Testimony, Exhibit 3: Impact Case Notes, Exhibit 8: W1348*)
8. On [REDACTED] 2022, the Appellant contacted the Benefit Center again to report that her job had ended. The Department reviewed Theworknumber.com and found that the Appellant had not received wages since [REDACTED] 2022, but [REDACTED] still listed her as an active employee. (*Department's Testimony, Exhibit 3*)
9. On [REDACTED] 2022, the Department received verification of the Appellant's employment ending with [REDACTED]. (*Exhibit 5*)
10. On [REDACTED] 2022, the Department terminated the Appellant's earned income in Impact. (*Department's Testimony, Exhibit 3*)
11. The Appellant's monthly rent expense during the months of [REDACTED] 2022 through [REDACTED] 2022 was \$98.00. (*Exhibit 1*)

12. The Appellant is responsible for paying her heating and cooling expenses separately from her other household expenses. (*Appellant's Testimony*)
13. The Appellant has unpaid medical expenses. She has not provided verification of these expenses to the Department. (*Appellant's Testimony*)
14. The Appellant does not pay child support. (*Appellant's Testimony*)
15. The maximum SNAP allotment for a household of one person is \$250.00. (*Exhibit 9: Income Limits & Standards as of 3/1/22*)
16. On [REDACTED], 2022, the Department issued a NOA to the Appellant informing her that her SNAP benefit had increased from \$20.00 to \$139.00 per month, effective [REDACTED] 2022. (*Exhibit 1*)
17. The issuance of this decision is timely under Title 7 of the Code of Federal Regulations ("C.F.R") § 273.15 (c) (1) which provides that the agency shall issue a decision within 60 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2022; therefore, this decision is due no later than [REDACTED], 2022. (*Hearing Record*)

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 Supplemental Nutrition Assistance Program pursuant to the Food and Nutrition Act of 2008.

The Department has the authority to review the Appellant's SNAP eligibility and determine benefit amounts.

2. 7 C.F.R. § 271.2 states that elderly or disabled member means a member of the 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;
 - 3) Receives federally or state administered supplements under section 1616(a) of the Social Security Act provided that the eligibility to receive the benefits is based upon the disability or blindness criteria used under title XVI of the Social Security Act;

The Department correctly determined that the Appellant meets the definition of elderly and disabled for purposes of SNAP eligibility.

3. 7 C.F.R. § 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)).

The Department correctly determined that the Appellant is not subject to the gross income eligibility standards as she is elderly and disabled.

4. 7 C.F.R. § 273.9(d)(1)(i) provides for the standard deduction. *48 States, District of Columbia, Alaska, Hawaii, and the Virgin Islands*. Effective October 1, 2002, in the 48 States and the District of Columbia, Alaska, Hawaii, and the Virgin Islands, the standard deduction for household sizes one through six shall be equal to 8.31 percent of the monthly net income eligibility standard for each household size established under paragraph (a)(2) of this section rounded up to the nearest whole dollar. For household sizes greater than six, the standard deduction shall be equal to the standard deduction for a six-person household.

The Department correctly determined the Appellant eligible for the \$177.00 standard deduction.

5. 7 C.F.R. § 273.9(d)(6)(ii) provides the following: *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. For fiscal year 2001, effective March 1, 2001, the maximum monthly excess shelter expense deduction limits are \$340 for the 48 contiguous States and the District of Columbia, \$543 for Alaska, \$458 for Hawaii, \$399 for Guam, and \$268 for the Virgin Islands. FNS will set the maximum monthly excess shelter expense deduction limits for fiscal year 2002 and future years by adjusting the previous year's limits to reflect changes in the shelter component and the fuels and utilities component of the Consumer Price Index for All Urban Consumers for the 12-month period ending the previous November 30. FNS will notify State agencies of the amount of the limit. Only the following expenses are allowable shelter expenses:

- (A) Continuing charges for the shelter occupied by the household, including rent, mortgage, condo and association fees, or other continuing charges leading to the ownership of the shelter such as loan repayments for the purchase of a mobile home, including interest on such payments.
- (B) Property taxes, State and local assessments, and insurance on the structure itself, but not separate costs for insuring furniture or personal belongings.
- (C) The cost of fuel for heating; cooling (i.e., the operation of air conditioning systems or room air conditioners); electricity or fuel used for purposes other than heating or cooling; water; sewerage; well installation and maintenance; septic tank system installation and maintenance; garbage and trash collection; all service fees required to provide service for one telephone, including, but not limited to, basic service fees, wire maintenance fees, subscriber line charges, relay center surcharges, 911 fees, and taxes; and fees charged by the utility provider for initial installation of the utility. One-time deposits cannot be included.

The Department correctly determined that the Appellant is not subject to the shelter cap because she is elderly and disabled.

6. 7 C.F.R. §273.9(d)(6)(iii) provides in relevant part for the following: *Standard utility allowances.* (A) With FNS approval, a state agency may develop the following standard utility allowances (standards) to be used in place of actual costs in determining a household's excess shelter deduction: an individual standard for each type of utility expense; a standard utility allowance for all utilities that includes heating or cooling costs (HCSUA);

The Department correctly determined the Appellant is eligible to the SUA, which is \$783.00, effective October 1, 2021.

7. 7 C.F.R. § 273.9(b) states that household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.
8. 7 C.F.R. § 273.9(b)(2) provides unearned income shall include but not be limited to:
- (i) Assistance payments from Federal or federally aided public assistance programs, such as supplemental security income (SSI) or Temporary Assistance for Needy Families (TANF); general assistance (GA) programs (as defined in § 271.2); or other assistance programs based on need. Such assistance is considered to be unearned income even if provided in the form of a vendor payment (provided to a third party on behalf of the household), unless the vendor payment is specifically exempt from consideration as countable income under the provisions of paragraph (c)(1) of this section. Assistance payments from programs which require, as a condition of eligibility, the actual performance of work without compensation other than

the assistance payments themselves, shall be considered unearned income.

- (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; strike benefits; foster care payments for children or adults who are considered members of the household; gross income minus the cost of doing business derived from rental property in which a household member is not actively engaged in the management of the property at least 20 hours a week.

7 C.F.R. § 273.10(c)(1)(ii) provides in part that 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.

7 C.F.R §273.9(b)(2)(ii) and (b)(5)(i) & (c)(8) instruct the Department to count Social Security Benefits as unearned income. Furthermore, the Department is instructed to count the gross amount even if Social Security tax or Medicare premium is withheld.

The Department correctly determined the Appellant's total monthly gross SSDI benefit is \$1,009.00 and considered it as unearned income in the calculation of SNAP benefits.

- 9. 7 C.F.R. § 273.9 (b)(1)(i) provides earned income shall include all wages and salaries of an employee;

The Department correctly determined the Appellant's wages as earned income in the calculation of SNAP benefits during the months of ██████████ 2022 through ██████████ 2022.

- 10. 7 C.F.R § 273.12 (c)(1)(i) provides for State agency action on changes. For changes which result in an increase in a household's benefits, other than changes described in paragraph (c)(1)(ii) of this section, the State agency shall make the change effective no later than the first allotment issued 10 days after the date the change was reported to the State agency.

The Department correctly ended the Appellant's employment with ██████████ ██████████ as of the date it received the verification.

The Department correctly increased the Appellant's SNAP benefit to \$139.00 effective ██████████ 2022.

The Department incorrectly issued a SNAP supplement of \$119.00 for the month of ██████████ 2022, however, the Appellant would have been issued a COVID-19

Emergency Allotment to receive the maximum SNAP benefit of \$250.00 regardless.

11.7 C.F.R. § 273.10(e)(1)(i) provides the following: *Calculating net income and benefit levels-(1) Net monthly income.* 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. Net losses from the self-employment income of a farmer shall be offset in accordance with §273.11(a)(2)(iii).
- B. Multiply the total gross monthly earned income by 20 percent and subtract that amount from the total gross income; or multiply the total gross monthly earned income by 80 percent and add that to the total monthly unearned income, minus income exclusions. If the State agency has chosen to treat legally obligated child support payments as an income exclusion in accordance with §273.9(c)(17), multiply the excluded earnings used to pay child support by 20 percent and subtract that amount from the total gross monthly income.
- 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. Subtract allowable monthly dependent care expenses if, any, as specified under § 273.9(d)(4) for each dependent.
- F. If the State agency has chosen to treat legally obligated child support payments as a deduction rather than an exclusion in accordance with § 273.9(d)(5), subtract allowable monthly child support payments in accordance with § 273.9(d)(5).
- G. Subtract the homeless shelter deduction, if any, up to the maximum of \$143.
- 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)(2)(ii)(A) provides the following: 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".

7 C.F.R. § 273.10(e)(4) provides the following: Thrifty Food Plan (TFP) and Maximum SNAP Allotments. (i) Maximum SNAP allotment level. Maximum SNAP 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.

7 C.F.R. § 273.10 (e)(2)(ii)(c) provides that except during an initial month, all eligible one-person and two-person households shall receive minimum monthly allotments equal to the minimum benefit. The minimum benefit is 8 percent of the maximum allotment for a household of one, rounded to the nearest whole dollar.

The Department correctly determined that the minimum monthly SNAP allotment is \$20.00 (maximum monthly SNAP allotment of \$250.00 x 8%).

The Appellant's SNAP benefits for the months of [REDACTED] through [REDACTED] 2022 are calculated as follows:

SNAP BENEFIT CALCULATION

INCOME	
Earned Income	\$579.50
Less 20%	<u>-\$115.90</u>
= Adjusted earned income	\$463.60
+ Unearned income	<u>\$1009.00</u>
= Total income	\$1472.60
- Standard deduction	<u>-\$177.00</u>
=Adjusted gross income	\$1295.60
SHELTER COSTS	
Rent	\$98.00
+ SUA	<u>\$783.00</u>
Total shelter costs	\$881.00
SHELTER HARDSHIP	

Shelter costs	\$881.00
Less 50% of adjusted gross income	<u>-\$647.80</u>
= Total shelter hardship (max \$569.00 if not disabled or elderly)	\$233.20
ADJUSTED NET INCOME	
Adjusted gross income	\$1295.60
Less shelter hardship	<u>-\$233.20</u>
Net Adjusted Income (NAI)	\$1062.40
BENEFIT CALCULATION	
Thrifty Food Plan for one person	\$250.00
Less 30% of NAI (rounded up to nearest whole dollar)	<u>-\$319.00</u> \$0
SNAP award	\$20.00

The Department correctly determined that the Appellant was entitled to the minimum SNAP benefit of \$20.00 for the months of [REDACTED] 2022 through [REDACTED] 2022.

The Appellant's SNAP benefit beginning [REDACTED] 2022 is calculated as follows:

SNAP BENEFIT CALCULATION

INCOME	
Unearned income	<u>\$1009.00</u>
- Standard deduction	<u>-\$177.00</u>
=Adjusted gross income	\$832.00
SHELTER COSTS	
Rent	\$98.00
+ SUA	<u>\$783.00</u>
Total shelter costs	\$881.00
SHELTER HARDSHIP	
Shelter costs	\$881.00
Less 50% of adjusted gross income	<u>-\$416.00</u>
= Total shelter hardship (max \$569.00 if not disabled or elderly)	\$465.00
ADJUSTED NET INCOME	
Adjusted gross income	\$832.00

Less shelter hardship	<u>-\$465.00</u>
Net Adjusted Income (NAI)	\$367.00
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for one person	\$250.00
Less 30% of NAI (rounded up to nearest whole dollar)	<u>-\$111.00</u>
SNAP award	\$139.00

The Department correctly calculated the Appellant's monthly SNAP benefit beginning [REDACTED] 2022 to be \$139.00.

12. Section 2302(a)(1) of the Families First Coronavirus Response Act of 2020, allows States to request COVID-19 Emergency Allotments (EA) "for households participating in the supplemental nutrition assistance program to address temporary food needs." Pursuant to the interpretation that is explained in detail in "FNS Determination of Enhanced Emergency Allotments April 1, 2021" and hereby incorporated by reference, FNS has adopted the following policy approach.

States shall calculate EA as follows:

EA Minimum Benefit

1. Determine the household's base SNAP benefit level using the current temporary level of 115 percent of TFP.
2. EA is the difference between the SNAP household's base benefit calculation and the maximum benefit for the household size; except that
3. All households receive EA of at least \$95
 - a) Those households currently receiving \$95 or more will continue to receive the same amount – no change in EA for these households
 - b) Those households receiving the maximum base SNAP benefit for their household size at the current temporary level of 115 percent of TFP will receive EA of \$95 per month.
 - c) Those households with a calculated EA amount of less than \$95 will receive EA totaling \$95 per month.

The Appellant's total SNAP benefits received for the months of [REDACTED] 2022 through [REDACTED] 2022 are shown in the chart below:

BENEFIT MONTH	MONTHLY BENEFIT	SUPPLEMENT AMOUNT	EMERGENCY ALLOTMENT	TOTAL SNAP RECEIVED
[REDACTED] 2022	\$20		\$230	\$250
[REDACTED] 2022	\$20		\$230	\$250
[REDACTED] 2022	\$20		\$230	\$250
[REDACTED] 2022	\$20		\$230	\$250
[REDACTED] 2022	\$20	\$119	\$111	\$250

The Department correctly issued the Appellant COVID-19 Emergency Allotments of \$230.00 per month for [REDACTED] through [REDACTED] of 2022, and \$111.00 for the month of [REDACTED] 2022.

The Department correctly issued the Appellant SNAP benefits totaling the maximum amount of \$250.00 per month for [REDACTED] 2022 through [REDACTED] 2022.

DECISION

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

Kristin Haggan
Fair Hearing Officer

CC: Rachel Anderson, SSOM, New Haven Regional Office
Mathew Kalarickal, SSOM, New Haven Regional Office
Lisa Wells, SSOM, New Haven Regional Office
Matthew Genua, Department's Representative, 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, law, and 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 the Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to the 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 if 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 her designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and 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.