

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

██████████ 2023  
Signature Confirmation

██████████  
██████████  
Request # 217363

NOTICE OF DECISION  
PARTY

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██  
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PROCEDURAL BACKGROUND

On ██████████ 2023, the Department of Social Services (the “Department”) sent ██████████ (the “Applicant”) a Notice of Action (“NOA”) stating that he remained eligible for Husky C – Long Term Care Facility Residents Spend-down (“L99”) Medicaid medical coverage and that he must continue to pay \$4,190.87 each month in Patient Liability Amount (“PLA”), also known as Applied Income (“AI”) towards the cost of his facility health care services.

On ██████████ 2023, ██████████ (the Applicant’s “Conservator”) acting as (the “Appellant”) submitted a request via mail for an Administrative Hearing to contest the Department’s calculation of the Applicant’s AI amount.

On ██████████ 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Conservator’s request for an Administrative Hearing.

On ██████████ 2023, the OLCRAH issued a notice scheduling the Administrative Hearing for ██████████ 2023.

On ██████████ 2023, the Conservator contacted the OLCRAH and requested for the Administrative Hearing to be rescheduled.

On [REDACTED] 2023, the OLCRAH issued a notice rescheduling the Administrative Hearing for [REDACTED] 2023.

On [REDACTED] 2023, the Conservator contracted the OLCRAH and requested for the Administrative Hearing to be rescheduled.

On [REDACTED] 2023, the OLCRAH issued a notice rescheduling the Administrative Hearing for [REDACTED] 2023.

On [REDACTED] 2023, the Conservator contracted the OLCRAH and requested for the Administrative Hearing to be rescheduled.

On [REDACTED] 2023, the OLCRAH issued a notice rescheduling the Administrative Hearing for [REDACTED] 2023.

On [REDACTED] 2023, 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 in person at the [REDACTED] Regional office and connected via a TEAMS video conferencing meeting.

The following individuals participated in the hearing:

[REDACTED] ESQ / the Appellant / Conservator  
Mario Ponzio, Department's New Haven Resource Center Host  
Sandra Herring, Department's Representative  
Jessica Gulianello, Hearing Officer

The Applicant is institutionalized at the [REDACTED] (the "Facility"). The Applicant was therefore not present at the Administrative Hearing.

The hearing record was held open until [REDACTED] 2023, to allow both parties time to submit additional information. However, both parties submitted documents after the due date. As such, the hearing record was further extended to allow the documentation from both parties into the hearing record. Subsequently, the hearing record closed on [REDACTED] 2023.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly calculated the AI/PLA that the Applicant is responsible for paying towards the cost of his long-term care medical services.

**FINDINGS OF FACT**

1. The Applicant is [REDACTED] ([REDACTED]) years old (DOB [REDACTED]). (Exhibit 4: W-1LTC received [REDACTED] 2021, W-ERL dated [REDACTED] 2022, W-1ER signed & dated [REDACTED] 2022)
2. The Applicant is not [REDACTED]. (Exhibit 4: W-1LTC received [REDACTED] 2021, W-ERL dated [REDACTED] 2022, W-1ER signed & dated [REDACTED] 2022, Appellant’s Testimony)
3. On [REDACTED] 2021, the Applicant was admitted to the Facility for a long-term stay. (Department’s Testimony)
4. On [REDACTED] 2021, the Applicant applied for long-term care (“LTC”) medical coverage with the Department. (Exhibit 4: W-1LTC received [REDACTED] 2021, Hearing Record)
5. On [REDACTED] 2021, the Appellant was appointed as the Applicant’s conservator. (Exhibit 6: Signed correspondence dated [REDACTED] 2023 from the Appellant addressed to the Department, Appellant’s Testimony)
6. In [REDACTED] 2022, the Department determined the Applicant to be eligible for Husky C – LTC Facility Residents (L99) Medicaid medical coverage and granted retroactive benefits for the following three months: [REDACTED] 2021, [REDACTED] 2021, and [REDACTED] 2021. (Hearing Summary Department’s Testimony)
7. The Applicant was approved for ongoing Husky C – LTC Facility Residents (L99) Medicaid medical coverage for the benefit period beginning [REDACTED] 2022, through [REDACTED] 2022. (Exhibit 4: Renewal Packet: W-1ERL dated 11/17/2022)
8. Effective [REDACTED] 2022, the Department determined that the Applicant was responsible for paying an AI/PLA amount of \$3,989.87 per month towards the cost of his facility health care services calculated as follows:

Total Unearned Income:	\$4,234.97  [REDACTED]: \$2,254.10 + [REDACTED]: \$1,980.87= \$4,234.97)
Total Monthly Gross Income:	\$4,234.97

Monthly Deductions:	
Personal Needs Allowance (PNA)	Minus (-) \$75.00
Medicare Premium	Minus (-) \$170.10
Patient Liability Amount (PLA)	\$3,989.87

(Exhibit 7: NOA dated [REDACTED] 2022)

9. The Applicant's AI/PLA amount prior to [REDACTED], 2022, was not established at the hearing. (Hearing Record)
10. On [REDACTED] 2022, the Department mailed the Appellant a Renewal packet with a Notice of Renewal of Eligibility ("W-1ERL") and the Renewal form ("W-1ER") enclosed requesting completion by [REDACTED] [REDACTED] 2022, to accurately determine the Applicant's continued eligibility for Husky C L99 Medicaid benefits beyond the previously established certification cycle with an ending date of [REDACTED] 2022. (Exhibit 7: Renewal Packet (W-1ERL & W-1ER) dated [REDACTED] 2022, Department's Testimony)
11. On [REDACTED] 2022, the Department received the completed W-1ER renewal form from the Appellant completed on behalf of the Applicant. (Exhibit 4: Completed W-1ER Renewal Form signed [REDACTED] 2022, Exhibit 5: Case Notes – Details dated [REDACTED] 2022)
12. On the above noted W-1ER renewal form in the section entitled, "INCOME" the question, "We show your total household monthly unearned income, before taxes, is \$4,234.97" the Appellant checked the box reporting, "No changes". (Exhibit 4: Completed W-1ER renewal form signed [REDACTED] /2022)
13. On the W-1ER renewal form in the section entitled, "INSURANCE INFORMATION" the Appellant put a line through [REDACTED] Coverage with [REDACTED] [REDACTED]. (Exhibit 4: Completed W-1ER renewal form signed [REDACTED] 2022)
14. On [REDACTED] 2022, the Department reviewed the previously noted W-1ER renewal form, checked the interfaces, updated the Applicant's assets, and completed the renewal. The Department issued the Applicant an NOA advising that he was approved for continued Husky C – LTC Facility Residents L99 Medicaid medical coverage. The NOA further informed the Applicant that the AI/PLA amount that he must pay towards the cost of his facility health care

services increased from \$3,989.87 for [REDACTED] 2022 to \$4,190.87 effective [REDACTED] 2023 and each ongoing month. (Exhibit 5: Case Notes – Details dated [REDACTED] 2022, Exhibit 7: NOA dated [REDACTED] 2022)

15. Effective [REDACTED] 2023, the Department determined the Applicant to be responsible for paying an AI/PLA amount of \$4,190.87 per month towards the cost of his facility health care services calculated as follows:

Total Unearned Income:	\$4,430.77 [REDACTED] : \$2,449.90 + [REDACTED] : \$1,980.87= \$4,430.77)
Total Monthly Gross Income:	\$4,430.77
Monthly Deductions:	
Personal Needs Allowance (PNA)	Minus (-) \$75.00
Medicare Premium	Minus (-) \$164.90 [REDACTED]
Patient Liability Amount (PLA)	\$4,190.87

(Exhibit 7: NOA dated [REDACTED] /2022)

16. On [REDACTED] 2023, the Department received another W-1ER renewal form, probate court documents, a letter from the Applicant's sister [REDACTED] attesting to the Applicant's financial contributions to the household, and a letter from the Appellant that requested the Applicant's AI/PLA be adjusted retroactively back to [REDACTED] 2021. (Exhibit 4: Documentation, Exhibit 5: Case Notes – Details [REDACTED] 2023)

17. On [REDACTED] 2023, the Department reviewed the previously noted documents received from the Appellant and determined that the information had no impact on the Applicant's AI/PLA. (Exhibit 5: Case Notes – Details [REDACTED] 2023)

18. On [REDACTED], 2023, the Department issued the Applicant a Notification from the Department of Social Services, ("W-3016") form stating the following, "We have received copies of Probate Court documentation which indicate that you

are in the process of obtaining a [REDACTED] through the [REDACTED]. Please send in copies regarding details of the [REDACTED] and also the [REDACTED].” (Exhibit 7: W-3016 Notice dated [REDACTED] 2023)

19. On [REDACTED] 2023, the Department issued the Applicant a NOA that advised he remained eligible for Husky C – LTC Facility Residents L99 Medicaid medical coverage through [REDACTED] 2023, and that he must continue to pay the AI/PLA amount of \$4,190.87 per month towards the cost of his facility health care services. (Exhibit 7: NOA dated [REDACTED] 2023)

20. On [REDACTED] 2023, the Department again issued the Applicant a NOA that advised he remained eligible for Husky C – LTC Facility Residents L99 Medicaid medical coverage through [REDACTED] 2023, and he must continue to pay the AI/PLA amount of \$4,190.87 per month towards the cost of his facility health care services. (Exhibit 7: NOA dated [REDACTED] 2023)

21. The Department verified that the Applicant is the recipient of a monthly [REDACTED] in the gross amount of \$1,980.87 per month (net benefit of \$1,703.33 per month). (Exhibit 4: [REDACTED] Payment Statement dated [REDACTED] 2022, Hearing Summary, Department’s Testimony)

22. The Applicant is a recipient of [REDACTED] benefits from the Social Security Administration (“SSA”). The Applicant’s [REDACTED] benefits increased annually due to the SSA Cost-of-Living Adjustment (“COLA’s”) as follows:

2021	\$2,128.50 per month
2022	\$2,254.10 per month
2023	\$2,449.90 per month

(Hearing Summary, Department’s Testimony)

23. There have been no changes to the Applicant’s AI/PLA of \$2,449.90 per month since [REDACTED] 2023. (Hearing Record)

24. The Applicant does not own a home in the community. (Hearing Record)

25. The Applicant is a recipient of Medicare. He is responsible for paying an out-of-pocket premium in the amount of \$164.90 per month for [REDACTED]. (Hearing Record)

26. On [REDACTED] 2023, the Appellant electronically submitted an award letter dated [REDACTED] 2023, from the SSA to the Department that confirmed the Applicant is

a recipient of retirement benefits in the net amount of \$2,238.70 per month. The letter further substantiated that the Applicant is subject to an auto deduction in the amount of \$164.90 per month for the [REDACTED] (medical insurance) Premium. (*Exhibit 3: Email Correspondence dated [REDACTED] 2023 & SSA Award letter dated [REDACTED]/2023*)

27. The Applicant's gross [REDACTED] benefit amount is \$2,449.90 per month minus (-) the monthly [REDACTED] Premium of \$164.90 equals (=) a net benefit amount of \$2,285.00 per month. However, as noted on the above SSA award letter the Applicant only receives net retirement benefits in the amount of \$2,238.70 per month. \$2,285.00 minus (-) \$2,238.70 equals (=) \$46.30. The Appellant did not provide credible testimony and/or evidence to substantiate the reason for the discrepancy. (*Hearing Record*)
28. The Appellant testified that the Applicant owns a vehicle in the community and he is responsible for the associated expenses. (*Appellant's Testimony*)
29. The Appellant testified that the Applicant was the head of household for a family comprised of [REDACTED] individuals including [REDACTED] prior to becoming institutionalized at the Facility. Despite being institutionalized, the Applicant continued to contribute toward his family's household expenses in the community until [REDACTED] 2022. (*Appellant's Testimony*)
30. The hearing record was held open until [REDACTED] 2023. The Department and the Appellant both failed to comply with the due date and the hearing record was therefore further extended until [REDACTED] 2023. (*Hearing Record*)
31. On [REDACTED] 2023, the Appellant reported that the Applicant's [REDACTED] [REDACTED] are both [REDACTED] and recipients of [REDACTED] benefits from the SSA. (*Exhibit B: Appellant's Correspondence dated [REDACTED] 2023*)
32. The Department emphasized that the expenses presented by the Appellant are not allowable deductions in the calculation of the Applicant's current AI/PLA. (*Department's Testimony*)
33. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2023. This decision, therefore, was due no later than [REDACTED] 2023. The hearing, however, which was originally scheduled for [REDACTED] 2023, was rescheduled for [REDACTED] 2023, at the request of the Conservator, which caused an [REDACTED]-day delay. The hearing which scheduled for [REDACTED], 2023, was subsequently rescheduled for [REDACTED] 2023, at the request of the Appellant, which caused an extra [REDACTED]-day delay. The

hearing which was scheduled to [REDACTED] 2023, was again rescheduled to [REDACTED] 2023, at the request of the Appellant which caused an additional [REDACTED]-day delay. Because the [REDACTED]-day delay resulted from the Appellant's requests, this decision was not due until [REDACTED] 2023. However, the hearing record, which had been anticipated to close on [REDACTED], 2023, was extended until [REDACTED] 2023, and further extended until [REDACTED], 2023, at the Appellant's request. Because this [REDACTED] day delay in the close of the record arose from the Appellant's request, this final decision is not due until [REDACTED] 2023, and is therefore timely. (*Hearing Record*)

### **CONCLUSIONS OF LAW**

1. Connecticut General Statute ("Conn. Gen. Stats.") § 17b-2(6) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. State statute provides that the Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department. [Conn. Gen. Stat. § 17b-261b(a)]

#### **The Department has the authority to administer Medicaid.**

3. State statute provides that for purposes of this section, "applied income" means the income of a recipient of medical assistance, pursuant to section 17b-261, that is required, after the exhaustion of all appeals and in accordance with state and federal law, to be paid to a nursing home facility for the cost of care and services. [Conn. Gen. Stat. § 17b-261r(a)]

#### **The Department correctly determined PLA/AI is the income the Applicant is required to pay to the Facility for the cost of his care and services.**

4. State statute provides that in determining the amount of applied income, the Department of Social Services shall take into consideration any modification to the applied income due to revisions in a medical assistance recipient's community spouse minimum monthly needs allowance, as described in Section 1924 of the Social Security Act, and any other modification to applied income allowed by state or federal law. [Conn. Gen. Stat. § 17b-261r(b)]
5. "The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990))



6. UPM § 5000.01 provides the definition of a community spouse is an individual who resides in the community, who does not receive home and community based services under a Medicaid waiver, who is married to an individual who resides in a medical facility or long term care facility or who receives home and community based services (CBS) under a Medicaid waiver.

**The Department correctly determined that the Applicant does not have a community spouse.**

7. Title 42 of the Code of Federal Regulations (“CFR”) § 436.832(a)(1) provides that the agency must reduce its payment to an institution, for services provided to an individual specified in paragraph (b) of this section, by the amount that remains after deducting the amounts specified in paragraphs (c) and (d) of this section from the individual’s total income.
8. UPM § 5035.20 provides that for residents of long term care facilities (LTCF) and those individuals receiving community-based services (CBS) when the individual does not have a spouse living in the community, total gross income is adjusted by certain deductions to calculate the amount of income which is to be applied to the monthly cost of care.
9. 42 CFR § 436.832(a)(2) provides the individual’s income must be determined in accordance with paragraph (e) of this section.

42 CFR § 436.832(e)(1) provides in determining the amount of an individual’s income to be used to reduce the agency’s payment to the institution, the agency may use total income received or it may project total monthly income for a prospective period not to exceed 6 months.

UPM § 5000.01 provides the definition of gross unearned income is the total amount of counted unearned income before disregards are subtracted from it.

UPM § 5050.09(A) provides that payments received by the assistance unit from annuity plans, pensions and trusts are considered unearned income.

UPM § 5050.13(A)(1) provides that income from these sources [Social Security and Veterans’ Benefits] is treated as unearned income in all programs.

**The Department correctly determined that the Applicant’s gross [REDACTED] benefits in the amount of \$1,980.87 per month are countable unearned income.**

**The Department correctly determined that the Applicant’s gross [REDACTED] benefits in the amount of \$2,449.90 per month from the SSA are countable unearned income.**

10.42 CFR § 436.832(a)(3) provides that medical expenses must be determined in accordance with paragraph (f) of this section.

42 CFR § 436.832(f)(1) provides that in determining the amount of medical expenses to be deducted from an individual's income, the agency may deduct incurred medical expenses, or it may project medical expense for a prospective period not to exceed 6 months.

42 CFR § 436.832(b) provides that this section applies to medically needy individuals in medical institutions and intermediate care facilities.

42 CFR § 436.832(c) provides that the agency must deduct the following amounts, in the following order, from the individual's total income as determined under paragraph (e) of this section. Income that was disregarded in determining eligibility must be considered in this process.

1. *Personal needs allowance.* A personal needs allowance that is reasonable in amount for clothing and other personal needs of the individual while in the institution. This protected personal needs allowance must be at least-
  - i. \$30 a month for an aged, blind, or disabled individual , including a child applying for Medicaid on the basis of blindness or disability;
  - ii. \$60 a month for an institutionalized couple if both spouses are aged, blind, or disabled and their income is considered available to each other in determining eligibility; and
  - iii. For other individual, a reasonable amount set by the agency, based on a reasonable difference in their personal needs from those of the aged, blind, or disabled.
2. *Maintenance needs of spouse.* For an individual with only a spouse at home, an additional amount for the maintenance needs of the spouse. This amount must be based on a reasonable assessment of need but must not exceed the higher of-
  - i. The amount of the highest need standard for an individual without income and resources under the State's approved plan of OAA, AFDC, AB, APTD, or AABD; or
  - ii. The amount of the highest medically needy income standard for one person established under § 436.811.
3. *Maintenance needs of family.* For an individual with a family at home, an additional amount for the maintenance needs of the family. This amount must-
  - i. Be based on a reasonable assessment of their financial need;
  - ii. Be adjusted for the number of family members living in the home; and
  - iii. Not exceed the highest of the following need standards for a family of the same size:

- A. The standard used to determine eligibility under the State's Medicaid plan, as provided for in §436.811.
  - B. The standard used to determine eligibility under the State's approved AFDC plan.
4. *Expenses not subject to third party payment.* Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including-
- i. Medicare and other health insurance premiums, deductibles, or coinsurance charges; and
  - ii. Necessary medical or remedial care recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits the agency may establish on amounts of these expenses.

42 CFR § 436.832(d) *Optional deduction: Allowance for home maintenance.* For single individuals and couples, an amount (in addition to the personal needs allowance) for maintenance of the individual's or couple's home if-

- 1. The amount is deducted for not more than a 6-month period; and
- 2. A physician has certified that either of the individuals is likely to return to the home within that period.

11. UPM § 5035.20(A) provides that the deductions described below are subtracted from income:

- 1. Beginning with the month in which the 30<sup>th</sup> day of continuous LTCF care or the receipt of community-based services occurs; and
- 2. Ending with the month in which the unit member discharged from the LTCF or community-based services are last received.

12. UPM § 5035.20(B) provides that the following monthly deductions are allowed from the income of assistance units in LTCF's:

- 1. For veterans whose VA pension has been reduced to \$90.00 pursuant to P.L. 101-508, and for spouses of deceased veterans whose pension has been similarly reduced pursuant to P.L. 101-508, as amended by Section 601 (d) of P.L. 102-568, a personal needs allowance equal to the amount of their VA pension and the personal needs allowance described in 2. below;
- 2. A personal needs allowance of \$50.00 for all other assistance units, which, effective July 1, 1999 and annually thereafter, shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration;
- 3. An amount of income diverted to meet the needs of a family member who is in a community home to the extent of increasing his or her income to the MNIL which corresponds to the size of the family;
- 4. Medicare and other health insurance premiums, deductibles, and coinsurance costs when not paid for by Medicaid or any other third party;

5. Costs for medical treatment approved by a physician which are incurred subsequent to the effective date of eligibility and which are not covered by Medicaid;
6. Expenses for services provided by a licensed medical provider in the six month period immediately preceding the first month of eligibility providing the following conditions are met:
  - a. The expenses were not for LTCF services, services provided by a medical institution equivalent to those provided in a long term care facility, or home and community-based services, when any of these services were incurred during a penalty period resulting from an improper transfer of assets; and
  - b. The recipient is currently liable for the expenses; and
  - c. The services are not covered by Medicaid in a prior period of eligibility.
7. The cost of maintaining a home in the community for the assistance unit, subject to the following conditions:
  - a. The amount is not deducted for more than six months; and
  - b. The likelihood of the institutionalized individual's returning to the community within six months is certified by a physician; and
  - c. The amount deducted is the lower of either:
    1. The amount the unit member was obligated to pay each month in his or her former community arrangement; or
    2. \$650.00 per month if the arrangement was Level 1 Housing; or
    3. \$400 per month if the arrangement was level 2 Housing; and
  - d. The amount deducted includes the following:
    - a. Heat
    - b. Hot water
    - c. Electricity
    - d. Cooking fuel
    - e. Water
    - f. Laundry
    - g. Property taxes
    - h. Interest on the mortgage
    - i. Fire insurance premiums
    - j. amortization

**The Department correctly determined that the Applicant is eligible for the PNA disregard.**

**The Department correctly determined that the Applicant's [REDACTED] Insurance Premium in the amount of \$164.90 per month is an allowable expense.**

**The Department correctly determined that auto insurance is not an allowable expense.**

**The Department correctly determined the expenses that the Applicant paid in 2022 are not applicable to his current ([REDACTED] 2023) AI/PLA.**

Fixed Income	\$4,430.77 (\$2,449.90 [REDACTED] + \$1,980.87 [REDACTED])
Variable Source Income (N/A)	+\$0.00
<b>Total Income</b>	<b>\$4,430.77</b>
Less PNA	-\$75.00
<b>Post PNA Deduction Income</b>	<b>\$4,355.77</b>
Less Medicare Premium	-\$164.90 [REDACTED]
Less Health Care Premium Deduction	-\$0.00
<b>Post Health Care Premium Deduction</b>	<b>\$4,190.87</b>
Less Community Home Maintenance	-\$0.00 (N/A)
Less Community Spousal Allowance	-\$0.00 (N/A)
Less Community Family Allowance	-\$0.00
Less <i>Uncovered Medical Expenses</i>	-\$0.00
<b>LTSS Patient Liability Amount</b>	<b>\$4,190.87</b>

The Department correctly calculated the Applicant’s Husky C – LTC Facility Residents L99 Medicaid medical AI/PLA amount to be \$4,190.87 per month.

## DISCUSSION

There have been no changes to the Applicant's AI/PLA since [REDACTED] 2023, following the Department's completion of the previous Husky C renewal. The Appellant was granted a hearing in response to the NOA that was issued on [REDACTED] 2023, that informed the Applicant that his AI/PLA remained \$4,190.87 per month. The Department correctly determined that the Applicant's vehicle expenses and the contributions that he made in 2022 to his adult siblings in the community are not allowable expenses and therefore have no impact on the computation of his current AI/PLA. It should be noted that the Appellant established a [REDACTED] for the Applicant that was funded in [REDACTED] 2023, after the Appellant's request for a hearing that I find to be outside of the scope of this hearing. The Appellant submitted a copy of the Applicant's 2022 [REDACTED] from the SSA after the hearing proceedings. The Appellant failed to provide credible testimony and/or current evidence to substantiate the reason for the current discrepancy in the Applicant's net [REDACTED] benefit equivalent to \$46.30 per month from the SSA. The Appellant is encouraged to follow up with the SSA and provide the Department with current documentation to substantiate the Applicant's deductions as it *may* impact his future AI/PLA.

## DECISION

The Appellant's appeal is DENIED.

*Jessica Gulianello*

\_\_\_\_\_  
Jessica Gulianello  
Hearing Officer

CC: Sandra Herring & Shahar Thadal – SSOM, [REDACTED]  
Mario Ponzio & Tim Latifi, Ralph Filek, Sarah Chmielecki – SSMO's [REDACTED]

### **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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 06105-3725.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to Superior Court with 45 days of the mailing of this decision, or 45 days after the agency denies 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 06105-3725. 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 her 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.