

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

██████████, 2019  
Signature Confirmation

Client ID # ██████████  
Request #131742

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

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

On ██████████, 2018, the Appellant requested an administrative hearing to contest the Department's decision to deny 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, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice rescheduling 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's Guardian, Conservator  
██████████, Program Monitor, Department of Developmental Services ("DDS") via telephone

Tamara Davis, Department's Representative  
Miklos Mencseli, Hearing Officer

The Appellant was not present.

**STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly denied the Appellant's application for AABD benefits due to excess income.

**FINDINGS OF FACT**

1. On [REDACTED], 2018, the Department received the Appellant's application for AABD benefits. (Summary, Exhibit 1: Department's Case Notes printout)
2. The Appellant lives in a residential home in the community. (Conservator's Testimony)
3. The Appellant has 24/7 care provided to her by three aides in three shifts. (Conservator's Testimony)
4. The Appellant is disabled.
5. The Appellant is a [REDACTED] year old individual. (Exhibit 1)
6. The Appellant is responsible to pay \$1600.00 a month for rent to her mother. (Exhibit 1, Conservator's Testimony)
7. The Appellant's mother owns the home. (Conservator's Testimony)
8. The Appellant receives Social Security Disability Income ("SSDI") in the gross monthly amount of \$1086.00. (Summary, Exhibit 1)
9. The Appellant receives no other income.
10. The Appellant receives a rental subsidy from Department of Developmental Services ("DDS"). The Appellant received the following amounts:
  - [REDACTED] 2018 - \$1,756.00
  - [REDACTED] 2018 - \$1,531.00
  - [REDACTED] 2018 - \$1,654.00
  - [REDACTED] 2018 - \$1,251.00

(Exhibit 5: DDS letter dated [REDACTED] 18, Exhibit 6: DDS letter dated [REDACTED]-18)

11. The Appellant receives a base amount of \$1,176.00, the amount changes with her monthly utility bills that are submitted each month. (Conservator's Testimony, DDS Testimony)
12. The Department excluded the rent subsidy in determining the Appellant's eligibility for the State Supplement Cash program. (Department's Testimony)
13. The Appellant is responsible for her utility bills. (Conservator's Testimony)
14. The Appellant's Conservator provide a month income and expense budget since the Appellant moved to her current residence. The Appellant has \$69.00 left at the end of the month. (Exhibit 7: Income & Expenses letter)
15. The Appellant is behind on her rental payments. (Conservator's Testimony)
16. On [REDACTED], 2018, the Department denied the Appellant's application for AABD benefits because her monthly gross income exceeds the program income limit. (Summary, Exhibit 2: NOA dated [REDACTED]-18)
17. "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], 2018. Therefore, this decision is due not later than [REDACTED], 2019."

"However, the hearing, which was originally scheduled for [REDACTED], 2018, was rescheduled for [REDACTED], 2018, at the request of the Appellant, which caused a 13-day delay. Because this 13-day delay resulted from the Appellant's request, this decision is not due until [REDACTED], 2019, and is therefore timely."

### **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) § 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 assistance units residing in non-rated housing is \$170.06 per month.
8. UPM § 4520.15(C)(1)(a) provides that an individual is considered to be living in Level 1 Housing in the following situations: (1) he or she is living in commercial housing or in a Department of Mental Health (DMH) sanctioned supervised apartment and not sharing a bedroom with any other individual; (2) he or she is living in a shelter for the homeless or for battered women; (3) he or she is living in any type of housing not mentioned in (1) or (2) above, and is not sharing his or her bedroom, bathroom or kitchen with another individual.
9. UPM § 4520.15(C)(2)(a) provides that an applicant or recipient is considered to be living in Level 2 Housing in the following situations: he or she is sharing a bedroom in any type of housing except a shelter for the homeless or a shelter for battered women; 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.
10. The Department correctly determined that the Appellant resides in Level 2 Housing as the Appellant does not live alone. The Appellant has aides with her 24/7.
11. UPM § 4520.15(C)(2)(b) provides that 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.
12. The Appellant pays \$1600.00 a month in rent to her mother.

13. The Appellant's monthly basic needs total \$370.06 (\$170.06 personal needs standard plus \$200.00 maximum shelter assistance).
14. 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.
15. UPM § 5050.13 provides for treatment of specific types of income and states in part:
- A. Social Security and Veterans' Benefits
    - 1. Income from these sources is treated as unearned income in all programs.
    - 2. This income is subject to unearned income disregards in the AABD and MAABD programs.
  - B. Supplemental Security Income
    - 2. AABD
      - SSI income is treated as unearned income for applicants or recipients of the State Supplement programs. It is subject to reduction by unearned income disregards when determining eligibility and calculating the amount of benefits for assistance units residing in rated and non-rated housing.
16. The Department correctly determined that the Appellant's gross monthly income totals \$1086.00 (SSDI income).
17. UPM § 5030.15(B)(1)(c) provides for the special disregard and states that the disregard is \$294.90 for those individuals who share non-rated housing

with at least one person who is not related to them as parent, spouse or child. This does not apply to individuals who reside in shelters for battered women or shelters for the homeless. 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.

18. The current special disregard as of [REDACTED] 2018 equals \$406.90 per month.
19. The Appellants applied income totals \$679.10. (\$1086.00 minus \$406.90 special disregard).
20. The Department correctly determined the Appellant's monthly applied income is \$679.10.
21. 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.
22. 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.
23. The Appellant's monthly applied income of \$679.10 exceeds her total needs as determined in accordance with the applicable regulations, of \$370.06.

### **DISCUSSION**

The Department correctly denied the Appellant's application for AABD benefits. Since the Appellant's applied income exceeds the amount of her basic needs, she is not eligible for AABD benefits. The Department correctly excluded the Appellant's rent subsidy in determining her eligibility.

The Appellant's Conservator advocated for the Appellant. She provided an income and expense monthly breakdown. The Appellant's remaining income after expenses is only \$69.00. The Department can only give her deductions as allowed by policy. The deductions are a set amount and change every January. The Department can allow either a \$400.00 or \$200.00 maximum for shelter allowance regardless of the actual amount paid. Even if the Department allowed for the \$400.00 shelter expense, the Appellant is not eligible for the program.

**DECISION**

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

  
**Miklos Mencseli**  
**Hearing Officer**

C: Lisa Wells, Operations Manager DSS R.O. #

### **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.