

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES
APPEALS OFFICE
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Docket # 14-2175

Hearing Date: December 17, 2014

Date: December 18, 2014

ADMINISTRATIVE HEARING DECISION

The Administrative Hearing that you requested has been decided against you. During the course of the proceeding, the following issue(s) and agency policy reference(s) were the matters before the hearing:

The Supplemental Nutrition Assistance Program (SNAP) Policy Manual:

Sections: 1008.20.15, 1038.25

The facts of your case, the agency policy, and the complete administrative decision made in this matter follow. Your rights to judicial review of this decision are found on the last page of this decision.

Present at the hearing were you (the appellant), your mother and Judith Anderson (agency representative). Copies of this decision have been sent to you, Judith Anderson and the agency policy unit.

ISSUE: Did the appellant's SNAP benefits decrease due to a decrease in his household's allowable shelter and medical expense costs?

DHS POLICIES:

Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Department of Human Services Policy Manual.

DISCUSSION OF THE EVIDENCE:

The agency representative provided the following testimony:

1. The agency sent the appellant a notice dated October 27, 2014 notifying him that beginning November 1, 2014 his monthly SNAP benefits will decrease from \$189.00 to \$109.00 because his household's monthly allowed shelter and utility costs went down from \$475.00 to \$324.00 and his allowed monthly medical expense went down from \$141.00 to 0.00.
2. The agency representative stated that the agency conducted a recertification of the appellant's SNAP benefits during October 2014. The agency representative stated that the appellant's case was updated at that time to delete previously allowed monthly shelter and utility costs from the appellant's former place of residence.
3. The agency no longer allowed monthly rent and utility costs effective November 1, 2014 because the appellant reported that he was homeless at the time of his recertification. The agency also deleted the appellant's monthly medical expense of \$141.00, as the appellant no longer has a qualifying medical expense in that amount.
4. The appellant was allowed the SNAP \$155.00 standard income deduction. The appellant was not allowed a monthly medical deduction because his monthly out of pocket medical costs do not exceed \$35.00 monthly.

The appellant provided the following testimony:

1. He stated that he no longer incurs monthly medical expenses. He stated that he recently moved into an apartment on December 2, 2014 and has a rent receipt to submit to the agency today.
2. He stated that he is required to eat a special diet due to numerous food allergies.

FINDINGS OF FACT:

1. The agency notified the appellant by notice dated October 27, 2014 that his household's SNAP benefits would decrease due to a decrease in his household's shelter and utility costs as well as a decrease in his allowable monthly medical expense.
2. The appellant questions the agency determination of his SNAP eligibility and requests that the agency review his benefit determination as he now incurs monthly shelter and utility costs.

CONCLUSION:

The issue to be decided is whether the appellant's SNAP benefit should decrease due to a decrease in both his household's countable monthly shelter and utility costs and his monthly allowable medical expenses?

The agency representative testified to and submitted into evidence the agency notice from October 27, 2014 indicating the gross unearned (SSI) income and standard income deduction. The agency representative also submitted that at the time of his recertification the appellant no longer incurred monthly rent and utility expenses. The appellant was also no longer allowed a medical expenses cost of \$141.00 for the same period as determined by the agency recertification application.

Review of the agency benefit calculation effective for November 1, 2014 determines that the agency used the appellant's gross monthly-SSI income of \$761.00. The agency allowed a standard unearned income deduction of \$155.00. The agency allowed an excess shelter deduction of \$324.00 and a medical expense deduction of \$0.00 for countable SNAP income of \$282.00 and corresponding SNAP benefit of \$109.00.

After careful review of the agency policy, the evidence and testimony submitted it is determined that the agency correctly determined the appellant's SNAP benefit effective November 1, 2014. The appellant's request for relief is denied.

APPEAL RIGHTS (SEE PAGE #7)


Michael J. Gorman
Hearing Officer

APPENDIX

Excess Medical Deduction 1008.20.15
REV: 10/2012

An excess medical deduction is that portion of total medical expenses in excess of \$35 per month, excluding special diets, incurred by all household members who are elderly or disabled (Including disabled veterans or surviving disabled spouses/children of veterans.) The thirty five dollar (\$35) disregard applies to the entire household and not individual members.

A spouse or other person receiving benefits as a dependent of the SSI or disability and blindness recipient is not eligible to receive this deduction, but persons receiving emergency SSI benefits based on presumptive eligibility are eligible for this deduction. Allowable medical costs are:

* Medical and dental care, including psychotherapy and rehabilitation services, provided by a licensed practitioner authorized by state law or other qualified health professional.

Hospitalization, outpatient treatment, nursing care, and nursing home care, including payments by the household for an individual who was a household member immediately prior to entering a hospital or nursing home provided by a facility recognized by the state.

Prescription drugs when prescribed by a licensed practitioner authorized under state law, and other over-the-counter medication (including insulin), when approved by a licensed practitioner or other qualified health professional (exception: medicinal marijuana is not an allowable medical cost for purposes of determining SNAP eligibility and/or benefit level); in addition, costs of medical supplies, sick room equipment (including rental) or other prescribed equipment are deductible.

Health and hospitalization insurance policy premiums. The costs of health and accident policies, such as those payable in lump sum settlements for death or dismemberment, or income maintenance policies, such as those which continue mortgage or loan payments while the beneficiary is disabled, are not deductible.

Medicare premiums, and any cost-sharing or spend-down expenses incurred by Medical Assistance recipients.

Repayments made on a loan when the loan is used to pay a one-time only medical expense. Loan expenses, such as interest, are not allowable as part of the medical expense. If a second mortgage is obtained for medical expenses, repayment is treated as a shelter expense and not as a medical expense.

Dentures, hearing aids, and prosthetics.

Securing and maintaining a seeing eye or hearing dog, including the cost of dog food and veterinarian bills.

Eye glasses prescribed by a physician skilled in eye disease, or by an optometrist.

Reasonable cost of transportation and lodging to obtain medical treatment or services.

Maintaining an attendant homemaker, home health aide, or child care services necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person SNAP allotment is deducted if the household furnishes the majority of the attendant's meals. The allotment is that which is in effect at the time of initial certification. The allotment amount is updated at the next scheduled recertification. If a household incurs attendant care costs that could qualify under both the medical deduction and

dependent care deduction, the cost is treated as a medical expense.

INCOME ELIGIBILITY STANDARDS 1038.25
REV: 11/2013

The gross or net income eligibility standards for the household size are used to determine the household's eligibility according to the characteristics of the household.

1. To determine eligibility for non categorically eligible households the following steps are taken:
 - a. Compare the total gross monthly income of the household to the one hundred thirty percent (130%) maximum gross monthly income limit for the appropriate household size in Table I, below;
 - b. Compare the total net monthly income of the household (after appropriate deductions) to the maximum net monthly income limit for the appropriate household size in Table II, below.
2. To determine eligibility for categorical eligibility

due to receipt of a TANF-funded service:

- a. If the household's gross income is at or below one hundred and eighty five percent (185%) of the gross income limit, Table IV, the household meets the criteria for categorical eligibility and is not subject to a resource test.
- b. The agency calculates the household's total net monthly income and then compares the total net monthly income of the household (after appropriate deductions) to the maximum net monthly income limit for the appropriate household size in Table II below to determine eligibility for SNAP benefits.
- c. If the household's net income is at or below the net income limit, the household receives a benefit as long as the normal household size reduced by thirty percent (30%) of the household's net income in Table II
4. To determine eligibility for households containing a member(s) who is elderly or disabled, or a disabled veteran or surviving disabled spouse/child(ren) of a veteran, the following steps are taken:
 - a. Same household status
 - i. Compare the adjusted net monthly SNAP income of the household, computed in accordance with the instructions in Section 1010, to the maximum net monthly income limits for the appropriate household size in Table II, below.
 - b. Separate household status
 - i. Compare the gross monthly income of all other members in the household to the one hundred sixty-five percent (165%) maximum gross

monthly income limit for the appropriate household size in Table III, below.

- c. An elderly or disabled person/spouse is not considered a household member for this purpose, includes disabled veterans or surviving disabled spouse/child(ren) of a veteran, refer to Section (1010.30.05).
- 4. EXCEPTION: One and two person categorically eligible households do not have to meet the net income standard in order to be eligible for the minimum monthly benefit.

TABLE I - 130% LIMIT - GROSS MONTHLY INCOME LIMIT

HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME	HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME
1.	\$1,245	9. . . . .	.\$4,730
2.	\$1,681	10. . . . .	.\$5,166
3.	\$2,116	11. . . . .	.\$5,602
4.	\$2,552	12. . . . .	.\$6,038
GROSS AND NET INCOME ELIGIBILITY STANDARDS			1038.25
5.	\$2,987	13. . . . .	.\$6,474
6.	\$3,423	14. . . . .	.\$6,910
7.	\$3,858	15. . . . .	.\$7,346
8.	\$4,294	16. . . . .	.\$7,782
+ For each additional member over 16, add \$436.00.			

TABLE II - 100% INCOME LIMIT - NET MONTHLY INCOME LIMIT

HOUSEHOLD SIZE	MAXIMUM NET MONTHLY INCOME	HOUSEHOLD SIZE	MAXIMUM NET MONTHLY INCOME
1.	\$958.00	9. . . . .	.\$3,638
2.	\$1,293	10. . . . .	.\$3,973
3.	\$1,628	11. . . . .	.\$4,308
4.	\$1,963	12. . . . .	.\$4,643
5.	\$2,298	13. . . . .	.\$4,978
6.	\$2,633	14. . . . .	.\$5,313
7.	\$2,968	15. . . . .	.\$5,648
GROSS AND NET INCOME ELIGIBILITY STANDARDS			1038.25
8.	\$3,303	16. . . . .	.\$5,983
+ For each additional member over 16, add \$335.00.			

TABLE III - 165% INCOME LIMIT- ELDERLY/DISABLED SEPARATE HOUSEHOLD

HOUSEHOLD SIZE	MONTHLY MAXIMUM GROSS INCOME	HOUSEHOLD SIZE	MONTHLY MAXIMUM GROSS INCOME
1.	\$1,580	9. . . . .	.\$6,003
2.	\$2,133	10. . . . .	.\$6,556
3.	\$2,686	11. . . . .	.\$7,109
4.	\$3,239	12. . . . .	.\$7,662
5.	\$3,791	13. . . . .	.\$8,215
6.	\$4,344	14. . . . .	.\$8,768

7.	\$4,897	15.	\$9,321
8.	\$5,450	16.	\$9,874

+ For each additional member over 16, add \$553.00.

GROSS AND NET INCOME ELIGIBILITY STANDARDS 1038.25

TABLE V- 200% GROSS MONTHLY INCOME LIMIT

HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME	HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME
1.	\$1,916	9.	\$7,276
2.	\$2,586	10.	\$7,946
3.	\$3,256	11.	\$8,616
4.	\$3,926	12.	\$9,286
5.	\$4,596	13.	\$9,956
6.	\$5,266	14.	\$10,626
7.	\$5,936	15.	\$11,296
8.	\$6,606	16.	\$11,966

+ For each additional member over 16, add \$670.00.

APPELLATE RIGHTS

This Final Order constitutes a final order of the Department of Human Services pursuant to RI General Laws §42-35-12. Pursuant to RI General Laws §42-35-15, a final order may be appealed to the Superior Court sitting in and for the County of Providence within thirty (30) days of the mailing date of this decision. Such appeal, if taken, must be completed by filing a petition for review in Superior Court. The filing of the complaint does not itself stay enforcement of this order. The agency may grant, or the reviewing court may order, a stay upon the appropriate terms.