

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

Signature Confirmation [REDACTED]

Case # [REDACTED]
Client # [REDACTED]
Request # [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

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

On [REDACTED], the Appellant requested an administrative hearing to contest the Department's determination to have her repay the SNAP benefits.

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

On [REDACTED], 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:

[REDACTED], Appellant
Marybeth Mark, Department's Representative
Shawn P. Hardy, Hearing Officer

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 Department received and processed an online SNAP application for a household of two from the Appellant. (Hearing Record, Appellant’s Testimony)
2. The Department granted the SNAP online application in error. The Appellant was deemed to have been non-compliant with a Quality Control Review and was not eligible to receive SNAP benefits. (Hearing Record, Exhibit 1: Quality Control Memorandum [REDACTED])
3. The SNAP ineligibility period due to non-compliance with Quality Control was from [REDACTED]. (Hearing Record, Exhibit 1)
4. The Appellant did not receive any notifications from the Department regarding a Quality Control Review or notifications regarding non-compliance. (Appellant’s Testimony)
5. The Appellant has been living at the same address for over three years. (Appellant’s Testimony)
6. The Department did not receive any returned mail from the United States Postal Service with regards to any correspondence mailed to the Appellant’s address. (Department Representative’s Testimony)
7. The Appellant received and used all the SNAP benefits received from [REDACTED] through [REDACTED] (Appellant’s Testimony)
8. Quality Control reviewed the case and determined the Appellant was overpaid benefits under the SNAP for the period [REDACTED] because benefits were issued during the non-compliance penalty period. (Hearing Record)
9. The Appellant received the following SNAP benefits for which she was not entitled to:

Month	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Total	[REDACTED]

(Exhibit 4: Notice of Overpayment and Recoupment [REDACTED])

10. On [REDACTED], the Department applied the non-compliance penalty which closed the SNAP for the benefits months of the non-compliance penalty period [REDACTED] through [REDACTED]. This action created a Notice of Overpayment to the Appellant indicating she was over-paid \$1,872.00 in SNAP benefits for the period [REDACTED] through [REDACTED] (Hearing Record, Exhibit 3: Notice of Action [REDACTED], Exhibit 4)
11. 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]; 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 § 273.18(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.

4. Title 7 of the CFR § 273.2(d)(2) provides that: ***Cooperation with QC Reviewer. In addition, the household shall be determined ineligible if it refuses to cooperate in any subsequent review of its eligibility as a part of a quality control review.*** If a household is terminated for refusal to cooperate with a quality control reviewer, in accordance with §§ 275.3(c)(5) and 275.12(g)(1)(ii) of this chapter, the household may reapply, but shall not be determined eligible until it cooperates with the quality control reviewer. ***If a household terminated for refusal to cooperate with a State quality control reviewer reapplies after 125 days from the end of the annual review period, the household shall not be determined ineligible for its refusal to cooperate with a State quality control reviewer during the completed review period, but must provide verification in accordance with paragraph (f)(1)(ix) of this section.*** If a household terminated for refusal to cooperate with a Federal quality control reviewer reapplies after nine months from the end of the annual review period, the household shall not be determined ineligible for its refusal to cooperate with a Federal quality control reviewer during the completed review period, but must provide verification in accordance with paragraph (f)(1)(ix) of this section. In the event that one or more household members no longer resides with a household terminated for refusal to cooperate, the penalty for refusal to cooperate will attach to household of the person(s) who refused to cooperate. If the State agency is unable to determine which household member(s) refused to cooperate, the State agency shall determine the household to which the penalty shall apply.

The Appellant was deemed ineligible for the SNAP because she did not cooperate with the Quality Control Review.

The Appellant reapplied for SNAP benefits prior to the end of the 125-day penalty period which was [REDACTED]

5. 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.
6. 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.

7. 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;
8. Title 7 of the CFR § 273.18(b) provides for the three types of claims:

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 [REDACTED] SNAP overpayment and her obligation to repay it.

DECISION

The Appellant's appeal is **DENIED** regarding the issue that she was overpaid SNAP benefits and that she must repay the [REDACTED] in SNAP benefits received in error.

Shawn P. Hardy
Shawn P. Hardy
Hearing Officer

Pc: Jennifer Galloway, SSOM, DSS, Norwich, CT, Resource Center
Marybeth Mark, DSS, Norwich, CT, Resource Center
Brad Wheeler, DSS, Norwich, CT, Resource Center

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.