

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 # 133699

NOTICE OF DECISION

PARTY

██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying his application for 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 deny such benefits.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████, 2019.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice rescheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice rescheduling the administrative hearing for ██████████, 2019.

On ██████████ 2019, 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 Spouse  
Joshua Couillard, Department's Representative  
Miklos Mencseli, Hearing Officer

### **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 ██████████, 2018, the Appellant applied for AABD benefits at the regional office. (Summary, Exhibit 1: W-1E application dated ██████-18, Exhibit 4: Department's Case Notes printout)
2. On ██████████, 2018, the Department denied the Appellant's application for AABD benefits because his monthly gross income exceeds the program income limit. (Summary, Exhibit 5: NOA dated ██████-18)
3. The Appellant is █ years old. (Exhibit 2A: Department's Bendex income printout)
4. The Appellant lives with his spouse. (Exhibit 1, Appellant's Testimony)
5. The Appellant is responsible to pay \$1,350.00.00 a month for rent. The Appellant rents a house with his spouse in the community. The Appellant is responsible for all the utilities. (Exhibit 1, Appellant's Testimony)
6. The Appellant receives Social Security Administration ("SSA") in the gross monthly amount of \$580.00. (Summary, Exhibit 2A, Appellant's Testimony)
7. The Appellant Spouse receives Social Security Disability ("SSDI") in the gross monthly amount of \$881.00. (Exhibit 2B: Department's Bendex income printout, Appellant's Testimony)
8. The Appellant's total monthly household gross income is \$1,461.00. ( $\$580.00 + \$881.00 = \$1,461.00$ ). (Summary, Exhibit 3: State Supplement Income Test printout)
9. The Department has the Appellant's correct living arrangement and household income to determine his eligibility for AABD benefits.
10. The Appellant and his spouse receive no other income other than their Social Security benefits. (Appellant's Testimony)

11. After expenses the Appellant and his spouse are left with \$150.00 a month. (Appellant's Testimony)
12. The Appellant and his spouse rely on their children for help. (Appellant's Testimony)
13. 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], 2019, was rescheduled for [REDACTED], 2019, then rescheduled for March 5, 2019 at the request of the Appellant, which caused a 46-day delay. Because this 46-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 § 5515.05(B) provides for the Needs Group Composition for the AABD program.
  1. The needs group for an applicant or recipient under the AABD program includes the following:
    - a. the applicant or recipient; and
    - b. the spouse of the applicant or recipient:
      - (1) when they share the same home regardless of whether one or both are applying for or receiving assistance;
5. The Department correctly determined the Appellant's needs group is two as he lives with his spouse.

6. UPM § 5020.70 provides for Spouses Deemed Income.
  - A. Circumstances in Which Income is Deemed
    1. The Department deems the income of the spouse of an AABD applicant or recipient if they are considered to be living together.
  - C. Calculating the Amount Deemed
    1. Income which is excluded from that of an assistance unit member is also excluded from the income of the deemor.
    2. The amount deemed to the unit from the unit member's spouse is calculated in the following manner when the spouse has applied and has been determined eligible to receive AABD:
      - c. the deemor's gross unearned income is reduced by the standard disregard (Cross Reference: 5030 - Income Disregards);
      - d. the applied earned and applied unearned income amounts are added together for a total amount of deemed income.
7. The Department correctly deemed the Appellant's spouses income in determining his eligibility for AABD benefits.
8. 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.
9. The Department correctly determined that the Appellant lives in non-rated housing.
10. 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.
11. UPM § 4520.15(B)(3) provides that the standard of assistance for personal needs for a married individual residing with his or her spouse in non-rated housing is \$171.10 per month.

12. 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.
13. 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.
14. The Department correctly determined that the Appellant resides in Level 1 Housing as the Appellant lives in the community with his spouse.
15. UPM § 4520.15(C)(1)(b) provides that the standard of assistance for shelter for assistance units living in Level 1 Housing is the amount that the assistance unit is obligated to pay for housing, up to \$400 per month. This includes rent, mortgage principal and interest, fire insurance premiums, property taxes, and water bills.
16. The Appellant pays \$1,350.00 a month for rent.
17. The Appellant's monthly basic needs total \$742.20 (\$171.10 personal needs standard x 2 = \$342.20 plus \$400.00 shelter obligation, maximum allowed).
18. 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.
19. The Department correctly determined that the Appellant's household gross monthly income totals \$1,461.00 (\$580.00 SSA + \$881.00 SSDI).
  20. 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 1<sup>st</sup> thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.
  21. The current standard disregard as of [REDACTED], 2019 equals \$339.00 per month.
  22. The Appellants applied income totals \$783.00. [\$1,461.00 minus \$678.00 (\$339.00 x 2) standard disregard].
  23. 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.
  24. 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.
  25. UPM §5520.10 (B)(2) provides that If the needs group comprises both

spouses, the total applied income of the applicant or recipient, including that income which is deemed from his or her spouse, is compared to the total of either:

- a. the basic and special needs of both the applicant or recipient and his or her eligible spouse; or
  - b. the basic and special needs of the applicant or recipient and the basic needs of his or her ineligible spouse. (Cross Reference: 5020.70 - Deemed Income)
3. If the amount of applied income equals or exceeds the amount of needs, there is no eligibility for the assistance unit member.
  4. If the amount of applied income is less than the total amount of needs, the assistance unit member for whom eligibility is being determined is eligible.
26. The Appellant's monthly household applied income of \$783.00 exceeds the total needs as determined in accordance with the applicable regulations, of \$742.20.

### **DISCUSSION**

The Department correctly denied the Appellant's application for AABD benefits. Since the Appellant's applied income exceeds the amount of his basic needs, he is not eligible for AABD benefits.

### **DECISION**

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

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

C: Brian Sexton, Operations Manager DSS R.O. # 50 Middletown

### **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.