

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

██████████ 2022  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # 185904

NOTICE OF DECISION  
PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a notice denying her application for the Aged, Blind, or Disabled (“AABD”) program.

On ██████████ 2021, the Appellant requested an administrative hearing to contest the Department’s decision to deny her AABD application.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2021.

On ██████████ 2021, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing by telephone.

The following individuals called into the hearing:

██████████ Appellant’s Daughter and Representative  
Anna Koczon, Interpreter ITI Translates  
Jerry DeJesus, Department’s Representative  
Christopher Turner, Hearing Officer

The Appellant did not participate in the hearing.

## **STATEMENT OF THE ISSUE**

The issue is whether the Department's action to deny the Appellant's AABD application due to failure to provide the information needed to establish eligibility was correct.

## **FINDINGS OF FACT**

1. On [REDACTED] 2021, the Department received the Appellant's online application for AABD assistance. (Exhibit 3: Online application; Hearing summary)
2. On [REDACTED] 2021, a Department representative sent the Appellant a "Proofs We Need" form ("W-1348") requesting her [REDACTED] account balances. A [REDACTED] 2021, due date was given for the return of the requested information. (Exhibit 4A: W1348; Hearing summary)
3. On [REDACTED] 2021, the Appellant verified that her [REDACTED] checking account balance was \$5,884.89 and a Departmental interface showed her [REDACTED] money market account to be \$49,710.23. (Exhibit 5A: Bank statement; Hearing summary)
4. On [REDACTED] 2021, a Department representative sent the Appellant a "Proofs We Need" form ("W-1348") requesting current [REDACTED] Bank account balances. A note was included that indicated her [REDACTED] Bank balances were over the \$1,600.00 asset limit and to provide proof of how the monies were spent. A [REDACTED] 2021, due date was given for the return. (Exhibit 4B: W1348; Hearing summary)
5. On [REDACTED] 2021, the Department denied the Appellant's AABD application for failure to provide the information requested to determine eligibility. (Exhibit 6: Notice of action; Hearing summary)
6. The Appellant is [REDACTED] years old (DOB [REDACTED]) and receives a gross monthly Social Security benefit of \$640.00. (Record; Testimony)
7. As of the hearing date, the Appellant's application remains in denial status. (Department's testimony)
8. The issuance of this decision is timely under Connecticut General Statutes ("Conn. Gen. Stat.") §17b-61(a), which requires that a decision be rendered within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2021, with this decision due no later than [REDACTED] 2022 since [REDACTED] 2022 is a [REDACTED] (Record)

## **CONCLUSIONS OF LAW**

1. Regulations of Connecticut State Agencies § 17b-198-2 defines AABD as the state supplement to the aged, blind or disabled administered pursuant to section 17b-600 of the Connecticut General Statutes.

Conn. Gen. Stat. § 17b-600 provides the Commissioner of Social Services shall administer a program of optional state supplementation as provided for by Title XVI of the Social Security Act, as amended, and shall administer the program in accordance with the requirements provided therein. In accordance with the requirements of Title XVI of said Social Security Act, optional state supplementation may be provided to aged, blind and disabled individuals who receive supplemental security income benefits or who would be eligible to receive such benefits except for income, provided that any applicant or recipient of optional state supplementation shall be ineligible for such supplementary assistance if such person has made, within twenty-four months prior to the date of application for such aid, an assignment or transfer or other disposition of property for less than fair market value, for the purpose of establishing eligibility for benefits or assistance under this section, provided ineligibility because of such disposition shall continue only for either (1) twenty-four months after the date of disposition, or (2) that period of time from date of disposition over which the fair market value of such property, less any consideration received in exchange for its disposition, together with all other income and resources, would furnish support on a reasonable standard of health and decency, whichever period is shorter, except that in any case where the uncompensated value of disposed of resources exceeds twelve thousand dollars, the Commissioner of Social Services shall provide for a period of ineligibility based on the uncompensated value which exceeds twenty-four months.

2. "The department's uniform policy manual ("UPM") 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. UPM § 2525.15 (B) provides that to meet the age requirement for State Supplement and related Medicaid based on old age, the individual must be sixty-five (65) years of age or older.

**The Department correctly determined the Appellant is considered aged under the AABD program as she is over the age of 65.**

4. 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 that the Department requires to determine eligibility and calculate the amount of benefits.

UPM § 1010.05 (A) (2) provides the assistance unit must permit the Department to verify information independently whenever the unit is unable to provide the necessary information, whenever verification is required by law, or whenever the Department determines that verification is necessary (Cross reference: 1540).

UPM § 1015.05 (C) provides that the Department must tell the assistance unit what the unit must do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.

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.

**The Department correctly sent the Appellant a W-1348 requesting additional information needed to determine eligibility while giving the Appellant ten days to provide said information.**

5. UPM 1505.35 (C) provides for the standard of promptness for processing applications. (1) The following promptness standards are established as maximum time periods for processing applications: (c) forty-five calendar days for: (2) AABD or MA applicants applying based on age or blindness.

UPM 1505.35 (D) (2) provides the Department determines eligibility within the standard of promptness for the AFDC, AABD, and MA programs except when verification needed to establish eligibility is delayed and one of the following is true: a. the client has good cause for not submitting verification by the deadline; or b. the client has been granted a 10 day extension to submit verification which has not elapsed; or c. the Department has assumed responsibility for obtaining verification and has had less than 10 days; or d. the Department has assumed responsibility for obtaining verification and is waiting for material from a third party.

UPM 1505.35 (D) (3) provides that processing standards are not used as a waiting period for granting assistance. Applications are processed with reasonable promptness as soon as the Department can make an eligibility determination.

UPM 1505.35 (D) (4) provides that processing standards are not used as the basis for denying assistance. Denial results from the failure to meet or establish eligibility within the applicable time limit.

UPM 1505.40 (B) provides for incomplete applications. (1) Applicant Failure. The following provisions apply if the applicant failed to complete the application without good cause: (b) If assistance cannot be granted: (1) AFDC, AABD and MA cases are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application.

**The Department properly denied the Appellant's AABD application on the thirtieth day as the Appellant did not send in the requested verification nor ask for help in obtaining the requested information after receiving the Department's request for confirmation of her [REDACTED] account balance.**

**DECISION**

The Appellant's appeal is denied.

*Christopher Turner*  
Christopher Turner  
Hearing Officer

Cc: Musa Mohamud, DSS Operations Manager Hartford  
Judy Williams, DSS Operations Manager Hartford  
Jessica Carroll, DSS Operations Manager Hartford  
Jay Bartolomei, DSS Supervisor Hartford  
Jerry DeJesus, DSS Hartford

### **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, law, and 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 requested 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 the Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 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 if 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 her 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.