

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

██████████ 2016
SIGNATURE CONFIRMATION

Client ID #: ██████████
Hearing ID #: 756276

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action granting him State Administered General Assistance (SAGA) cash benefits in the amount of \$55 per month.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department's decision to grant him SAGA cash in the amount of \$55 per month.

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, 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:

██████████ Appellant
Joseph Alexander, Eligibility Services Specialist, Department's Representative
Roberta Gould, Hearing Officer

At the request of the Appellant the hearing record was held open for the submission of additional evidence. The record closed on ██████████ 2016.

STATEMENT OF THE ISSUE

The issue is whether the amount of SAGA cash benefits the Department awarded to the Appellant was correct.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Appellant applied for SAGA cash assistance. (Exhibit 1: Online application dated [REDACTED]/2016 and Hearing summary)
2. The Appellant lives with friends and does not pay any shelter expenses. (Exhibit 2: Interview template and Hearing summary)
3. The Appellant is 54 years old. (Exhibit 1 and Hearing summary)
4. On [REDACTED] 2016, the Department sent the Appellant a W-1348 Verification We Need form requesting verification of assets, Social Security benefits and medical paperwork needed to determine eligibility for SAGA cash assistance. (Hearing summary)
5. On [REDACTED] 2016, the Appellant's application for assistance was denied because he did not provide the requested information needed to determine eligibility for the SAGA cash assistance program. (Hearing summary)
6. On [REDACTED] 2016, the Department received the Appellant's medical paperwork indicating that he is unable to work for 6 months or more. This information was forwarded to Colonial Cooperative Care ("CCC"), the Department's contractor for determining employability. (Hearing summary)
7. On [REDACTED] 2016, the Appellant provided the remainder of the missing documentation to the Department. The Department granted the Appellant SAGA cash assistance of \$55.00 per month effective [REDACTED] 2016. (Hearing summary)
8. On [REDACTED] 2016, CCC determined that they needed additional information to determine if the Appellant meets the eligibility criteria for the SAGA cash assistance program. (Exhibit 5: Hearing decision dated [REDACTED]/15 and Hearing summary)
9. At the time of the administrative hearing, CCC had yet to make a disability/employability determination based on the medical information they had received for the Appellant. (Hearing summary and Department's testimony)

CONCLUSIONS OF LAW

1. Sections 17b-190 and §17b-191(a) of the Connecticut General Statutes (Conn. Gen. Stat.) authorizes the Commissioner of the Department of Social Services to implement and operate a state-administered general assistance program.
2. Uniform Policy Manual (UPM) § 8080.25(B) provides for the categorical eligibility requirements for the State administered General Assistance cash program. It states that in order to qualify for cash assistance, an adult individual must be determined to be either an unemployable individual or a transitional individual.
3. UPM § 8080.25(B)(1) provides that an individual is determined unemployable based on medical or non-medical criteria.
4. UPM § 8080.25(B)(2) provides for transitional individuals with a long-term impairment and states that
 - a. An individual is determined to have a long-term impairment when he or she has a severe physical or mental illness or condition, or a combination of illnesses or conditions, that is expected to preclude employment for for a period of six months or more.
 - b. An individual who has a documented long-term impairment must cooperate with a medical review in order to determine whether his or her impairments meet either the Department's unemployability criteria or the Social Security disability criteria.
 - c. An individual with a long-term impairment who is a substance abuser is required to participate in substance abuse treatment. (Cross Reference: 8080.35)
5. UPM § 8080.01 provides that a transitional individual is one who has either a short-term or long-term impairment, or a combination of impairments, that prevents him or her from working for a specified period of time.
6. The Department correctly determined that the Appellant is an transitional individual with a medical condition that prevented him from working for at least six months.
7. UPM § 8080.45(B)(6) provides that
 - a. The payment standard for transitional individuals who have a shelter obligation is \$206 unless:
 1. they are residents of emergency shelters; or

2. they are residents of rated boarding facilities.
- b. The payment standard for transitional individuals who have no shelter obligation is \$52.
- c. The payment standard for transitional individuals in emergency shelters is \$52.

Effective July 1, 2008, and every July 1st thereafter, the above payment standards for transitional individuals shall be increased by the most recent Consumer Price Index increase. (\$55 payment standard with no shelter expenses effective 7/1/15)

8. On [REDACTED] 2016, the Department correctly granted the Appellant SAGA cash benefits in the amount of \$55 per month.

DECISION

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

Roberta Gould
Roberta Gould
Hearing Officer

CC: Poonam Sharma, Social Services Operations Manager, DSS, Bridgeport
Fred Presnick, Social Services Operations Manager, DSS, Bridgeport
Yecenia Acosta, Social Services Program Manager, DSS, Bridgeport
Cheryl Stuart, Social Services Program Manager, DSS, Bridgeport
Joseph Alexander, Eligibility Services Specialist, DSS, Bridgeport

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 06105-3725.

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.