

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

██████████ 2016
Signature Confirmation

Client ID # ██████████
Request # 743772

NOTICE OF DECISION

PARTY

██████████
C/O ██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA) discontinuing his State Supplement for the Aid to Aged, Blind and Disabled ("AABD") benefits.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, 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. The following individuals participated in the hearing via conference call:

██████████ Appellant's daughter, Authorized Representative (AREP)
██████████ Director ██████████
██████████, Social Worker ██████████
Olga Ivenskaya, Department's Representative
Miklos Mencseli, Hearing Officer

The Appellant was not present at the hearing.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's AABD benefits due to failure to complete a redetermination.

FINDINGS OF FACT

1. The Appellant was actively receiving AABD benefits. (Summary, Exhibit 4: Department's Case Narrative printout)
2. On [REDACTED] 2015, the Department conducted a review of the Appellant's case from time of grant until this date. (Exhibit 4)
3. On [REDACTED] 2015, the Department sent the Appellant a W-1348 Verification We Need form requesting information. The request was for a copy of the spending plan and proof of value of the pooled trust. The information was due by [REDACTED] 2015. (Summary, Exhibit 2A: W-1348 dated [REDACTED]-15, Exhibit 4)
4. On [REDACTED] 2015, the Department received the Appellant's redetermination form for her AABD benefits. (Summary, Exhibit 2: W-1ER form, Exhibit 4)
5. On [REDACTED] 2015, the Department sent the Appellant a W-1348 Verification We Need form requesting information. The request was for a copy of the spending plan and proof of value of the pooled trust and verification of [REDACTED] pension. The information was due by [REDACTED] 2015. (Summary, Exhibit 2B: W-1348 dated [REDACTED] 15, Exhibit 4)
6. On [REDACTED] 2015, the Department sent the Appellant a W-1348 Verification We Need form requesting information. The request was for a verification of [REDACTED] y pension gross amount. The Department noted they cannot use bank statement as verification of gross amount. The information was due by [REDACTED] 2015. (Exhibit 2C: W-1348 dated [REDACTED]-15, Exhibit 4, Exhibit 5: BOA checking account statement)
7. On [REDACTED] 2015, the Department checked its ConnectCT computer system. On [REDACTED] 2015, the Department received the income verification from the Appellant regarding the [REDACTED] pension income. (Exhibit 4)
8. On [REDACTED] 2015, the Department sent the Appellant a W-1348 Verification We Need form requesting information. The request was for a copy of the spending plan and proof of value of the pooled trust. The information was due by [REDACTED] 2015. (Summary, Exhibit 2D: W-1348 dated [REDACTED]-15, Exhibit 4)

9. On [REDACTED] 2015, the Appellant's AREP called the Department. She requested more time as she is waiting for an Attorney to provide the information. The Department kept the Appellant's redetermination pending. (Exhibit 4)
10. On [REDACTED] 2015, the Department checked its ConnectCT system for the verifications requested for the Pooled trust. No documents were found. The Department discontinued the Appellant's AABD benefits for failure to provide requested verifications we asked for effective for [REDACTED] 2015. (Summary, Exhibit 4)
11. On [REDACTED] 2015, the Appellant's AREP called regarding the Appellant benefits. She was still waiting for the Attorney to provide verification of the Pooled Trust amount. The AREP was informed she had until [REDACTED] 2015 to provide verifications before closure of benefits. (Exhibit 4)
12. As of [REDACTED] 2015, the Department did not receive the requested verifications and the Appellant's AABD closed. (Summary)
13. The AREP had issues with the Pooled Trust. The Attorney did not provide her with a corrected trust until [REDACTED] 2015. (Testimony)
14. The AREP believed she had until [REDACTED] 2015 to provide the Pooled Trust verification to the Department. (Testimony)
15. The AREP thought the Attorney would provide the Department the Pooled Trust verification. (Testimony)
16. On [REDACTED] 2015, the Appellant re-applied for AABD benefits. (Exhibit 4, 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 which 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 the Appellant verification request form requesting information of the spending plan and proof of value of the pooled trust.
5. The Appellant or his Authorized Representative did not provide the requested information to the Department.
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. The Department did not receive verification it requested.
8. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.
9. The Department correctly did not provide the Appellant an additional 10 day extensions as it did not receive at least one item of verification.
10. UPM Section 1555.10 (A)(1)(2) provides that under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable. If good cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period.
11. The Appellant's AREP did not establish good cause as to why the requested information was not submitted by the due date.
12. UPM Section 1545.05(D)(1) provides that if the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit.

Factors on which unit eligibility depends directly include, but are not limited to:

- a. income amounts;
- b. asset amounts.

13. The Department correctly discontinued the Appellant's AABD benefits effective for [REDACTED] 2015, for failure to provide verification requested to determine continued eligibility.

DISCUSSION

The Appellant's AREP did not establish good cause for failure to provide requested verification. The Department correctly followed its procedural and eligibility requirements in processing the Appellant's redetermination. The Department correctly sent the Appellant a verification request form. The Department could not determine continued eligibility without receiving the requested verification.

DECISION

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


Miklos Mencseli
Hearing Officer

C: Rachel Anderson, Operations Manager DSS R.O. # 32 Stamford
[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 §4-181a (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, 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 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.

