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

, 2018 Signature Confirmation

Case ID#: Client ID#: Request#: 108551

NOTICE OF DECISION

PARTY



PROCEDURAL BACKGROUND

On 2017, the Department of Social Services (the "Department") sent Milagros Garcia, (the "Appellant") a Notice of Action ("NOA") stating that her cash benefits under the Aid to the Blind, Aged and Disabled Program (AABD), was discontinued effective 2017.

On 2017, the Appellant requested an administrative hearing to contest the Department's discontinuance of cash benefits under the AABD program.

On 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings, (OLCRAH) sent a Notice of Administrative Hearing for 2017.

On 2017, OLCRAH, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, held an administrative hearing. The following individuals were present at the hearing:

Appellant
Gonxhe Kalici, Interpreter (DSS-CCT)
Elizabeth Colon, Interpreter
Yubany Cruz, Department's Representative
Sybil Hardy, Hearing Officer

Una copia de esta decision sera enviada a usted traducido espanol.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's request for AABD benefits.

FINDINGS OF FACT

- 1. On ________ 2017, the Department discovered that they had incorrectly coded the Appellant living arrangement code as living and sharing with others not related as spouse, child or parent and made corrections. (Hearing Record, Department's Representative's Testimony, Exhibit 5: Client Demographic ["DEM1"] Screen)
- 2. The Appellant resides with her 22 year old daughter. (Hearing Record, Appellant's Testimony)
- 3. The Appellant is disabled. (Hearing Record)
- 4. The Appellant receives a monthly gross unearned income from Supplemental Security Income ("SSI") in the amount of \$735.00. (Exhibit 1: State Supplement Income Test)
- 5. The Appellant pays \$900.00 for rent. (Appellant's Testimony
- 6. On 2017, the Department sent the Appellant a NOA indicating that her AABD benefits would be discontinued effective income exceeds the program income limits. (Hearing Record, Exhibit 3: Program Request Summary)

CONCLUSIONS OF LAW

- 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.
- Uniform Policy Manual (UPM) § 4520.05 (A & B) provides that the basic needs of AABD assistance units consists of the consolidated personal needs standard and a shelter standard for permanent housing.
- 3. UPM § 4520.05 (B)(5) states that the assistance unit's basic needs are equal to the sum of the personal and shelter need standards.
- 4. UPM § 4520.15(A) provides that individuals living in the following types of housing are classified as residing in non-rated housing: (a) home owned property; (b) rented

living arrangements; (c) room, including a hotel or motel room; d) room and board in a housing unit that is not a licensed boarding facility; (e) all other housing that is not classified as a rated housing facility.

- 5. The Department correctly determined that the Appellant lives in non-rated housing.
- 6. UPM § 4520.15(B)(1) provides that the personal needs standard for assistance units residing in non-rated housing contains a cost allowance for the following expenses: clothing, cooking fuel, electricity, food, heat, hot water, household supplies, laundry, personal incidentals, telephone, transportation.
- 7. UPM § 4520.15(B)(2) provides that the standard of assistance for personal needs for an individual residing in non-rated housing is \$170.06 per month.
- 8. UPM § 4520.15(C)(2)(a) provides that an individual is considered to be living in Level 2 Housing in the following situations: (1) he or she is sharing a bedroom in any type of housing except a shelter for the homeless or a shelter for battered women; (2) he or she is sharing a bathroom or kitchen in any housing except a shelter for the homeless, a shelter for battered women, a DMH sanctioned supervised apartment, or commercial housing.
- 9. The Appellant resides in Level 2 Housing.
- 10. UPM § 4520.15(C)(2)(b) provides the standard of assistance for shelter for assistance units living in Level 2 Housing is the amount that the assistance unit is obligated to pay for housing, up to \$200 per month. This includes rent, mortgage principal and interest, fire insurance premiums, property taxes, and water bills.
- 11. The Appellant's monthly basic needs equal \$370.06 (\$170.06, personal needs standard + \$200.00, shelter obligation).
- 12. UPM § 5005 provides for consideration of income and states:
 - A. In consideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded. Income is considered available if it is:
 - 1. received directly by the assistance unit; or
 - 2. received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or
 - 3. deemed by the Department to benefit the assistance unit.
 - B. The Department does not count income which it considers to be inaccessible to the assistance unit.
 - C. The Department computes applied income by subtracting certain disregards and deductions, as described in this section, from counted income.

- D. The Department uses the assistance unit's applied income to determine income eligibility and to calculate the amount of benefits.
- 14. The Department correctly reflected the Appellant's gross income from SSI as \$735.00
- 15. UPM § 5030.15(B)(1)(a) provides for the standard disregard and states that the disregard is \$227.00 for those individuals who reside in their own homes in the community or who live as roomers in the homes of others and those who reside in long term care facilities, shelters for the homeless or battered women shelters. Effective January 1, 2008, and each January 1st thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.
- 16. The current standard disregard equals \$339.00 per month.
- 17. UPM § 5045.10 (E) provides that the assistance unit's total applied income is the sum of the unit's applied earnings, applied unearned income, and the amount deemed.
- 18. The Department correctly determined that the Appellants applied income equals \$396.00 (\$735.00, gross unearned income \$339.00, standard disregard).
- 19. UPM §5520.10 (B)(1) provides that if the needs group comprises only the individual applicant or recipient, the assistance unit's total applied income is compared to the total needs of the individual.
- 20. The Appellant's monthly applied income of \$396.00 exceeds her total needs in the amount of \$370.06.
- 21. The Department correctly discontinued the Appellant's AABD benefits effective 2017, because her applied income exceeds her basic needs.

DISCUSSION

The Department was correct to make corrections to the Appellant's state supplement living with code and room shared code to reflect that the Appellant was sharing her household with her 22 year old daughter. This correction changed the Appellant's applied income used to calculate eligibility for the AABD program. The Department correctly discontinued the Appellant's AABD benefits effective and then made the corrections.

DECISION

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

Sybil Hardy Sybil Hardy Hearing Officer

Pc: Fred Presnick, Operations Manager, DSS R.O. # 30, Bridgeport Yecenia Acosta, Operations Manager, DSS R.O. # 30, Bridgeport Yubany Cruz, Fair Hearings Liaison, DSS R.O. # 30, 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.