

2STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVE.
HARTFORD, CT 06105-3725

■■■ ■■■ 2024
Signature Confirmation

Client ID ■■■■■■■■
Case ID ■■■■■■■■
Request # 240666

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ■■■■ ■■■ 2024, the Department of Social Services (the "Department") sent ■■■■ ■■■■ (the "Appellant") a Notice of Action ("NOA) informing her of a reduction in her benefits under the Supplemental Nutrition Assistance Program ("SNAP") from \$829.00 to \$28.00 effective ■■■■ ■■■ 2024.

On ■■■■ ■■■ 2024, the Appellant requested an administrative hearing to contest the Department's decision to reduce her SNAP benefits.

On ■■■■ ■■■ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative 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, OLCRAH held an administrative hearing by teleconference at the Appellant's request.

The following individuals called in for the hearing:

■■■■ ■■■■ Appellant
Riley White, Department Representative
Sushma Patel, Department Representative
Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to reduce the Appellant's benefits under the SNAP to \$28.00 per month beginning [REDACTED] [REDACTED] 2024 was correct.

FINDINGS OF FACT

1. The Appellant receives benefits under the SNAP for a household of six: herself and five children between the ages of [REDACTED] ([REDACTED] years and [REDACTED] [REDACTED] months). (Stipulated)
2. The SNAP certification period began [REDACTED] [REDACTED] 2023 and ends on [REDACTED] [REDACTED] 2024. The Department completed the Appellant's Periodic Report Form ("PRF") on [REDACTED] [REDACTED] 2024. (Department Representative Testimony)
3. Beginning [REDACTED] [REDACTED] 2024, the Appellant qualified for benefits under the Connecticut Paid Leave as administered through Aflac. The Appellant received \$652.86 per week through [REDACTED] [REDACTED] 2024 when the benefit ended. (Appellant Testimony and Exhibit 1: Application)
4. The Appellant lives with her five children and pays \$1,700.00 per month for rent. Rent increased to \$1,875.00 beginning [REDACTED] [REDACTED] 2024. The Appellant pays for gas heat in the apartment and has an air conditioner for which she pays in the summer. The Appellant does not share her home with anyone else. (Appellant Testimony)
5. The Appellant received \$829.00 per month under the SNAP through [REDACTED] [REDACTED] 2024. (Stipulated)
6. On [REDACTED] [REDACTED] 2024, the Appellant submitted an online application to the Department requesting financial assistance under the Temporary Family Assistance ("TFA") program for herself and her five children reporting her Connecticut Paid Leave benefits ended and she was without a source of income. (Exhibit 1: TFA Application and Appellant Testimony)
7. On [REDACTED] [REDACTED] 2024, the Department reviewed the Appellant's application for TFA and documented the termination of Connecticut Paid Leave as [REDACTED] [REDACTED] 2024 in the Appellant's case notes. The Department writes, "SNAP no change." (Exhibit 6: Case Notes)
8. On [REDACTED] [REDACTED] 2024, the Department denied the Appellant's application for TFA benefits because the Department did not receive the information

needed to make an eligibility determination under the TFA program. (Exhibit 4: Notice of Action and Exhibit 6: Case Notes)

9. On [REDACTED] [REDACTED] 2024, the Department reviewed the Appellant's SNAP benefits and concluded the Appellant "has not earned enough to pay her rent alone for years; she has not reported any child support from any of the father(s); and [REDACTED] [REDACTED] (the "uncle") has current DL [driver's license], MV [motor vehicle] etc at common address." The Department assumed the uncle was the parent of two of the Appellant's children which share the same last name. The Department located employment for the uncle and added \$2,500.00 as unearned income to the Appellant's SNAP household resulting in the reduction of SNAP benefits from \$829.00 per month to \$28.00 per month for a household of six beginning [REDACTED] 2024. (Exhibit 4: Notice of Action, Exhibit 6: Case Notes, and Department Representative Testimony)
10. [REDACTED] [REDACTED] (the "uncle") is not the father of any of the Appellant's children, but rather the uncle to two of her children. [REDACTED] [REDACTED] is the father of two of her children who share the [REDACTED] last name. (Appellant's Testimony)
11. The Department referred the Appellant's case to the fraud unit to investigate household composition. (Exhibit 6: Case Notes)
12. On [REDACTED] [REDACTED] 2024, the Department issued the Appellant a Notice of Action informing her that her SNAP benefits would be reduced from \$829.00 per month to \$28.00 per month beginning [REDACTED] [REDACTED] 2024. (Exhibit 4: Notice of Action)
13. On [REDACTED] [REDACTED] 2024, the Department issued the Appellant a We Need More Information Notice requesting the following information in order to review SNAP eligibility:
 - Verification of all gross consecutive wages from [REDACTED] [REDACTED] [REDACTED] [REDACTED] for [REDACTED] [REDACTED] from [REDACTED] 2023 to present;
 - All child support from absent parent [REDACTED] and [REDACTED] from the last 3 consecutive months;
 - All fathers name, date of birth, social security number, employer, address, etc.

The Department listed the due date for the information as [REDACTED] [REDACTED] 2024. The Department writes, "If you do not give us the missing information by [REDACTED]/[REDACTED]/24, your SNAP benefits will end." (Exhibit 3: We Need More Information Notice and Exhibit 6: Case Notes)

14. On [REDACTED] [REDACTED] 2024, the Department received the Appellant's request for an administrative hearing. (Hearing Request)
15. On [REDACTED] [REDACTED] 2024, the Department closed the Appellant SNAP benefits effective [REDACTED] [REDACTED] 2024 and issued the Appellant a Notice of Action. The Department listed the reasons for closure as: No household members are eligible for this program; did not give us the information needed to continue your benefits; does not meet program requirements. (Exhibit 5: Notice of Action)
16. At the administrative hearing, the Department reported the fraud unit completed their investigation and determined the Appellant qualifies for \$829.00 in SNAP benefits for [REDACTED] 2024 because the investigation revealed the Appellant resides with her five minor children and neither the children's uncle nor father reside in the home. (Department Representative Testimony)
17. On [REDACTED] [REDACTED] 2024, the Department recalculated the Appellant's [REDACTED] SNAP eligibility based on \$652.86 weekly Aflac, \$1,700.00 rent, and \$912.00 standard utility allowance. The Department determined the Appellant qualified for \$829.00 under the SNAP for a household of six, the Appellant and her five children. (Exhibit 9: Email, Exhibit 10: Notice of Action, and Department Representative Testimony)
18. On [REDACTED] [REDACTED] 2024, the Department issued an additional SNAP benefit of \$801.00 to the Appellant for [REDACTED] 2024 bringing her total [REDACTED] SNAP benefit to \$829.00. \$28.00 [REDACTED] SNAP + \$801.00 additional benefit = \$829.00 (Exhibit 9: Email and Department Representative Testimony)
19. On [REDACTED] [REDACTED] 2024, the Department issued the Appellant a Notice of Action informing her the household of six (6) qualified for \$829.00 under the SNAP beginning [REDACTED] [REDACTED] 2024. (Exhibit 10: Notice of Action)
20. The Department failed to notify the Appellant proof of termination of Connecticut Paid Leave is needed to recalculate her SNAP monthly benefit. (Department Representative Testimony and Exhibit 6: Case Notes)
21. The issuance of this decision is timely under Title 7 Section 273.15(c) of the Code of Federal Regulations, which requires that a decision be issued within 60 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] [REDACTED] 2024. Therefore, this decision is due not later than [REDACTED] [REDACTED] 2024.

CONCLUSIONS OF LAW

1. Section 17b-2(7) of the 2024 Supplement to the Connecticut General Statutes provides 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. Title 7 Section 273.12(a)(5) of the Code of Federal Regulations (“C.F.R.”) provides in pertinent part as follows:

The State agency may establish a simplified reporting system in lieu of the change reporting requirement specified under paragraph (a)(1) of this section.

“A State agency that chooses to use simplified reporting procedures in accordance with this section must state in its State Plan of operation that it has implemented simplified reporting and specify the types of households to whom the reporting requirement applies.”¹ 7 C.F.R. § 273.12(a)(5)(vii)

3. Federal regulation provides as follows:

The State agency must act when the household reports that its gross monthly income exceeds the gross monthly income limit for its household size. For other changes, the State agency need not act if the household reports a change for another public assistance program in which it is participating and the change does not trigger action in that other program but results in a decrease in the household’s SNAP benefit. The State agency must act on all other changes reported by a household outside of a periodic report in accordance with one of the following two methods: The State agency must act on any change in household circumstances in accordance with paragraph (c) of this section.

7 C.F.R. § 273.12(a)(5)(vi)(A)

Federal regulation provides as follows:

The State agency shall take prompt action on all changes to determine if the change affects the household’s eligibility or allotment. However, the State agency has the option to disregard a reported change to an established deduction in accordance with paragraph (c)(4) of this section. If a household reports a change in income, and the new circumstance is

¹ Change Processing. All EDGs are included in and follow simplified reporting policy. Changes in an EDG’s situation become known to the agency when: reported by the household, or information is received from other sources within the agency or outside the agency. CT SNAP Policy Manual

expected to continue for at least one month beyond the month in which the change is reported, the State agency may act on the change in accordance with paragraphs (c)(1) and (c)(2) of this section. The time frames in paragraphs (c)(1) and (c)(2) of this section apply to these actions. During the certification period, the State agency shall not act on changes in the medical expenses of households eligible for the medical expense deduction which it learns of from a source other than the household and which, in order to take action, require the State agency to contact the household for verification. The State agency shall only act on those changes in medical expenses that it learns about from a source other than the household if those changes are verified upon receipt and do not necessitate contact with the household. Even if there is no change in the allotment, the State agency shall document the reported change in the casefile, provide another change report form to the household, and notify the household of the receipt of the change report. If the reported change affects the household's eligibility or level of benefits, the adjustment shall also be reported to the household. The State agency shall also advise the household of additional verification requirements, if any, and state that failure to provide verification shall result in increased benefits reverting to the original allotment. 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. Restoration of lost benefits shall be provided to any household if the State agency fails to take action on a change which increases benefits within the time limits specified in paragraph (c)(1) of this section.

7 C.F.R. § 273.12(c)

4. Federal regulation provides as follows:

The State agency may elect to verify changes which result in an increase in a household's benefits in accordance with the verification requirements of § 273.2(f)(8)(ii), prior to taking action on these changes. If the State agency elects this option, it must allow the household 10 days from the date the change is reported to provide verification required by § 273.2(f)(8)(ii). If the household provides verification within this period, the State shall take action on the changes within the timeframes specified in paragraphs (c)(1) (i) and (ii) of this section. The timeframes shall run from the date the change was reported, not from the date of verification. If, however, the household fails to provide the required verification within 10 days after the change is reported but does provide the verification at a later date, then the timeframes specified in paragraphs (c)(1) (i) and (ii) of this section for taking action on changes shall run from the date verification is provided rather than from the date the change is reported. If the State agency does not elect this option, verification required by § 273.2(f)(8)(ii) must be obtained prior to the issuance of the second normal

monthly allotment after the change is reported. If in these circumstances the household does not provide verification, the household's benefits will revert to the original benefit level. Whenever a State agency increases a household's benefits to reflect a reported change and subsequent verification shows that the household was actually eligible for fewer benefits, the State agency shall establish a claim for the overissuance in accordance with § 273.18. In cases where the State agency has determined that a household has refused to cooperate as defined in § 273.2(d), the State agency shall terminate the household's eligibility following the notice of adverse action.

7 C.F.R. § 273.12(c)(1)(iii)

Federal regulation provides as follows:

Changes reported during the certification period shall be subject to the same verification procedures as apply at initial certification, except that the State agency shall not verify changes in income if the source has not changed and if the amount has changed by \$50 or less, unless the information is incomplete, inaccurate, inconsistent or outdated. The State agency shall also not verify total medical expenses or actual utility expenses which are unchanged or have changed by \$25 or less, unless the information is incomplete, inaccurate, inconsistent or outdated.

7 C.F.R. § 273.2(f)(8)(ii)

“Verification is the use of documentation or a contact with a third party to confirm the accuracy of statements or information. The State agency must give households at least 10 days to provide required verification. [Paragraph \(i\)\(4\)](#) of this section contains verification procedures for expedited service cases.” 7 C.F.R. § 273.2(f)

5. Federal regulation provides as follows:

For changes which result in an increase in a household's benefits due to the addition of a new household member who is not a member of another certified household, or due to a decrease of \$50 or more in the household's gross monthly income, the State agency shall make the change effective not later than the first allotment issued 10 days after the date the change was reported. However, in no event shall these changes take effect any later than the month following the month in which the change is reported. Therefore, if the change is reported after the 20th of a month and it is too late for the State agency to adjust the following month's allotment, the State agency shall issue a supplementary ATP or otherwise provide an opportunity for the household to obtain the increase in benefits by the 10th day of the following month, or the household's normal

issuance cycle in that month, whichever is later. For example, a household reporting a \$100 decrease in income at any time during May would have its June allotment increased. If the household reported the change after the 20th of May and it was too late for the State agency to adjust the ATP normally issued on June 1, the State agency would issue a supplementary ATP for the amount of the increase by June 10.

7 C.F.R. § 273.12(c)(1)(ii)

On [REDACTED] [REDACTED] 2024, the Department correctly determined the Appellant reported a change in income and documented the termination of the Appellant's Connecticut Paid Leave in the case notes. However, the Department failed to review the change within 10 days of the [REDACTED] [REDACTED] 2024 report to determine the appropriate action to take under the SNAP.

On [REDACTED] [REDACTED] 2024, the Department incorrectly applied the uncle's earnings to the Appellant as unearned income. The hearing record is void of any evidence to support the Department's action to apply the uncle's earnings to the Appellant and to code earnings as unearned income. The Appellant reported a change in her income, not a change in household members. Although the Department finally issued a request for verification form under the SNAP to the Appellant on [REDACTED] [REDACTED] 2024, the Department failed to request verification of the termination of weekly Connecticut Paid Leave, instead requesting proof of the uncle's wages, child support income, and absent parent information based on assumptions made by the Department.

On [REDACTED] [REDACTED] 2024, the Department correctly rescinded their [REDACTED] [REDACTED] 2024 action and removed the unearned income which the Department incorrectly applied to the Appellant's SNAP household. However, the Department failed once again to request verification of the termination of Connecticut Paid Leave benefit from the Appellant in order to increase the Appellant's SNAP benefit due to the loss of income.

6. Federal regulation provides as follows:

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 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)(1)(i)

Federal regulation provides as follows:

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: The State agency shall round the 30 percent of net income up to the nearest higher dollar.

7 C.F.R. § 273.10(e)(2)(ii)(A)

Based on the hearing record, the Appellant's correct SNAP benefits cannot be determined because the Appellant's countable household income cannot be determined due to the lack of verification. On [REDACTED] 2024, the Appellant reported an income change. The Department failed to provide the Appellant with the opportunity to verify the termination of benefits within 10-days of the reported change as required under federal SNAP regulations. Whether the Appellant would have provided the Department with verification within the 10-day period in order to effect a change in benefits as of [REDACTED] 2024 cannot be determined. Therefore, this appeal is being remanded back to the Department for further action.

DECISION

The Appellant's appeal is remanded back to the Department for further action.

ORDER

1. The Department must send a written request for verification of the termination of Connecticut Paid Leave and allow the Appellant 10-days to submit this verification.
2. If the verification is submitted within 10-days of the Department's written request, the Department must recalculate the Appellant's SNAP benefits effective [REDACTED] 2024, the month after the date the change was reported and issue the Appellant any supplementary benefits she may be due.
3. If verification is delayed or not submitted by the Appellant by the 10-day due date, then the Department is correct to include the Appellant's income source, Connecticut Paid Leave, until the Appellant verifies its termination or at recertification whichever comes first.
4. Compliance is due 14-days from the date of this decision. Compliance should include a copy of the written request for verification, proof the date verification was provided if within 10-days, and proof of supplementary benefits beginning [REDACTED] 2024 if applicable.

Lisa A. Nyren
Lisa A. Nyren
Fair Hearing Officer

CC: Theresa Deangelis, SSOM RO #52
Nicole Matos, SSOM RO #52
Sushma Patel, FHL RO #52
Riley White, FHL RO #52

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 Administrative Hearings and Appeals, 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 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.