

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

[REDACTED], 2021  
Signature Confirmation

Case ID # [REDACTED]  
Client ID # [REDACTED]  
Request # 171240

**NOTICE OF DECISION**

**PARTY**

[REDACTED]

**PROCEDURAL BACKGROUND**

On [REDACTED], 2020, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant") and her appointed Conservator, [REDACTED], a Notice of Action ("NOA") discontinuing the State Supplement cash assistance under the Aid to Aged, Blind and Disabled ("AABD") program.

On [REDACTED] 2021, the Appellant, through her Conservator, requested an administrative hearing to contest the Department's decision to deny such benefits.

On [REDACTED] 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for [REDACTED] 2021.

On [REDACTED] 2021, 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:

[REDACTED], Appellant's Conservator of Person and Estate  
Kenneth Smiley, Department's representative  
Shelley Starr, Hearing Officer

The hearing record was held open for the submission of additional evidence from the Conservator and the Department. The evidence was received. On [REDACTED] 2021, the hearing record was closed.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the State Supplement cash assistance under the AABD program was correct.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] years old [REDACTED], divorced, and a recipient of State Supplement cash assistance under the Aid to Aged, Blind and Disabled ("AABD") program. (Conservator's testimony; Hearing record)
2. Since [REDACTED] 2018, [REDACTED] has been the Appellant's appointed Conservator of the Person and Estate. She receives all mailings sent by the Department regarding the Appellant. (Conservator's testimony; Hearing record)
3. Since [REDACTED] 2018, the Appellant has been a resident of the [REDACTED], an assisted living facility located in [REDACTED]. (Conservator's testimony; Hearing record)
4. On [REDACTED] 2020, the Department issued a W-ER Renewal form to be completed and returned by [REDACTED] 2020. (Department's testimony; Hearing record)
5. On [REDACTED] 2020, the Department received the renewal form completed by the [REDACTED]. (Department's testimony; Exhibit 3: W-1-ER signed by the [REDACTED]; Hearing summary)
6. On [REDACTED] 2020, the Department sent the Appellant and her Conservator a W-1348 Proofs We need a form requesting proof of child support income, proof of the [REDACTED] checking account balance, and divorce decree. The information was due by [REDACTED], 2020. (Exhibit 4: W-1348 Proofs We Need a form dated [REDACTED], 2020; Department's testimony; Hearing record)
7. The Department did not receive any response or documentation from the Conservator based on the W-1348 Proofs We Need request by the [REDACTED] 2020, designated due date. (Department's testimony; Hearing summary)
8. On [REDACTED] 2020, the Department issued a Notice of Action ("NOA") informing the Appellant and her Conservator that her State



Supplement Cash assistance is closed effective [REDACTED] 2020, because “ You did not return all of the required proofs by the date we asked” and “Does not meet program requirements.” (Exhibit 5: Notice of Action dated [REDACTED] 2020; Hearing Summary; Department’s testimony)

9. The Conservator testified at the hearing that during the time of renewal, due to her family out of state emergencies including the search for her missing granddaughter and the need to care for her autistic grandson during the search, and her subsequent own health issue of major depression, that she neglected her mail and representative duties and inadvertently did not submit the requested documents needed for the Appellant’s cash assistance renewal. (Conservator’s testimony; Conservator’s Exhibit B: Letter of Explanation; Hearing record)
10. The Conservator’s testimony is credible. (Conservator’s testimony; Hearing record)
11. 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] 2021, therefore, this decision is not due until [REDACTED] 2021. However, the hearing record remained opened for an additional 7 days extending the closing of the hearing record to allow the submission of additional information. Because of the delay in the closing of the hearing record, this final decision is not due until [REDACTED], 2021, 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. “The department’s uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law.” *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).

3. 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.
4. UPM §1015.05(C) provides that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.
5. UPM § 1500.01 provides the definition of an Authorized Representative and states an authorized representative is an adult, over the age of eighteen, who has written authorization to act on the behalf of an assistance unit of which he or she is not currently a member, and who would otherwise not be eligible to act without such authorization.
6. UPM § 1505.15 (C)(1)(3) provides for eligibility process and states that the following individuals are qualified to request cash or medical assistance, be interviewed and, complete the application process on the behalf of others who they represent: a conservator, guardian or other court-appointed fiduciary.
7. UPM § 1545.05 (A)(1) provides that eligibility is redetermined:
  - a. regularly on a scheduled basis; and
  - b. as required on an unscheduled basis because of known, questionable or anticipated changes in assistance unit circumstances.
8. UPM §1545.25 (A) provides that assistance units are required to complete a redetermination form at each redetermination.
9. UPM § 1545.15(A)(1) provides for notification requirements. The Department is required to provide assistance units with timely notification of the scheduled redetermination.

**The Department correctly mailed the Appellant and her Conservator a redetermination notice.**

10. UPM § 1545.40 (A)(2) provides unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.
11. UPM § 1505.40 (B)(5)(b) provides that an additional 10-day extension for submitting verification shall be granted, as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.

12. UPM § 1545.25 (D) provides that assistance units that do not complete the redetermination form within the time limits specified in this chapter may be subject to discontinuance or an interruption of benefits.
13. UPM § 1555.10 (A)(1) provides for Good Cause and states under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable.

UPM § 1555.10 (A)(2) provides if good cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period.

UPM § 1555.10 (A)(3) provides in good cause situations, the Department may delay taking action, but reserves the right to take corrective action to prevent possible benefit errors.

14. UPM § 1555.10 (B) (1) provides PA assistance units may establish good cause for (a) failing to report timely, or (b) failing to provide required verification timely.

UPM § 1555.10 (B)(2) provides that Good Cause may include, but is not limited to: a. illness; b. severe weather; c. death in the immediate family; d. other circumstances beyond the unit's control.

**The Conservator testified that she was unable to provide the requested verification due to circumstances beyond her control including the search for her missing granddaughter and her own illness.**

**The Conservator has established good cause for not timely providing the Department with the requested information.**

### **DISCUSSION**

Based on the testimony and evidence, while the Department acted appropriately on [REDACTED], 2020, when discontinuing the State Supplement benefits for failing to provide information, the Conservator has established good cause for not providing the requested documentation by the designated due date. She should be afforded the opportunity to provide the documentation on behalf of the Appellant.

**DECISION**

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

**ORDER**

1. The Department shall re-open the Appellant's State Supplement Cash assistance effective [REDACTED] 2020.
2. The Department shall issue a W-1348 Proof We Need request outlining the information needed to determine eligibility and provide a ten-day due date for the Conservator to provide the information.
3. The Department shall continue to determine State Supplement cash assistance eligibility.
4. Proof of Compliance shall be submitted to the undersigned no later than [REDACTED] 2021.

  
Shelley Starr  
Hearing Officer

Pc: Cheryl Stuart, DSS, Norwich

### **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, 165 Capitol Avenue, 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.

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