

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

██████████ 2018  
Signature Confirmation

Client ID # ██████████  
Request # 121655

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing State Supplement for the Aid to Aged, Blind and Disabled ("AABD") benefits.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████, 2018.

On ██████████ 2018, 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 were present at the hearing:

██████████, Appellant  
██████████ Appellant's son  
Garfield White, Department's Representative

Thomas Monahan, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly discontinued the Applicant's AABD benefits because of failure to submit information needed to establish eligibility.

### **FINDINGS OF FACT**

1. The Appellant received cash benefits through the Department's State Supplement for the Aid to Aged, Blind and Disabled ("AABD") program. (Hearing record)
2. On [REDACTED], 2017 the Department reviewed the Appellant's eligibility for the AABD program after receiving a redetermination form from the Appellant. (Exhibit A: Case note, [REDACTED] 17)
3. On the redetermination form the Appellant reported that her checking and savings accounts with [REDACTED] were closed. (Exhibit A: Case note, [REDACTED] /17)
4. On September 28, 2017, the Department sent a Verification We Need form to the Appellant requesting verification of her [REDACTED] checking and savings account balances. (Exhibit B: Proofs We Need, 9 [REDACTED] /18)
5. The Department did not receive verification of the [REDACTED] checking or savings balances or that the accounts were closed. (Department's testimony)
6. On [REDACTED] 2018, the Department discontinued the Appellant's AABD benefits effective [REDACTED] 2018, because the Appellant did not return verification of the balances of her bank accounts or that they were closed. (Exhibit C: Notice of Action, [REDACTED] /18, Hearing Summary)

### **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. Regulation provides that for every program administered by the Department, there is a definite asset limit. UPM § 4005
5. The Department correctly sent the Appellant verification request forms requesting information needed to establish eligibility.
6. 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.
7. UPM § 1540.05(D)(1) provides that the penalty for failure to provide required verification depends upon the nature of the factor or circumstance for which verification is required: 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: income amounts and asset amounts.
8. The Department did not receive the requested verifications from the Appellant.
9. The Department correctly discontinued the Appellant's assistance under the MAABD program.

### **DISCUSSION**

The Appellant testified that she sent verification of the closure of her bank account in [REDACTED] and that because she does not have her birth certificate or license she does not have identification and can't get verification that her bank accounts are closed.. The Department has no record of receiving verification of the closure of the Appellant's bank account.

### **DECISION**

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

A handwritten signature in black ink, appearing to read "Thomas Monahan", written over a horizontal line.

Thomas Monahan  
Hearing Officer

C: Musa Mohamud, Operations Manager, Hartford Regional Office  
Judy Williams, Operations Manager, Hartford Regional Office  
Jessica Carroll, Operations Manager, Hartford Regional Office  
Jay Bartolomei, Liaison Supervisor  
Garfield White, 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 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.