

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

██████████ 2024
Signature Confirmation

████████████████████
████████████████████
Request #:237053

ADMINISTRATIVE DISQUALIFICATION HEARING
NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received a request for an Administrative Disqualification Hearing (“ADH”) from the Department of Social Services (the “Department”) Investigations and Recoveries Division (“Investigations Unit”) seeking a ten (10) year disqualification of ██████████ ██████████ (the “Defendant”) from participating in the Supplemental Nutritional Assistance Program (“SNAP”). The Department alleges that the Defendant committed an Intentional Program Violation (“IPV”) because he received concurrent SNAP benefits from two (2) states. The Department seeks to recover the SNAP benefit of \$300.00 from the Defendant.

On ██████████, 2024, the OLCRAH mailed the Defendant a Notice of Administrative Hearing (“NOAH”) via the United States Postal Service (“USPS”) certified mail informing the Defendant that it scheduled an ADH for ██████████, 2024. The NOAH included notification of the Defendant’s rights in these proceedings and the Department’s hearing summary and evidence supporting the Department’s case against the Defendant. The Defendant signed for the certified mail per USPS tracking on ██████████, 2024.

On ██████████, 2024, in accordance with sections 17b-88, section 4-176e to 4-184 inclusive, of the Connecticut General Statutes and Title 7 § 273.16 of the Code of Federal Regulations (“C.F.R.”) the OLCRAH conducted the telephonic ADH.

The following individuals participated in the hearing:

██████████, the Defendant
 Megan Monroe, Lead Fraud Investigator, Department's Representative
 Amy MacDonough, Hearing Officer

STATEMENT OF THE ISSUES

The first issue is whether the Defendant committed an IPV of the SNAP and is subject to the ten (10) year disqualification period.

The second issue is whether the Department correctly proposed a recoupment of the SNAP overpayment in the amount of \$300.00 for the period of ██████████ 2024 through ██████████ 2024.

FINDINGS OF FACT

1. The Defendant received SNAP benefits in the State of ██████████ from ██████████ ██████████ 2021, through ██████████ 2024. (*Department's Testimony; Exhibit 2: PARIS Interstate Match from ██████████; Exhibit 3: Email from ██████████ benefits and EBT transactions*)
2. The Defendant moved to Connecticut in or around ██████████ 2023. (*Defendant's Testimony*)
3. On ██████████ 2023, the Defendant electronically signed an online application requesting SNAP and medical benefits in Connecticut. The Defendant listed a previous address in ██████████ with the dates of residency as ██████████ 2017, through ██████████ 2022, and a current address of ██████████. The Defendant did not complete the section on page 7 of the application regarding past benefits. (*Department's Testimony; Exhibit 4: Online Application*)
4. On ██████████ 2024, the Department completed a SNAP phone interview with the Defendant and his Authorized Representative ("AREP"). (*Exhibit 14: Case Notes*)
5. On ██████████ 2024, the Department issued a Notice of Action ("NOA") to the Defendant informing him that his SNAP benefits had been approved. The SNAP certification period was from ██████████ 2023, through ██████████, 2026. (*Exhibit 16: NOA*)
6. The Defendant is ██████████ years old [Date of Birth: ██████████] and received and accessed SNAP benefits in the State of Connecticut for a household of one from ██████████ 2023 through ██████████ 2024. (*Department's Testimony; Exhibit 4: Application; Exhibit 5: Transaction Detailed Report; Exhibit 7: Benefit Issuance Search*)

7. The Department issued the following SNAP benefits to the Defendant for the period of [REDACTED] 2023, through [REDACTED] 2024:

Date of Deposit (benefit month)	Amount of Deposit
[REDACTED]/2024 ([REDACTED])	\$111.00
[REDACTED]/2024 ([REDACTED])	\$63.00
[REDACTED]/2024 ([REDACTED])	\$63.00
[REDACTED]/2024 ([REDACTED])	\$63.00
Total	\$300.00

(Exhibit 5; Exhibit 7)

8. On [REDACTED] 2024, the Department's Investigations Unit received an email from the [REDACTED] Department of Transitional Assistance Program Integrity Division informing them of a Public Assistance Reporting Information System ("PARIS") match for the Defendant. The PARIS matched the Defendant's name and social security number to confirm he was receiving SNAP benefits simultaneously in [REDACTED] and Connecticut. (Exhibit 1: ImpaCT Referral; Exhibit 2: PARIS Interstate Match Benefit History Request; Exhibit 3)
9. On [REDACTED] 2024, [REDACTED] closed the Defendant's SNAP benefits effective [REDACTED] 2024, with the last benefit received [REDACTED] 2024. (Department's Testimony; Exhibit 3)
10. The following transactions occurred on the Defendant's [REDACTED] SNAP benefit card during the period of [REDACTED] 2023, through [REDACTED], 2024:

Date	Transaction Type	Amount	Response
[REDACTED]/2023	Load monthly authorization	+ \$23.00	Approved
[REDACTED]/2023	Balance inquiry	\$0.00	Approved
[REDACTED]/2023	Balance inquiry	\$0.00	Invalid pin
[REDACTED] 2023	Balance inquiry	\$0.00	Approved
[REDACTED]/2023	Food Stamp purchase	-\$41.36	Approved
[REDACTED]/2024	Load monthly authorization	+\$23.00	Approved
[REDACTED]/2024	Balance inquiry	\$0.00	Approved
[REDACTED]/2024	Load monthly authorization	+\$23.00	Approved
[REDACTED]/2024	Balance inquiry	\$0.00	Approved
[REDACTED]/2024	Food Stamp purchase	-\$34.94	Approved
[REDACTED]/2024	Balance inquiry	\$0.00	Approved
[REDACTED]/2024	Load monthly authorization	+\$23.00	Approved

(Exhibit 3)

11. The following transactions occurred on the Defendant's Connecticut SNAP benefit card during the period of [REDACTED], 2023, through [REDACTED] 2024:

Date	Transaction Type	Amount	Response
------	------------------	--------	----------

██████/2023	Open new case/program	----	Approved
██████/2023	Open new case/program	----	Approved
██████/2023	VRU balance inquiry	\$0.00	Approved
██████2024	Load authorization /cash	+\$20.01	Approved
██████2024	Load authorization / SNAP	+\$111.00	Approved
██████/2024	VRU balance inquiry	\$0.00	Approved
██████/2024	VRU balance inquiry	\$0.00	Approved
██████2024	Food Stamp purchase	-\$96.25	Approved
██████/2024	VRU balance inquiry	\$0.00	Approved
██████/2024	Load authorization	+\$63.00	Approved
██████/2024	Food Stamp purchase	-\$35.30	Approved
██████/2024	Food Stamp purchase	-\$26.27	Approved
██████/2024	Food Stamp purchase	-\$9.07	Approved
██████/2024	Food Stamp purchase	-\$11.78	Insufficient funds
██████/2024	ATM balance inquiry /cash	\$0.00	Approved
██████/2024	ATM cash withdrawal	-\$20.00	Insufficient funds
██████2024	Load authorization	+\$63.00	Approved
██████2024	ATM balance inquiry / cash	\$0.00	Approved
██████2024	ATM cash withdrawal	-\$20.00	Insufficient funds
██████/2024	Food Stamp purchase	-\$130.11	Insufficient funds
██████/2024	Food Stamp purchase	-\$70.11	Approved
██████/2024	ATM balance inquiry / cash	\$0.00	Approved
██████/2024	Load authorization	+\$63.00	Approved

(Exhibit 5)

12. The Defendant has no previous IPV disqualifications. (*Department's Testimony; Exhibit 12: EDRS printout*)
13. On ██████ 2024, the Department's Investigator issued a Notice of Prehearing Interview ("W-1448") to the Defendant informing him to call for the interview on ██████ 2024, at 10:00am. The notice informed the Defendant that the Department alleges that he broke the rules for the SNAP on purpose. The notice states an over payment of SNAP benefits of \$300.00 for failing to report benefits in ██████ at the time of application in Connecticut. The Department also issued a Waiver of Disqualification Hearing ("W-1449") notice advising the Defendant of the Department's proposal to disqualify him from the SNAP due to the alleged IPV. (*Exhibit 9: W-1448; Exhibit 10: W-1449*)
14. On ██████ 2024, the Department's Investigator received a phone call from the Defendant to discuss the paperwork and waiver received. The Defendant claims he did not intentionally leave out the information regarding past benefits on the application, and he thought the ██████ benefits would just run out and there was no way to close them. The Defendant also reported to the Department that he moved to ██████ and requested to have his SNAP benefits in Connecticut closed. The Defendant did not sign the W-1449 waiver. (*Department's Testimony; Defendant's Testimony; Exhibit 14*)

15. On ██████████ 2024, the Department closed the Defendant's SNAP benefits effective ██████████, 2024. (*Exhibit 14*)
16. The Defendant's case has not been referred to the state police, prosecuting authority, or the attorney general for recovery in the court system. (*Department's Testimony*)
17. The Defendant had his ██████████ SNAP benefits linked to his Amazon account and continued to receive food items monthly as a subscription service because the card continued to have deposits made on it. (*Defendant's Testimony*)
18. The issuance of this decision is timely under Title 7 section 273.16(e)(20)(iv) of the C.F.R. which requires that the agency issue a decision within 90 days of the notice of the initiation of the ADH process. On ██████████ 2024, OLCRAH mailed the Defendant notification of the initiation of the ADH process; therefore, this decision is due no later than ██████████ 2024.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes provides that the Department of Social Services is designated as the state agency for the administration of (7) the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.

The Department has the authority to administer the SNAP.

2. Section 17b-88 of the Connecticut General Statutes provides for Overpayments, Recoupment, and Administrative disqualification hearings, and states 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.

The Department has the authority to recover SNAP benefits.

3. 7 C.F.R. § 273.16(e) provides for disqualification hearings and states the State agency shall conduct administrative disqualification hearings for individuals accused of intentional Program violation in accordance with the requirements outlined in this section.

The Department has the authority to conduct Administrative Disqualification Hearings.

4. 7 C.F.R. § 273.16(a)(1) provides for administrative responsibility and states the State agency shall be responsible for investigating any case of alleged intentional Program violation, and ensuring that appropriate cases are acted upon either through administrative disqualification hearings or referral to a court of appropriate jurisdiction in accordance with the procedures outlined in this section. Administrative disqualification procedures or referral for prosecution action should be initiated by the State agency in cases in which the State agency has sufficient documentary evidence to substantiate that an individual has intentionally made one or more acts of intentional Program violation as defined in paragraph (c) of this section. If the State agency does not initiate administrative disqualification procedures or refer for prosecution a case involving an overissuance caused by a suspected act of intentional Program violation, the State agency shall take action to collect the overissuance by establishing an inadvertent household error claim against the household in accordance with the procedures in § 273.18. The State agency should conduct administrative disqualification hearings in cases in which the State agency believes the facts of the individual case do not warrant civil or criminal prosecution through the appropriate court system, in cases previously referred for prosecution that were declined by the appropriate legal authority, and in previously referred cases where no action was taken within a reasonable period of time and the referral was formally withdrawn by the State agency. The State agency shall not initiate an administrative disqualification hearing against an accused individual whose case is currently being referred for prosecution or subsequent to any action taken against the accused individual by the prosecutor or court of appropriate jurisdiction, if the factual issues of the case arise out of the same, or related, circumstances. The State agency may initiate administrative disqualification procedures or refer a case for prosecution regardless of the current eligibility of the individual.

The Defendant's case has not been referred for civil or criminal prosecution.

The Department has properly initiated the ADH.

5. 7 C.F.R. § 273.16(e)(3) provides for the advance notice of the hearing. (i) The State agency shall provide written notice to the individual suspected of committing an intentional Program violation at least 30 days in advance of the date a disqualification hearing initiated by the State agency has been scheduled. If mailed, the notice shall be sent either first class mail or certified mail-return receipt requested. The notice may also be provided by any other reliable method. If the notice is sent using first class

mail and is returned as undeliverable, the hearing may still be held. (ii) If no proof of receipt is obtained, a timely (as defined in paragraph (e)(4) of this section) showing of nonreceipt by the individual due to circumstances specified by the State agency shall be considered good cause for not appearing at the hearing. Each State agency shall establish the circumstances in which non-receipt constitutes good cause for failure to appear. Such circumstances shall be consistent throughout the State agency. (iii) The notice shall contain at a minimum: (A) The date, time, and place of the hearing; (B) The charge(s) against the individual; (C) A summary of the evidence, and how and where the evidence can be examined; (D) A warning that the decision will be based solely on information provided by the State agency if the individual fails to appear at the hearing; (E) A statement that the individual or representative will, upon receipt of the notice, have 10 days from the date of the scheduled hearing to present good cause for failure to appear in order to receive a new hearing; (F) A warning that a determination of intentional Program violation will result in disqualification periods as determined by paragraph (b) of this section, and a statement of which penalty the State agency believes is applicable to the case scheduled for a hearing; (G) A listing of the individual's rights as contained in § 273.15(p); (H) A statement that the hearing does not preclude the State or Federal Government from prosecuting the individual for the intentional Program violation in a civil or criminal court action, or from collecting any overissuance(s); and (I) If there is an individual or organization available that provides free legal representation, the notice shall advise the affected individual of the availability of the service.

7 C.F.R. § 273.16(e)(4) provides for the scheduling of hearing and states the time and place of the hearing shall be arranged so that the hearing is accessible to the household member suspected of intentional Program violation. If the household member or its representative cannot be located or fails to appear at a hearing initiated by the State agency without good cause, the hearing shall be conducted without the household member being represented. Even though the household member is not represented, the hearing official is required to carefully consider the evidence and determine if intentional Program violation was committed based on clear and convincing evidence. If the household member is found to have committed an intentional Program violation but a hearing official later determines that the household member or representative had good cause for not appearing, the previous decision shall no longer remain valid and the State agency shall conduct a new hearing. The hearing official who originally ruled on the case may conduct the new hearing. In instances where good cause for failure to appear is based upon a showing of nonreceipt of the hearing notice as specified in paragraph (e)(3)(ii) of this section, the household member has 30 days after the date of the written notice of the hearing decision to claim good cause for failure to appear. In all other instances, the household member has 10 days from the date of the scheduled hearing to present reasons indicating a good cause for failure to appear. A hearing official must enter the good cause decision into the record.

OLCRAH properly notified the Defendant of the ADH on [REDACTED], 2024. On that date, OLCRAH mailed the Defendant, the packet containing the date, time and

location of the hearing, a summary of the charges against the Defendant, a summary of the evidence and a warning that the decision will be based solely on the information provided by the State agency if the Defendant fails to appear at the hearing. On [REDACTED], 2024, the Defendant signed for the packet.

6. 7 C.F.R. § 273.16(a)(3) provides the State agency shall base administrative disqualifications for intentional Program violations on the determinations of hearing authorities arrived at through administrative disqualification hearings in accordance with paragraph (e) of this section or on determinations reached by courts of appropriate jurisdiction in accordance with paragraph (g) of this section. However, any State agency has the option of allowing accused individuals either to waive their rights to administrative disqualification hearings in accordance with paragraph (f) of this section or to sign disqualification consent agreements for cases of deferred adjudication in accordance with paragraph (h) of this section. Any State agency which chooses either of these options may base administrative disqualifications for intentional Program violation on the waived right to an administrative disqualification hearing or on the signed disqualification consent agreement in cases of deferred adjudication.

The Defendant did not sign or return the Waiver of Disqualification Hearing form (W-1449) the Department sent to him on [REDACTED] 2024.

7. 7 C.F.R. § 273.16(c) provides for definition of intentional Program violation and states Intentional Program violations shall consist of having intentionally: (1) Made a false or misleading statement, or misrepresented, concealed or withheld facts; or (2) Committed any act that constitutes a violation of SNAP, SNAP regulations, or any State statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits or EBT cards.
8. 7 C.F.R. § 273.16(e)(6) provides for criteria for determining intentional Program violation and states the hearing authority shall base the determination of intentional Program violation on clear and convincing evidence which demonstrates that the household member(s) committed, and intended to commit, intentional Program violation as defined in paragraph (c) of this section.

The Department established with clear and convincing evidence that the Defendant committed an IPV by intentionally concealing his concurrent receipt of SNAP benefits in both [REDACTED] and Connecticut.

The Defendant failed to report his out of state benefits at the time of application on [REDACTED] 2023, and at his interview on [REDACTED] 2024.

9. 7 C.F.R. § 273.16(e)(8)(i) provides for imposition of disqualification penalties and states if the hearing authority rules that the individual has committed an intentional Program violation, the household member must be disqualified in accordance with the disqualification periods and procedures in paragraph (b) of this section. The same act

of intentional Program violation repeated over a period of time must not be separated so that separate penalties can be imposed.

7 C.F.R. § 273.16(b)(5) provides for disqualification penalties and states except as provided under paragraph (b)(1)(iii) of this section, an individual found to have made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple SNAP benefits simultaneously shall be ineligible to participate in the Program for a period of 10 years.

The Department correctly determined that the disqualification period for the Defendant is ten (10) years.

10.7 C.F.R. § 273.16(b)(12) provides even though only the individual is disqualified, the household, as defined in § 273.1, is responsible for making restitution for the amount of any overpayment. All intentional Program violation claims must be established and collected in accordance with the procedures set forth in § 273.18.

7 C.F.R. § 273.18(a)(1) provides for claims against household and states a recipient claim is an amount owed because of: (i) Benefits that are overpaid or (ii) Benefits that are trafficked. Trafficking is defined in 7 CFR 271.2.

7 C.F.R. § 273.18(a)(2) provides 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.

7 C.F.R. § 273.18(a)(4) provides the following are responsible for paying a claim: (i) Each person who was an adult member of the household when the overpayment or trafficking occurred; (ii) A person connected to the household, such as an authorized representative, who actually trafficks or otherwise causes an overpayment or trafficking.

7 C.F.R. § 273.18(b) provides for types of claims and states there are 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.

The Department correctly determined that the Defendant is responsible for restitution for the SNAP benefits received during the IPV period.

11.7 C.F.R. § 273.18(c)(1)(i) provides for calculating the claims not related to trafficking. As a State agency, you must calculate a claim back to at least twelve months prior to when you become aware of the overpayment and for an IPV claim, the claim must be calculated back to the month the act of IPV first occurred and for all claims, don't

include any amounts that occurred more than six years before you became aware of the overpayment.

7 C.F.R. § 273.18(c)(1)(ii) provides for the actual steps for calculating a claim are (A) you determine the correct amount of benefits for each month that a household received an overpayment. (B) You do not apply the earned income deduction to that part of any earned income that the household failed to report in a timely manner when this act is the basis for the claim unless the claim is an AE claim then apply the earned income deduction. (C) You subtract the correct amount of benefits from the benefits actually received. The answer is the amount of the overpayment unless the answer is zero or negative then dispose of the claim referral. (D) You reduce the overpayment amount by any EBT benefit expunged from the household's EBT benefit account in accordance with your own procedures. The difference is the amount of the claim unless you are not aware of any expunged benefits then the amount of the overpayment calculated in paragraph (c)(1)(ii)(C) of this section is the amount of the claim.

The Department correctly calculated the SNAP overpayment of \$300.00 for the benefits received in Connecticut during the IPV period of [REDACTED] 2023, through [REDACTED] 2024.

DISCUSSION

Multiple balance inquiries were conducted on both the Connecticut and [REDACTED] EBT cards providing information showing both accounts as active and SNAP benefits being loaded on each card. The Defendant continued to use the SNAP benefits from both states during the period of [REDACTED] 2023, through [REDACTED] 2024.

While the Defendant maintains he did not intentionally fail to disclose information regarding SNAP benefits in [REDACTED] he did not disclose past benefits on the online application electronically signed by himself on [REDACTED] 2023, and again, failed to disclose out of state benefits during a phone interview with the Department on [REDACTED] 2024.

DECISION

1. The Defendant is GUILTY of committing a SNAP Intentional Program Violation for willfully concealing his receipt and use of SNAP benefits from the state of [REDACTED] while also receiving and utilizing SNAP benefits in Connecticut.
2. The Department is authorized to disqualify the Defendant from participation in the SNAP for a period of ten (10) years and to seek recovery of the full \$300.00 proposed for recoupment.


Amy MacDonough
Fair Hearing Officer

CC: OLCRAH.QA.DSS@ct.gov
Megan Monroe, Social Services Investigator, DSS, Willimantic Regional Office

RIGHT TO APPEAL

The defendant has the right to appeal this decision to the Superior Court within 45 days of the mailing of this decision. 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 to 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 per §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 defendant resides.