

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

May 1, [REDACTED]

Client ID # [REDACTED]
Request # [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]

[REDACTED] BACKGROUND

On [REDACTED], the Department issued a Notice of Action (“NOA”) to [REDACTED] (the “Appellant”) denying his application for cash assistance from the Aged, Blind and Disabled (“AABD”) program because he failed to return all of the required proofs by the date the Department requested.

On [REDACTED], the Appellant through his conservator [REDACTED], requested an administrative hearing to contest the Department’s denial of his application.

On [REDACTED] 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for [REDACTED], 2019.

On [REDACTED], 2019, 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.

The following individuals were present at the hearing:

[REDACTED], Appellant’s Conservator
Jacquelyn Camposano, Department’s Representative, via telephone
Saya Miyakoshi, Department’s Representative

Thomas Monahan, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department was correct when it denied the Appellant's application for AABD cash benefits on [REDACTED], 2018.

FINDINGS OF FACT

1. The Appellant is a resident of [REDACTED] in [REDACTED]. (Hearing record).
2. [REDACTED] is the Appellant's conservator. (Hearing record, Appellant's Exhibit A: Conservator's brief, attachment 8)
3. On [REDACTED], 2018 the Appellant filed an application for AABD. (Hearing Record)
4. The Department reopened the AABD application to [REDACTED], 2018 because of a previous Departmental error. (Hearing record)
5. On [REDACTED], 2018, the Department sent the Appellant's conservator a Verification We Need form requesting the verifications necessary to process the AABD application as follows: proof of gross pension, proof of [REDACTED] Bank balances and transaction verifications of \$500.00 or more, proof of the face and cash value of the Appellant's [REDACTED] life insurance policy. The due date of the information was [REDACTED] 2018. (Exhibit 1: Verification request, 1 [REDACTED]/18)
6. On [REDACTED] 2018, the Department reviewed bank statements and transactions submitted on behalf of the Appellant. (Exhibit 5: Case notes)
7. On [REDACTED] 2018, the Department sent the Appellant's conservator a Verification We Need form requesting the verifications necessary to process the AABD application as follows: Proof of gross pension amount, verification of [REDACTED] 2018 \$ [REDACTED].00 transaction, proof of face and cash surrender value of the Appellant's [REDACTED] Life Insurance policy, a doctors medical packet and a signed Reimbursement of Assistance form. The verification request was sent to the conservator via fax. (Exhibit 2: Verification request, [REDACTED]/18)
8. The Department received the Reimbursement of Assistance form from the Appellant on [REDACTED] 2018. (Exhibit 5: Case Notes)

9. On [REDACTED], 2018, the Department sent the Appellant's conservator a Verification We Need form requesting the verifications necessary to process the AABD application as follows: Proof of gross pension amount, verification of [REDACTED] 2018, \$ [REDACTED].00 transaction, proof of face and cash surrender value of the Appellant's T [REDACTED] Life Insurance policy, and a doctor's medical packet. The verifications were due [REDACTED] 2018. The verification request was sent to the conservator via fax. The verification list stated that the Long term Care department no longer accepts responses to its requests via email or fax. Any response not returned via mail would not be considered an acceptable response. The verification form listed the address required to send future responses to verification requests. (Exhibit 3: Verification request, [REDACTED]/18)
10. On [REDACTED] 2018, the conservator faxed verification of the [REDACTED] bank transaction. She also hand delivered the same information to the Hartford Regional office on [REDACTED] 2018. The conservator sent the information on [REDACTED] 2018, because she needed 10 additional days to obtain the life insurance verification. (Testimony; Conservator's brief, attachment 3)
11. On [REDACTED], 2018, the Department denied the Appellant's application for AABD assistance for failure to meet program requirements. The Department received the fax from the conservator but did not accept it because it was not mailed as instructed in the [REDACTED], 2018 verification request. (Exhibit 4: Denial Notice, 1 [REDACTED]/18, Exhibit 5: Case notes)
12. Later in [REDACTED] 2018, the Department received, via inter-office mail, the same [REDACTED] bank transaction information that was faxed to the office on [REDACTED] 2018. It was not date stamped. (Department's testimony, Exhibit 5: Case notes)
13. Because the information sent via inter-office mail was received after the denial and there was no date stamp, the application was not reopened. (Department's testimony)
14. The appellant has since been granted AABD effective [REDACTED] 2019. (Testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Aid to the Aged, Blind, and Disabled (AABD) State Supplement program.

2. Uniform Policy Manual (“UPM”) § 1010.05 (A) (1) provides that the assistance unit must supply the Department in an accurate and timely manner as defined by the Department, all pertinent information, and verification that the Department requires to determine eligibility and calculate the amount of benefits.
3. UPM § 1015.10(A) provides that the Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit's rights and responsibilities.
4. The Department correctly sent verification request forms requesting the necessary information needed to determine AABD eligibility.
5. UPM §1540.10 (A) provides that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
6. UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred:
 1. the Department has requested verification; and
 2. at least one item of verification has been submitted by the assistance unit within a time period designated by the Department but more is needed.
7. UPM § 1540.15(A) provides that information provided by the assistance unit is verified through a cooperative effort between the Department and members of the unit. The Department determines the appropriateness of the method which depends upon the nature of the information being verified and the feasibility of other methods.
8. The bank transaction verification was dropped off timely, prior to the [REDACTED] 2019 due date.
9. The Department received the bank transaction record but did not extend the record and request the outstanding verifications.
10. The Department incorrectly denied the Appellant's AABD application for failure to supply information.

DISCUSSION


I find the conservator's testimony that she dropped off the bank verification on [REDACTED] 2018 to be credible. The Department did not date stamp the bank record and could not verify the date it was received. The Department testified that inter-office mail is acceptable as long as it is received prior to the due date of information. The Department offered no evidence to dispute the conservator's testimony. A new verification request was necessary before making an eligibility decision on the application.

DECISION

The Appellant's appeal is **GRANTED**.

ORDER

1. The Department must reopen and determine eligibility for the Appellant's AABD application effective [REDACTED] 2018.
2. The Department must send documentation of compliance with the above order to the undersigned hearing officer by no later than 15 days from the date of this hearing.


Thomas Monahan
Hearing Officer

C: Tricia Morelli, Operations Manager, Manchester Regional Office
Jacquelyn Camposano, Hearing Liaison

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, 55 Elm Street, 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.