

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

REQUEST #117345

██████████ 2018
SIGNATURE CONFIRMATION

CLIENT ID ██████████
CASE ID ██████████

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the "Department"), sent ██████████ (the "Appellant") a Notice of Action stating that her medical assistance under the Medicaid ("HUSKY C- LTC") program would be discontinued, effective ██████████ 2018, because she did not return all of the required proofs requested by the due date.

On ██████████ 2018, the Appellant's representative, ██████████ requested an administrative hearing on behalf of the Appellant to contest the Department's discontinuance of the Appellant's medical assistance.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling a hearing for ██████████ 2018, @ 10:00 AM to address the Department's discontinuance of the Appellant's medical assistance.

On ██████████ 2018, 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 to address the Department's denial of the Appellant's discontinuance of the Appellant's medical assistance.

The following individuals were present at the hearing:

██████████ Representative for the Appellant

██████████ Counsel for the Appellant
Kaila Rubin, Representative for the Department (By Telephone)
Karin Chalecki, Representative for the Department
Hernold C. Linton, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant failed to complete the review process necessary to establish her continued eligibility for medical assistance under the HUSKY C program.

FINDINGS OF FACT

1. The Appellant previously received medical assistance under the HUSKY C program through ██████████ 2018. (Hearing Summary)
2. On ██████████ 2017, the Department received the Appellant's completed Renewal Form ("W-1ER") to continue her eligibility for medical assistance under Husky C program to cover the cost of long-term care ("LTC"). (Hearing Summary)
3. On ██████████ 2017, the Department sent the Appellant a Proofs We Need ("W-1348") notice requesting additional information or verification (Proof of income from other reported sources; Proof of balance in savings account) needed to determine the Appellant's continued eligibility for medical assistance. (Hearing Summary; Dept.'s Exhibit #2: ██████████ 17 W-1348)
4. The W-1348 informed the Appellant of the outstanding verifications needed to process her continued eligibility for medical assistance, and the due date of ██████████ 2017, by which to provide the requested information, or the Appellant's benefits may be delayed or denied. (Hearing Summary; Dept.'s Exhibit A: ██████████ 17 W-1348)
5. The W-1348 informed the Appellant to call the Department, if needing assistance or more time to obtain the requested information. (See Fact #3; Dept.'s Exhibit A)
6. There is no evidence that the Appellant provided the Department with the requested information by ██████████ 2017. (Hearing Summary)
7. The Appellant's eligibility has to be redetermined by the end of the redetermination period. (Hearing Summary)
8. If the Appellant's continued eligibility is not established through the redetermination process, her medical assistance would have to be discontinued on the last day of the redetermination month. (Hearing Summary)

9. On [REDACTED] 2018, the Department discontinued the Appellant's medical assistance under the HUSKY C program, effective [REDACTED] 2018, for failure to complete the review process because she did not provide the required proofs by the stated due date. (Hearing Summary; Dept.'s Exhibit B: [REDACTED] 18 Notice of Action)
10. On [REDACTED] 2018, the Department sent the Appellant a W-1348M requesting additional information or verification needed to determine her continued eligibility for medical assistance. (Hearing Summary; Dept.'s Exhibit C [REDACTED] 18 W-1348M)
11. By [REDACTED] 2018, the Department received the additional information requested and needed to determine the Appellant's continued eligibility for medical assistance. (Hearing Summary; Dept.'s Exhibit C)
12. On [REDACTED] 2018, the Appellant's renewal of eligibility was completed and her medical assistance under the HUSKY C program was reinstated effective April 1, 2018, without any break in coverage. (Hearing Summary)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes (CGS) authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Section 17b-260 of the Connecticut General Statutes authorizes the commissioner of social services to take advantage of the medical assistance programs provided in Title XIX, entitled "grants to States for Medical Assistance Programs," contained in the Social Security Amendments of 1965.
3. Uniform Policy Manual ("UPM"), Section 2540.88(A) provides that this group includes residents of long term care facilities ("LTCF"), who:
 1. meet the categorical requirements of age, blindness or disability, and
 2. reside in the LTCF for at least thirty (30) consecutive days; and
 3. have income below a special income level.
4. UPM § 2540.88(B) provides that individuals qualify as categorically needy under this coverage group beginning with the first day of the thirty (30) continuous days of residence, for so long as the conditions above are met.
5. 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.

6. UPM § 1545 provides that the eligibility of an assistance unit is periodically redetermined by the Department. During the redetermination, all factors relating to eligibility and benefit level are subject to review.
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 § 1545.30(B) provides that the AFDC, AABD, or MA redetermination 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 a person who is incompetent or incapacitated.
9. UPM § 1545.30(C) provides that an authorized representative or other person not listed in B. above is not considered qualified to complete the AFDC, AABD, or MA redetermination on behalf of the assistance unit.
10. UPM § 1545.40(A)(1)(a) provides that eligibility is redetermined by the end of the current redetermination period in all cases where sufficient information exists to reach a decision.
11. UPM § 1545.40(A)(2) provides that unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.
12. The Department did send a notice to the Appellant advising her of the need to provide additional information to establish her continued eligibility for medical assistance.
13. The Department did not receive the additional information necessary to determine the Appellant's continued eligibility for medical assistance.
14. Based on the evidence and testimony provided, the Appellant did not have good cause or circumstances beyond her control that prevented her from completing the review process in a timely manner.

15. The Department correctly discontinued the Appellant's medical assistance under HUSKY C program, effective [REDACTED] 2018, for failure to complete the review process.

DISCUSSION

In the present case, the Department correctly discontinued the Appellant's medical assistance at the end of the period of eligibility. The Department did not have the needed information to determine the Appellant's continued eligibility for medical assistance under the Husky C program. Consequently, the Department could not authorize continued medical assistance for the Appellant's assistance unit. Therefore, her medical assistance had to be discontinued effective [REDACTED] 2018, at the end of her period of eligibility for the program.

DECISION

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



Hernold C. Linton
Hearing Officer

Pc: **Tyler (Elizabeth) Nardine**, Social Service Operations Manager,
DSS, R.O. #40, Norwich

Fair Hearing Liaisons, DSS, R.O. #40, Norwich

Attorney [REDACTED]
Mystic, CT 06355-2809

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.