

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

██████████ 2020
Signature Confirmation

Case # ██████████
Client # ██████████
Request # 162142

NOTICE OF DISMISSAL
PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2020, the Department of Social Services (the "Department") issued ██████████ ("the Appellant") a Notice of Action ("NOA") denying cash assistance under the State Supplemental program.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department's decision to deny such program.

On ██████████ ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████ 2020, 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
██
██
Glenda Gonzalez, Department Representative
Almelinda McLeod, Hearing Officer

The hearing record was extended for the submission of additional documents.
On ██████████ 2020, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the cash assistance under the State Supplemental program was correct in accordance with state and federal law.

FINDINGS OF FACT

1. The Appellant is ■ years of age, (DOB- ■) was admitted into ■ on ■ 2020. (Exhibit 1, online application)
2. On ■ 2020, the Department received the Appellant's online application for cash assistance under the State Supplemental program. (Hearing summary)
3. On ■ 2020, the Department issued a W-1348 "Proofs We Need" to the Appellant requesting proof of checking account balance. The due date for this this form was ■ 2020. This notice acknowledged date of application as ■ 2020 and indicated ■ 2020 as the date the Department will take action by. (Exhibit 4, W-1348)
4. On ■ 2020, the Department issued a W-1348ltc Verification We Need form requesting asset verification. The due date for this information was ■ 2020. This form acknowledged the date of application as ■ 2020 and indicated the date the Department will take an action on her application as no later than ■ 2020. (Exhibit 2, W-1348ltc)
5. The Department requested a two-year asset lookback, W-298, Authorization representative form and a W-265, an admissions form. The due date for this information was ■ 2020. (Hearing summary)
6. On ■ 2020, the Department found the Appellant had no assets in the last 3 months through the Department's asset verification system ("AVS"). (Exhibit 3, AVS print out, Exhibit 6, Case notes)
7. On ■ 2020, the Department attempted to call the boarding home for the W-265 admission form but was not successful. A second W-265 was mailed to the boarding home. (Hearing summary, Exhibit 6, Case notes)
8. On ■ 2020, the Department issued a NOA informing the Appellant that her application for State Supplement cash assistance was denied because "you did not return all the required proofs by the date we asked," and "does not meet program requirements". (Exhibit 5, NOA)

9. On [REDACTED] [REDACTED] 2020, the Department indicated the S01 cash application was denied for not providing the W-265. (Exhibit 6, Case notes)
10. Prior to the denial of [REDACTED] 2020, the Department conducted a thorough search in the IMPACT system under the Appellant's name, client identification and case identification numbers and did not find the W-265. (Department testimony)
11. The Appellant testified that the w-265 admissions form along with the W-298 authorized representative form was provided and reviewed on [REDACTED] 2020. (Appellant's testimony)
12. The Department was willing to search the IMPACT system again and accept the form; if sent, the Department will re-open the application and process. (Department's testimony).
13. On [REDACTED], 2020, the Department received the W-265 from the boarding home and determined the Appellant was eligible for State supplemental and granted cash assistance effective [REDACTED] 2020. (E-mail correspondence [REDACTED] 2020)
14. On [REDACTED] [REDACTED] 2020, the Department issued a Notice of Action indicating the Appellant was denied [REDACTED] 2020 to [REDACTED] 2020 because the monthly net income of the household was more than the limit for this program and thus did not meet the program requirement. The NOA indicated approval for the State Supplement cash assistance effective [REDACTED] 2020. (Exhibit 7, NOA [REDACTED])
15. The issuance of this decision under Connecticut General Statutes 17b-61 (a) which requires that a decision be issued within 90 days of the request for an administrative hearing has been extended to "not later than 120 days " after a request for a fair hearing pursuant to Section 17b-60 by order of Department of Social Services Commissioner dated [REDACTED] 2020. The Appellant requested an administrative hearing on [REDACTED] 2020; thus, this decision is due no later than [REDACTED], 2021 and is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-600 of the Connecticut General Statutes provides in part that the Commissioner is authorized to implement and operate a state supplement program as provided for by Title XVI of the Social Security Act.

2. Uniform Policy Manual (“UPM”) § 1570.25 (c)(2)(k) provides that the Fair Hearing Official renders a Fair Hearing decision in the name of the Department, in accordance with the Department’s policies and regulations. The Fair Hearing decision is intended to resolve the dispute.
3. UPM § 1570.25 (F) (1) provides that the Department must consider several types of issues at an administrative hearing, including the following: a. eligibility for benefits in both initial and subsequent determinations

Regarding the denial of State supplement cash assistance from [REDACTED] 2020 to [REDACTED] 2020, the Appellant may choose to request a hearing on the action taken by the Department to address this denial specifically.

Regarding the issue of denial of the State supplement cash assistance due to failure to provide, the Department has approved the Appellant’s request for State supplement effective [REDACTED] 2020. Thus, the initial issue of this hearing no longer exists.

The Appellant’s hearing issue has been resolved, therefore, there is no issue on which to rule. “When the actions of the parties themselves cause a settling of their differences, a case becomes moot.” McDonnell v. Maher, 3 Conn. App. 336 (Conn. App. 1985), citing, Heitmuller v. Stokes, 256 U.S. 359, 362-3, 41 S.Ct. 522, 523-24, 65 L.Ed. 990 (1921). The service which the Appellant had originally requested has been approved; there is no practical relief that can be afforded through an administrative hearing.

DECISION

The Appellant’s appeal is MOOT.



Hearing Officer

cc: Rachel Anderson, SSOM, Cheryl Stuart SSOM; Lisa Wells, SSOM, New Haven.
Glenda Gonzalez, Fair Hearing Liaison, New Haven

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.