

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 # ██████████  
Client # ██████████  
Request # 210703

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (the "Department") issued a Notification of Overpayment and Recoupment to ██████████ (the "Appellant"), indicating she had been overpaid in Supplemental Nutrition Assistance Program ("SNAP") benefits and that she must repay the overpayment.

On ██████████, the Appellant requested an administrative hearing to contest the Department's determination to have her repay the 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, 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:

██████████, Appellant  
Meochie Rhodes, Department's Representative  
Shawn P. Hardy, Hearing Officer

The record remained opened for the Department to submit case notes for ██████████  
██████████, SNAP computation worksheet for the months of ██████████ through  
██████████ a clear copy of page 2 for Exhibit 5. The hearing record closed ██████████  
██████████

## STATEMENT OF THE ISSUE

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

## FINDINGS OF FACT

1. On [REDACTED], the Appellant submitted an online application for a SNAP renewal for a household of one which was due by [REDACTED]. While processing the renewal, the Department received a New Hires alert from the [REDACTED] for employment with [REDACTED]. The Department also received notification that the Appellant was employed with [REDACTED]. The Appellant did not indicate on the online application that she was currently employed. (Exhibit 3: Online application)
2. On [REDACTED], the Appellant started employment with [REDACTED]. The employment ended [REDACTED]. (Exhibit 4: The Work Number employment verification, Appellant Testimony)
3. The Appellant has a \$700.00 monthly rental obligation. (Exhibit 3: Exhibit 9: Notice of Action [REDACTED])
4. 100% of the Federal Poverty Limit (FPL) effective [REDACTED], through [REDACTED] for a household of one is \$1074.00. ( $\$12,888.00 * 100\% / 12$ ) (Hearing record)
5. 130% of the Federal Poverty Limit (FPL) effective [REDACTED], through [REDACTED], for a household of one is \$1396.00. ( $\$12,888.00 * 130\% / 12$ ) (Hearing Record)
6. The Appellant received the following wages from [REDACTED] on [REDACTED]. (Exhibit 4)
7. The Appellant received the following wages from [REDACTED] on [REDACTED]. (Exhibit 4)
8. The Appellant received the following wages from [REDACTED]: [REDACTED] 4 on [REDACTED]. (Exhibit 4)
9. The Appellant received the following wages from [REDACTED]: [REDACTED] on [REDACTED] [REDACTED] on [REDACTED]. (Exhibit 4)
10. The Appellant received the following wages from [REDACTED]: [REDACTED] on [REDACTED] on [REDACTED]. (Exhibit 4)

11. The Appellant received the following wages from [REDACTED] on [REDACTED] on [REDACTED] (Exhibit 4)

12. The Appellant received the following wages from DHS in [REDACTED]: [REDACTED] on [REDACTED] on [REDACTED] (Exhibit 4)

13. The Department calculated the Appellant’s gross earnings from DHS as follows:

[REDACTED]	\$4,992.97
[REDACTED]	\$1,616.56
[REDACTED]	\$4,646.84
[REDACTED]	\$3,333.34
[REDACTED]	\$3,807.67
[REDACTED]	\$3,447.92
[REDACTED]	\$2,531.50

(Exhibit 14: Snap Computation Worksheet: [REDACTED])

14. The Appellant failed to report employment with [REDACTED] to the Department because she was struggling financially and relied on her SNAP benefits. (Appellant’s Testimony)

15. The SNAP was needed, and I was struggling. (Appellant’s Testimony)

16. On [REDACTED], the Department determined the Appellant was overpaid benefits under the SNAP for the period [REDACTED], through [REDACTED], because her gross monthly income exceeded the SNAP gross income limit for a household of one. (Hearing Record)

17. The Appellant received the following SNAP benefits for which she was not entitled to:

Month	Amount
[REDACTED]	\$345.00
[REDACTED]	\$376.00
<b>Total</b>	<b>\$2,446.00</b>

(Exhibit 6: Notice of Overpayment and Recoupment [REDACTED])

18. On [REDACTED], the Department issued a Notice of Overpayment to the Appellant indicating she was over-paid \$2,446.00 in SNAP benefits for the period [REDACTED], through [REDACTED]. (Exhibit 6)
19. 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]. The hearing record remained open for an additional 10 days, therefore this decision is due not later than [REDACTED].

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Conn. Gen. Stat provides, in pertinent part, as follows:

“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.”

2. State statute provides as follows:

If a beneficiary of assistance under the state supplement program, medical assistance program, aid to families with dependent children program, temporary family assistance program, state-administered general assistance program, food stamp program or supplemental nutrition assistance program receives any award or grant over the amount to which he is entitled under the laws governing eligibility, the Department of Social Services (1) shall immediately initiate recoupment action and shall consult with the Division of Criminal Justice to determine whether to refer such overpayment, with full supporting information, to the state police, to a prosecuting authority for prosecution or to the Attorney General for civil recovery, or (2) shall take such other action as conforms to federal regulations, including, but not limited to, conducting administrative disqualification hearings for cases involving alleged fraud in the food stamp program, supplemental nutrition assistance program, the aid to families with dependent children program, the temporary family assistance program or the state-administered general assistance program. Conn. Gen. Stat. § 17b-88

3. Title 7 of the CFR § 273.12(a)(1) provides in part that monthly reporting households are required to report as provided in § 273.21. Quarterly reporting households are subject to the procedures as provided in paragraph (a)(4) of this section. Simplified reporting households are subject to the procedures as provided in paragraph (a)(5) of this section.

Title 7 of the CFR § 273.12(a)(5) provides the State agency may establish a simplified reporting system in lieu of the change reporting requirements specified under paragraph (a)(1) of this section. The following requirements are applicable to simplified reporting systems: (i) *Included households*. The State agency may include any household certified for at least 4 months within a simplified reporting system. (ii) *Notification of simplified*

*reporting requirement.* At the initial certification, recertification and when the State agency transfers the households to simplified reporting, the State agency shall provide the household with the following: (A) A written and oral explanation of how simplified reporting works; (B) For households required to submit a periodic report, a written and oral explanation of the reporting requirements including: (1) The additional changes that must be addressed in the periodic report and verified. (iii) Periodic report. (A) Exempt households. The State agency must not require the submission of periodic reports by households certified for 12 months or less in which all adult members are elderly or have a disability with no earned income.

**The Appellant’s household is subject to simplified reporting requirements.**

- Title 7 of the CFR § 273.12(a)(5)(v) provides for *Reporting when gross income exceeds 130 percent of poverty.* A household subject to simplified reporting in accordance with paragraph (a)(5)(i) of this section, whether or not it is required to submit a periodic report, must report when its monthly gross income exceeds the monthly gross income limit for its household size, as defined at §273.9(a)(1). The household shall use the monthly gross income limit for the household size that existed at the time of its most recent certification or recertification, regardless of any subsequent changes in its household size.

Effective [REDACTED], to [REDACTED], 130% of the FPL for a household of one individual under ECE is \$1,396.00.

**The Appellant did not notify the Department of her change in earnings in a timely manner.**

**The Department correctly determined the Appellant failed to report to the Department that her monthly household income exceeded the SNAP gross income limit timely.**

<b>Month</b>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>Gross Income</b>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>130% ECE</b>	\$1,396.00	\$1,396.00	\$1,396.00	\$1,396.00	\$1,396.00	\$1,396.00

Effective [REDACTED], to [REDACTED], 130% of the FPL for a household of one individual under ECE is \$1,473.00

**The Appellant did not notify the Department of her change in earnings in a timely manner.**

**The Department correctly determined the Appellant failed to report to the Department that her monthly household income exceeded the SNAP gross income limit timely.**

<b>Month</b>	██████████
<b>Gross Income</b>	██████████
<b>130% ECE</b>	<b>\$1,473.00</b>

6. Title 7 of the CFR § 273.9 (b) (1) provides the definition of earned income shall include: (i) All wages and salaries of an employee.

**The Department correctly determined that the Appellant's earnings must be included when calculating the Appellant's SNAP benefits.**

7. Title 7 of the CFR § 273.18(a)(1)(i) provides in part a recipient claim is an amount owed because of benefits that are overpaid. The State agency must establish and collect any claim by following these regulations. The State Agency must develop a plan for establishing and collecting claims. A recipient claim is an amount owed because of overpaid benefits.
8. Title 7 of the CFR § 273.18(2) provides that This claim is a Federal debt subject to this and other regulations governing Federal debts. The State agency must establish and collect any claim by following these regulations.
9. Title 7 of the CFR § 273.18(a)(3) provides that As a State agency, you must develop a plan for establishing and collecting claims that provides orderly claims processing and results in claims collections similar to recent national rates of collection. If you do not meet these standards, you must take corrective action to correct any deficiencies in the plan.

**The Department properly allowed the Appellant an opportunity to participate in the recoupment process.**

10. Title 7 of the CFR § 273.18(4)(i) provides that the following are responsible for paying a claim: Each person who was an adult member of the household when the overpayment or trafficking occurred;
11. Title 7 of the CFR § 273.18(b) provides for the three types of claims:
- (1) Intentional Program Violation (IPV) claim is any claim for an overpayment or trafficking resulting from an individual committing an IPV. An IPV is defined in §273.16.
  - (2) Inadvertent household error (IHE) claim is any claim for an overpayment resulting from a misunderstanding or unintended error on the part of the household.
  - (3) Agency error (AE) claim is any claim for an overpayment caused by an action or failure to take action by the State agency.

7 CFR § 273.18(b)

**The SNAP overpayments are considered an IPV and must be repaid.**

**The Department correctly determined that a SNAP overpayment occurred [REDACTED] through [REDACTED]**

12. The actual steps for calculating a claim of overpayment are to determine the correct amount of benefits for each month that a household received an overpayment and subtract the correct amount from the amount actually received. 7 CFR § 273.18(c)(1)(ii)(A) and (C).

The Department computes the amount of the overpayment by comparing the amount of the benefit that the assistance unit received and cashed during a month or series of months to the amount the assistance unit should have received during that period.

**The Department correctly determined the Appellant ineligible for SNAP benefits between [REDACTED], and [REDACTED], resulting in overpaid benefits totaling \$2,446.00.**

Month	Amount Received	Amount Entitled	Overpayment
[REDACTED]	\$345.00	\$00.00	\$345.00
[REDACTED]	\$345.00	\$00.00	\$345.00
[REDACTED]	\$345.00	\$00.00	\$345.00
[REDACTED]	\$345.00	\$00.00	\$345.00
[REDACTED]	\$345.00	\$00.00	\$345.00
[REDACTED]	\$345.00	\$00.00	\$345.00
[REDACTED]	\$376.00	\$00.00	\$345.00
<b>Totals</b>	<b>\$2,446.00</b>		<b>\$2,446.00</b>

13. This claim is a federal debt subject to this and other regulations governing federal debts. The State Agency must establish and collect any claims following these regulations. 7 CFR § 273.18(a)(2).
14. The State Agency must include language as to how the claim was calculated. 7 CFR § 273.18(e)(3)(iv)(E).

The Department recoups by one or more of the following methods, after discussing the overpayment with the assistance unit and obtaining an agreement from the unit if possible:

1. Grant reduction for SNAP or cash assistance overpayments, only if the assistance unit is still receiving benefits; or
2. Installment payments by the assistance unit; or
3. Lump-sum repayment by the assistance unit.

**The Department properly informed the Appellant of the recoupment methods available on [REDACTED].**

The Department was correct when it determined that the Appellant was overpaid SNAP benefits that she must repay.

The Department correctly issued a notice to the Appellant informing her of the \$2,446.00 SNAP overpayment and her obligation to repay it.

#### **DISCUSSION**

The Department correctly used wages from the Appellant's job at [REDACTED] that ended in [REDACTED] when determining the Appellant's SNAP overpayment. The Appellant also acknowledged she purposely failed to report her employment and income between [REDACTED] and [REDACTED] because she felt she needed the SNAP benefits.

#### **DECISION**

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

*Shawn P. Hardy*

Shawn P. Hardy  
Hearing Officer

Pc: Katarzyna Olechowska, Waterbury Office, Department of Social Services  
Randalynn Muzzio, Waterbury Office, Department of Social Services  
Alex Sirois, Waterbury Office, Department of Social Services  
Meochie Rhodes, Waterbury Office, Department of Social Services

### **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 Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3730.

### **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 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, 55 Elm Street, Hartford, CT 06106, or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105-3730. 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.