

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

██████████ 2024
Signature confirmation

Case: ██████████
Client: ██████████
Request: 233777

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2024, the Department of Social Services (the “Department”) issued ██████████ ██████████ (the “Appellant”) a *Notice of Action* that she had been approved for \$23.00 per month of Supplemental Nutritional Assistance Program (“SNAP”) benefits effective ██████████ 2024.

On ██████████, 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Appellant’s online request for an administrative hearing.

On ██████████ 2024, the OLCRAH scheduled a hearing for ██████████ 2024.

On ██████████ 2024, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, and Section 273.15 (a) of Title 7 of the Code of Federal Regulations (“C.F.R.”), the OLCRAH held a hearing by videoconferencing. The following individuals participated:

██████████, Appellant
Kirsten Bellisle, Department Representative
Eva Tar, Hearing Officer

The hearing record closed ██████████, 2024.

STATEMENT OF ISSUE

The issue is whether the Department correctly determined that the Appellant was eligible to receive \$23.00 in SNAP benefits for the [REDACTED] 2024 service month.

FINDINGS OF FACT

1. The Appellant's current SNAP certification period runs from [REDACTED] 2023 through [REDACTED] 2026. (Dept. Exhibit F)
2. On [REDACTED] 2023, the Appellant filed an online SNAP application. (Dept. Exhibit A)
3. On the [REDACTED] 2023 SNAP application, the Appellant reported rent and utility expenses; she did not report unpaid medical expenses. (Dept. Exhibit A) (Department Representative Testimony)
4. The Appellant lives alone. (Appellant Testimony)
5. The Appellant's rent is \$491.00 per month with heat included; [REDACTED]. (Appellant Testimony)
6. In 2024, the Appellant grosses \$1,903.00 per month in Social Security disability income. (Appellant Testimony) (Dept. Exhibit F)
7. The State of Connecticut pays for the Appellant's Medicare B premium through the MSP-Qualified Medicare Beneficiaries program. (Dept. Exhibits B and E)
8. In calculating the Appellant's SNAP benefits, the Department authorized a \$912.00 Standard Utility Allowance. (Dept. Exhibit F)
9. On [REDACTED] 2024 and [REDACTED] 2024, the Department issued *Notices of Action* confirming that the Appellant was eligible for \$23.00 per month in SNAP benefits. (Dept. Exhibit B and E)
10. On [REDACTED] 2024, the Appellant reported to the Department that she had uncovered medical expenses. (Hearing record)
11. Title 7, Section 273.15 (c)(1) of the Code of Federal Regulations ("C.F.R.") provides: "Within 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...." On [REDACTED] 2024, the OLCRAH received the Appellant's hearing request. This hearing decision would have become due by no later than [REDACTED] 2024. This final decision is timely.

CONCLUSIONS OF LAW

1. The Department is the state agency for the administration of the SNAP pursuant to the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008. Conn. Gen. Stat. § 17b-2.

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

3. Title 7, Code of Federal Regulations (“C.F.R.”), Section 273.1 (a) provides: “A household is composed of one of the following individuals or groups of individuals, unless otherwise specified in paragraph (b) of this section: (1) An individual living alone;”

The Appellant is a household of one.

4. “Unearned income shall include, but not be limited to: (i) ... ; (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).

The Appellant’s Social Security disability income is counted unearned income.

5. “For the purpose 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....” 7 C.F.R. § 273.10 (c)(1)(i).

The Appellant’s monthly unearned income equals \$1,903.00 per month.

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

In [REDACTED] 2024, the SNAP standard deduction for an individual in Connecticut equaled \$198.00.

7. “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);” 7 C.F.R. § 273.9 (d)(6)(iii)(A).

“The standard utility allowance shall be used if the household is entitled to claim it and has not verified higher actual costs....” 7 C.F.R. § 273.2 (f)(3)(ii)

In [REDACTED] 2024, the Standard Utility Allowance (“SUA”) equaled \$912.00 in Connecticut.

8. Title 7, Section 273.9 (d)(3) of the Code of Federal Regulations addresses the types of medical expenses in excess of \$35.00 per month that may be used toward the SNAP calculation for an elderly or disabled SNAP participant.

“The State agency shall document the date a change is reported, *which shall be the date the State agency receives a report form or is advised of the change over the telephone or by a personal visit....*” 7 C.F.R. § 273.12 (c). (emphasis added)

“For changes which result in an increase in a household's benefits, ... , 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....” 7 C.F.R. § 273.12 (c)(1)(i).

The earliest that the Department may incorporate the Appellant’s uncovered medical expenses in excess of \$35.00 would be for the [REDACTED] 2024 service month.

9. 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. 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....

(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).

For the purposes of the SNAP, the Appellant's monthly shelter expenses equal \$1,403.00. [\$491.00 (rent) plus \$912.00 (SUA)]

For the purposes of the SNAP, the Appellant's monthly adjusted gross income equals \$1,705.00. [\$1,903.00 (SSDI) minus \$198.00 (standard deduction for one)]

For the purposes of the SNAP, the Appellant's shelter hardship equals \$550.50. [\$1,403.00 (shelter expenses) minus \$852.50 (50 percent of adjusted gross income)]

For the purposes of the SNAP, the Appellant's net adjusted income equals \$1,154.50. [\$1,705.00 (adjusted gross income) minus \$550.50 (shelter hardship)]

10. Title 7, Section 273.10 (e)(4) of the Code of Federal Regulations addresses the Thrifty Food Plan and maximum SNAP allotments.

Effective [REDACTED] 2023, the Thrifty Food Plan for a qualified individual in Connecticut with no applied income equals \$291.00 per month.

11. Title 7, Section 273.10 (e)(2)(ii)(A) of the Code of Federal Regulations 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; or
(2) The State agency shall not round the 30 percent of net income at all. Instead, after subtracting the 30 percent of net income from the appropriate Thrifty Food Plan, the State agency shall round the allotment down to the nearest lower dollar.

7 C.F.R. § 273.10 (e)(2)(ii)(A).

The result of deducting \$346.00 (30 percent of the Appellant's net adjusted income) from \$291.00 (maximum Thrifty Food Plan allotment for an individual with no income) is a negative number.

12. "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." 7 C.F.R. § 273.10(e)(2)(ii)(C).

Eight percent of the \$291.00 maximum allotment for a household of one is \$23.28.

For the purposes of the SNAP, the Appellant is eligible for \$23.00 for the [REDACTED] 2024 service month.

13. The Appellant’s SNAP benefits for the [REDACTED] 2024 service month are computed as follows:

<u>SNAP BENEFIT CALCULATION</u> [REDACTED] 2024	
<u>INCOME</u>	
Unearned Income (SSDI)	+ 1,903.00
Less standard deduction (for one)	<u>- 198.00</u>
Adjusted gross income -	\$1,705.00
<u>SHELTER EXPENSES</u>	
Rent	\$491.00
Plus Standard Utility Allowance (LUA)	<u>+ 912.00</u>
Total shelter costs -	\$1,403.00
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$1,403.00
Less 50% of adjusted gross income	<u>- 852.50</u>
Total shelter hardship –	\$550.50
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$1,705.00
Less shelter hardship	<u>- 550.50</u>
Net Adjusted Income (NAI) -	\$1,154.50
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for an individual <i>(maximum monthly benefit for SNAP household without income)</i>	\$291.00
Less 30% of NAI <i>(rounded to nearest dollar)</i>	<u>- 346.00</u>
SNAP BENEFIT: <i>(if result is less than zero—for a one- or two-person eligible household—award the minimum benefit for a household of one)</i>	= \$23.00

The Department correctly determined that the Appellant was eligible to receive \$23.00 in SNAP benefits for the [REDACTED] 2024 service month.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature

Eva Tar

Hearing Officer

cc: Kirsten Bellisle, DSS-Willimantic
Tonya 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 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 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 his 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.