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

[redacted] **2023**
Signature Confirmation

[redacted]
[redacted]
Request # 219208

NOTICE OF DECISION

PARTY

[redacted]
[redacted]
[redacted]
[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2023, the Department of Social Services (the "Department") sent [redacted] (the "Applicant") a Notice of Action ("NOA") advising that the medical benefits under the Husky C – Aged, Blind, and Disabled ("MAABD") Medicaid coverage group ("S03") were closed effective [redacted] 2023 and that he was approved for the Husky C – MAABD Spend-down ("S99") coverage group beginning [redacted] 2023, through [redacted] 2024, in the amount of $402.00.

On [redacted] 2023, the Applicant, and his [redacted] / Authorized Representative ("AREP"), [redacted] (the "Appellant") requested an Administrative Hearing to contest the Department's action.

On [redacted] 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the Administrative Hearing for [redacted] 2023.

On [redacted] 2023, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an Administrative Hearing in person at the [redacted] Regional Office.

The Applicant, [redacted], was not present at the hearing. The Applicant was represented by his AREP, [redacted].

The following individuals participated in the hearing:
[redacted] Appellant/AREP/Applicant's [redacted]
[redacted] Department Representative
Jessica Gulianello, Hearing Officer

On [redacted] 2023, at the request of the Appellant, the OLCRAH mailed a copy of the audio recording of the hearing proceedings via USPS-certified mail to the address of record: [redacted].

On [redacted] 2023, the above-noted certified mail was delivered and signed for by the Appellant.

The hearing record remained open until [redacted] 2023, to allow the Department time to submit information. The hearing record was extended until [redacted] 2023, to allow the Appellant time to provide comment and a rebuttal. Additional documents were received from the Department only and on [redacted] 2023, the hearing record closed accordingly.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the S03 coverage group under the Husky C MAABD Program effective [redacted] 2023, was correct.

The secondary issue to be decided is whether the Department's determination that the Applicant is subject to a Spend-down under the Husky C MAABD Program in the amount of $402.00 for the period of [redacted] 2023, through [redacted] 2024, was correct.

FINDINGS OF FACT

1. The Department determined the Applicant to be eligible for the S03 coverage group under the Husky C MAABD program for the period of [redacted] 2022, through [redacted] 2023. *(Exhibit 9: Renewal Packet, [redacted]2023)*

2. On [redacted] 2023, the Department mailed the Applicant a Notice of Renewal of Eligibility ("W-1ERL") with a Renewal Form ("W-1ER") enclosed requesting completion. The notice requested that the Applicant return the enclosed W-1ER renewal form or its online equivalent by [redacted] 2023, to prevent a delay or

interruption in benefits as required under the Husky C – MAABD Program. *(Exhibit 9: Renewal Packet, [redacted]2023)*

3. On [redacted] 2023, the Department received the completed W-1ER renewal form signed and dated [redacted] 2023, by the Applicant and the Appellant. *(Exhibit 1: W-1ER Renewal Form (signed [redacted]2023, received [redacted]2023), Department's Testimony)*

4. The Applicant is [redacted] years old (DOB: [redacted]). *(Exhibit 1: W-1ER Renewal Form (signed [redacted]2023), Appellant's Testimony)*

5. The Applicant was never [redacted]. *(Exhibit 1: W-1ER Renewal Form (signed [redacted]2023), Appellant's Testimony)*

6. The Applicant resides in the community, in the city of [redacted] with his [redacted]. *(Exhibit 1: W-1ER Renewal Form signed [redacted]2023, Appellant's Testimony)*

7. The Applicant has been determined [redacted] by the Social Security Administration ("SSA"). *(Appellant's Testimony)*

8. The Applicant is a recipient of [redacted] benefits from the SSA. *(Exhibit 11: Unearned Income Summary, Exhibit 13: NOA dated [redacted]2023, Appellant's Testimony)*

9. The Appellant receives [redacted] benefits from the SSA in the gross benefit amount (before deductions) of $1,413.90 per month as of [redacted] 2023. *(Exhibit 7: SSA Beneficiary Statement)*

10. The Applicant pays a [redacted] Medical Insurance Premium in the amount of $164.90 per month. (*Exhibit 7: SSA Beneficiary Statement)*

11. The Applicant receives a net [redacted] benefit from the SSA in the amount of $1,249.00 per month; calculated as follows: Gross [redacted]: $1,413.90 – [redacted] Insurance Premium: $164.90= $1,249.00. *(Exhibit 7: SSA Beneficiary Statement)*

12. The Applicant has nominal out-of-pocket medical expenses for prescriptions, copays, etc. that are currently being paid for by the Appellant. The Applicant does not incur additional out-of-pocket medical expenses. *(Appellant's Testimony)*

13. The Applicant reported a rental obligation in the amount of $1,000 per month on the W-1ER form. *(Exhibit 1: W-1ER Renewal Form signed [redacted]2023, Appellant's Testimony)*

14. The Appellant stated during the hearing proceedings that in retrospect the Applicant's rental obligation is estimated to be closer to $1,242.00 per month with utility expenses included. *(Appellant's Testimony)*

15. The net income limit also referred to as the Medically Needy Income Limit ("MNIL") under the Husky C MAABD Program is $700 per month. *(Exhibit 2: MAABD – Income Test benefit period of [redacted]2023-[redacted]2023, Hearing Summary, Department's Testimony)*

16. The Standard Unearned Income Disregard under the Husky C MAABD program is $482.00 per month. *(Exhibit 2: MAABD – Income Test benefit period of [redacted]2023-[redacted]2023, Hearing Summary, Department's Testimony)*

17. The Department determined the Applicant to be eligible for a Spend-down because his monthly [redacted] benefit amount exceeds the monthly MNIL income limit under the Husky C MAABD program. (*Exhibit 2: MAABD Income Test benefit period of [redacted]2023-[redacted]2023, Hearing Summary, Department's Testimony)*

18. The Department calculated the Applicant's Spend-down under the Husky C MAABD Program as follows:

    [redacted] $1,249.00 minus (–) Standard Unearned Income Disregard: $482.00 equals (=) Net Income: $767.00.

    Net Income: $767.00 minus (-) MNIL: $700.00 equals (=) $67.00 Monthly Excess.

    Monthly Excess: $67.00 multiplied (x) six (6) months in a spend-down cycle equals (=) a Spend-down in the amount of $402.00.

    (Exhibit 2: MAABD Income Test benefit period of [redacted]2023-[redacted]/2023, Department's Testimony)

19. On [redacted] 2023, the Department issued the Applicant a NOA advising that the S03 benefits under the Husky C MAABD program were closing on [redacted] 2023, citing the following reasons, "The monthly net income of your household is more than the limit for this program" and "Does not meet program requirements". The NOA further informed the Applicant that he was approved for a Spend-down under the Husky C MAABD program beginning [redacted] 2023, through [redacted]2024, in the amount of $402.00. *(Exhibit 4: NOA, [redacted]2023, Exhibit 5: Spend-down Welcome Packet, [redacted]2023, Hearing Summary, Department's Testimony)*

20. The above-noted NOA dated [redacted] 2023, cited two sources of income for the Applicant as follows: [redacted] $1,211.60 monthly and [redacted] $1,249.00 monthly. *(Exhibit 4: NOA, [redacted]2023)*

21. The Appellant asserted that the Applicant has never applied for and/or received [redacted] benefits from the SSA and she expressed concern regarding the alleged income discrepancy. The Appellant further emphasized that she has diligently reported accurate information to the Department and has concerns with the proposed eligibility determination for the Applicant. *(Appellant's Testimony)*

22. 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] 2023. This decision, therefore, was due no later than [redacted] 2023. However, the hearing record, which had been anticipated to close on [redacted] 2023, did not close for the admission of evidence until [redacted] 2023, at the request of the Appellant. Because this [redacted]-day delay in the close of the record arose from the Appellant's request, this final decision is not due until [redacted] 2023, and is therefore timely. *(Hearing Record)*

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes ("Conn. Gen. Stat.") provides as follows: The Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

2. Conn. Gen. Stat. § 17b-261b(a) provides as follows: The Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by the Department.

3. *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)) provides as follows: "The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law."

   The Department has the authority to administer the Medicaid program.

4. Uniform Policy Manual ("UPM") § 1545.05(A)(1)(a) provides as follows: Eligibility is redetermined regularly on a scheduled basis;

   UPM § 1545.05(B)(1) provides as follows: The purpose of the redetermination is to review and to recertify all circumstances relating to: (a) need; (b) eligibility; (c) benefit level.

UPM § 1545.05(D)(1) provides as follows: Assistance units are timely notified of all actions taken by the Department, including notification that a redetermination is to be conducted;

UPM § 1545.10(B)(1)(d) provides as follows: The following standards are established as maximum intervals for conducting regularly scheduled redeterminations for AABD without earnings and MA assistance units, at least as often as every twelve months.

UPM § 1545.15(A)(1) provides as follows: The Department is required to provide assistance units with timely notification of the scheduled redetermination.

UPM § 1545.15(B)(b) provides as follows: Upon implementation of the EMS system, notice of the redetermination must be issued no earlier than the first day, or no later than the last day of the month preceding the redetermination month.

The Department had determined the Applicant to be eligible for S03 benefits under the AABD Husky C Program beginning [redacted] 2022, through [redacted] 2023.

The Department correctly determined that the Applicant was due for a redetermination in [redacted] 2023 and timely issued the Applicant a redetermination packet in [redacted] 2023 requesting completion to establish his ongoing eligibility for benefits under the AABD Husky C Program.

5. UPM § 1545.25(A) provides as follows: Assistance units are required to complete a redetermination form at each redetermination.

   UPM § 1545.25(C) provides as follows: The Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination.

   UPM § 1545.25(E) provides as follows: The redetermination form must be signed by someone qualified to complete the redetermination on behalf of the assistance unit.

   UPM § 1545.30(B) provides as follows: The AFDC, AABD, or MA redeterminations must be completed by the appropriate individual listed below. (1) the AABD or MA recipient; (2) the caretaker relative; (3) the spouse; (4) a court appointed fiduciary, or a responsible adult acting on behalf of the person who is incompetent or incapacitated.

   The renewal form was returned completed to the Department with the Applicant and Appellant's signatures.

6. UPM § 2530 provides as follows: Certain individuals applying for AABD or Medical Assistance must be disabled to qualify for assistance. The Social Security Administration (SSA) generally is responsible for determining if an individual is disabled. Under certain conditions, the Department makes a determination separate from SSA. The Department uses the same criteria as SSA to determine disability. In most cases, a decision by SSA takes precedence over a decision which has been made by the Department's Medical Review Team (MRT). This chapter discusses the controlling nature of the SSA decision and the circumstances under which the Department makes a determination apart from SSA.

   UPM § 2530.05(A) provides as follows: To qualify for the State Supplement or related Medical Assistance programs on the basis of disability, the individual must be disabled as determined by SSA or the Department.

   1. Is medically determinable; and
   2. Is severe in nature; and
   3. Can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months; and
   4. Except as provided in paragraph C below, prevents the performance of previous work or any other substantial gainful activity which exists in the national economy.

   UPM § 2530.10(A) provides as follows: An individual who is considered disabled by SSA is considered disabled by the Department.

   The Department correctly determined the Appellant meets the [redacted] requirement under the MAABD Husky C program as the Social Security Administration determined him to be disabled.

7. UPM § 2540.96(A) provides the as follows: Medically Needy Aged, Blind and Disabled. Coverage Group Description. This group includes individuals who:

   1. Meet the MAABD categorical eligibility requirements of age, blindness or disability; and
   2. Are not eligible as categorically needy; and
   3. Meet the medically needy income and asset criteria.

   UPM § 2540.96(C) provides as follows: The Department uses the MAABD medically needy income and asset criteria to determine eligibility under this coverage group, including:

   1. Medically needy deeming rules;
   2. The Medically Needy Income Limit (“MNIL”);
   3. The income spend-down process;
   4. The medically needy asset limits.

UPM § 4530.15(A)(1) provides as follows: A uniform set of income standards is established for all assistance units who do not qualify as categorically needy.

UPM § 4530.15(A)(2) provides as follows: The MNIL of an assistance unit varies according to:

a. the size of the assistance unit; and
b. the region of the state in which the assistance unit resides.

UPM § 4530.15(B) provides as follows: The medically needy income limit is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the AFDC program to an assistance unit of the same size with no income for the appropriate region of residence.

UPM § 4510.10(B)(2) provides as follows: The regional breakdown of the state by cities and towns is as follows: Region B: Stratford.

8. Public Act 22-118 consolidated regions A, B and C into one statewide region effective July 1, 2022. Pursuant with this Public Act the Department effective July 1, 2022, the Department uses a single statewide standard for the TFA Standard of Need rather than using different amounts for different regions of the state. These revisions make TFA payment standards, TFA grant levels, and the Husky C MNIL uniform across the state. Additionally, because the TFA Standard of Need is now tied to 55% of the Federal Poverty Level ("FPL"), these program standards and benefits will change each year.

   The current MNIL is 143% of the TFA Payment Standard; equivalent to $700.00 per month for an assistance unit comprised of one individual as supported by the Department's Program Chart effective [redacted] 2023.

   The Department correctly determined the Applicant to be an assistance unit of one subject to the Husky C AABD MNIL of $700.00 per month.

9. UPM § 1500.01 provides as follows: Verification is the act of confirming a fact, circumstance or condition through direct evidence or other reliable documentation or collateral contact.

   UPM § 1505.40(A)(1) provides as follows: Prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits.

   UPM § 1540.15(A) provides as follows: The information provided by the assistance unit is verified through a cooperative effort between the Department and members of the unit.

   UPM § 5050.13(A)(1) provides as follows: Income from these sources [Social Security] is treated as unearned income in all programs.

UPM § 5025.05(B)(1) provides as follows: If income is received on a monthly basis, a representative monthly amount is used as the estimate of income.

UPM § 5099.05 provides as follows: Department policy provides in pertinent part: All income must be verified as an eligibility requirement at the time of application, at each redetermination of eligibility, and whenever the income changes.

The Department incorrectly determined the Applicant's gross [redacted] benefits to be $1,249.00 monthly.

I find that the Department's evidence confirms that the Applicant receives gross [redacted] benefits in the amount of $1,413.90 monthly.

10. UPM § 5050.13(A)(2) provides as follows: This income [Social Security] is subject to an unearned income disregard in the AABD and MAABD programs.

UPM § 5030.15(A) provides as follows: Except as provided in section 5030.15(D), unearned income disregards are subtracted from the unit member's total gross monthly unearned income.

UPM § 5030.15(C)(2)(a) provides as follows: All of the disregards used in the AABD programs are used to determine eligibility for MAABD.
UPM § 5045.10(C)(1) provides as follows: Except for determining AABD eligibility and benefit amounts for individuals residing in long term care facilities, applied unearned income is calculated by reducing the gross unearned income amount by the appropriate disregard based upon living arrangements.

UPM § 5030.15(B)(1) provides as follows: The Department uses the following unearned income disregards, as appropriate under the circumstances described:

UPM § 5030.15(B)(1)(a) provides as follows: Standard Disregard: The Department uses the following unearned income disregards, as appropriate under the circumstances described: Standard Disregard: 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 1st thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

UPM § 5030.15(B)(1)(b) provides as follows: Boarding Home Disregard: The disregard is $134.70 for those individuals who pay for room and board in licensed boarding homes or adult family living homes. 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.

UPM § 5030.15(B)(c) provides as follows: Special Disregard: 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 ["COLA's"] used by the Social Security Administration.

UPM § 5030.15(C)(2)(a) provides as follows: All of the disregards used in the AABD programs are used to determine eligibility for MAABD.

The Applicant resides in the community with his [redacted]; therefore, the Department correctly determined him to be eligible for the Standard Unearned Income Disregard.

As outlined in the above UPM the income disregards change annually according to the COLA's used by the SSA. The Department correctly determined the Standard Disregard to be $482.00 monthly as supported by the Department's Program Chart effective [redacted] 2023.

The Department incorrectly computed the Applicant's applied unearned income to be $767.00 monthly calculated as follows: Net [redacted]: $1,249.00 minus(-) Standard Disregard: $482.00 equals (=) $767.00.
The correct calculation of the Applicant's applied monthly income is as follows: Gross [redacted]: $1,413.90 minus (-) Standard Disregard: $482.00 equals (=) $931.90.

11. UPM § 5045.10(E) provides the following: The assistance unit's total applied income is the sum of the unit's applied earnings, applied unearned income, and the amount deemed.

    The Department incorrectly calculated the Applicant's total applied income to be $767.00 monthly.

    The correct calculation of the Applicant's total monthly applied income is as follows: $0 applied earned income + $931.90 applied unearned income + $0 deemed income = $931.90 total applied income.

12. UPM § 5515.05(C)(2) provides the following: The needs group for an MAABD unit includes the following:

    a. The applicant or recipient; and

    b. The spouse of the applicant or recipient when they share the same home regardless of whether one or both are applying for or receiving assistance, except in cases involving working individuals with disabilities. In these cases, the spouse (and children) are part of the needs group only in determining the cost of the individual's premium for medical coverage (Cross Reference: 2540.85).

UPM § 5515.10(C) provides the following: The income limit used to determine Medicaid eligibility is the limit for the number of persons in the needs group.

UPM § 5520.20(B) provides as follows: The following method is used to determine the assistance unit's eligibility in the prospective period:

1. A six-month period for which eligibility will be determined is established to include the month of application and the five consecutive calendar months which follow.

2. The needs group which is expected to exist in each of the six months is established.

3. An MNIL is determined for each of six months is determined on the basis of:

a. the anticipated place of residency of the assistance unit in each of the six months; and

b. the anticipated composition of the needs group for each of the same six months.

4. The assistance unit's applied income is estimated for each of the six months.

5. The total of the assistance unit's applied income for the six-month period

is compared to the total of the MNIL's for the same six-months:

a. when the unit's total applied income equals or is less than the total MNIL's the assistance unit is eligible;

b. when the unit's total applied income, is greater than the total MNIL's the assistance unit is ineligible until the excess income is offset through the spend-down process.

The Department correctly determined the needs group to be one individual, the Applicant.

The Department correctly determined that the Applicant's total applied income exceeds the Husky C MAABD MNIL and therefore correctly determined that he is ineligible for continued benefits under the S03 coverage group.

The Department correctly determined that the Applicant must meet a Spend-down to receive active coverage under the Husky C MAABD program.

The Department correctly determined the Spend-down cycle to be for the six (6) month period of [redacted] 2023, through [redacted] 2024.

The Department incorrectly calculated the Spend-down amount as $402.00.

The correct Spenddown amount is $1,391.40 calculated as follows:

Gross Monthly Income	**$1,413.90** [redacted]
Minus Income Disregard	**-$482.00 (Standard Disregard)**
Equals	**= $931.90 (Applied Income)**
Minus Net Income Limit	**-$700.00 (MNIL)**
Equals	**=$231.90 (Monthly Excess)**
Multiplied by 6 months in the Spend-down cycle:	**x 6**
Equals	**= $1,391.40 (Spend-down)**

13. UPM § 5520.25(B) provides the following: When the amount of the assistance unit's monthly income exceeds the MNIL, income eligibility for a medically needy assistance unit does not occur until the amount of excess income is offset by medical expenses. This process of offsetting is referred to as a spend-down.

    1. Medical expenses are used for a spend-down if they meet the following conditions:
       a. The expenses must be incurred by person whose income is used to determine eligibility;
       b. Any portion of an expense used for a spend-down must not be payable through third party coverage unless the third party is a public assistance program totally financed by the State of Connecticut or by a political subdivision of the State;
       c. There must be current liability for the incurred expenses, either directly to the provider(s) or to a lender for a loan used to pay the provider(s), on the part of the needs group members;
       d. The expenses may not have been used for a previous spend-down in which their use resulted in eligibility for the assistance unit.

2. The unpaid principal balance which occurs or exists during the spend-down period for loans used to pay for medical expenses incurred before or during the spend-down period, is used provided that:
    a. The loan proceeds were actually paid to the provider; and
    b. The provider charges that were paid with the loan proceeds have not been applied against the spend-down liability; and
    c. The unpaid principal balance was not previously applied against spend-down liability, resulting eligibility being achieved.
3. Medical expenses are used in the following order of categories and, within each category, chronologically starting with the oldest bills:
    a. First, Medicare and other health insurance premiums, deductibles, or coinsurance charges. Medical insurance premium expenses which exist at the time of the processing of the application which are reasonably anticipated to exist for the six month prospective period are considered as a six-month projected total;
    b. Then, expenses incurred for necessary medical and remedial services that are recognized under State Law as medical costs but not covered by Medicaid in Connecticut;
    c. Finally expenses incurred for necessary medical and remedial services recognized under State law as medical costs and covered by Medicaid in Connecticut.
4. When unpaid loan principal balances are used, they are categorized by the type of expense they were used to pay, as in B.3.
5. Expenses used to determine eligibility in a retroactive period are used in the following order:
    a. Unpaid expenses incurred anytime prior to the three-month retroactive period; then
    b. Paid or unpaid expenses incurred within the three-month restorative period but not later than the end of the retroactive month being considered; then
    c. An unpaid principal balance of a loan which exists during the retroactive period.
6. Expenses used to determine eligibility in the prospective period are used in the categorical and chronological order described previously.
7. Income eligibility for the assistance unit exists as of the day when excess income is totally offset by medical expenses:
    a. Any portion of medical expenses used to offset the excess income are the responsibility of the unit to pay.
    b. Medical expenses which are recognized as payable under the State's plan and which are remained unpaid at the time eligibility begins are paid by the Department provided the expenses were not used to offset income.

UPM § 5520.30(B)(3) provides the following: When the amount of incurred expense is insufficient to offset the excess income, no eligibility exists for that six-month period.

The Department provided evidence to substantiate that the Applicant is responsible for a [redacted] Medical Insurance Premium in the amount of $164.90 per month.

The Department incorrectly subtracted the Applicant's Medicare Insurance premium from his countable applied unearned income rather than applying it as an allowable medical expense to offset the Spend-down.

DECISION

The Applicant's appeal concerning the discontinuance of benefits under the Husky C MAABD S03 coverage group is DENIED.

The Applicant's appeal concerning the Spend-down determination under the Husky C MAABD Program is REMANDED.

ORDER

1). The Department shall correct the Applicant's Gross Unearned Income.

2). The Department shall apply the Applicant's [redacted] Medical Insurance premium as an allowable medical expense to offset his Spend-down.

3). The Department shall issue the Applicant an updated NOA to advise of the applicable changes to his eligibility.

4). Compliance with this order is due to the undersigned within seven (7) days of the date of this decision, or no later than [redacted] 2023.

Jessica Gulianello

Jessica Gulianello
Hearing Officer

CC: Quashondra Thomas, Maria Bernal, DO 30
Annjerry Garcia, Jamel Hillard, Robert Stewart, SSOM's DO: 30

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, 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.