

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

██████████ 2018
Signature Confirmation

Case ID ██████████
Client ID ██████████
Request # 118051

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (the "Department") sent ██████████ (the "Applicant") a notice of action ("NOA") discontinuing benefits under the Medicaid for Long Term Care program because she did not complete the renewal process.

On ██████████, ██████████ (the "Appellant"), the Applicant's Conservator requested an administrative hearing to contest the Department's decision to deny such benefits.

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

On ██████████, the Appellant requested a reschedule and a phone hearing.

On ██████████, OLCRAH issued a notice rescheduling the administrative phone hearing for ██████████.

On [REDACTED], OLCRAH issued a notice rescheduling the Administrative phone hearing for [REDACTED].

On [REDACTED], 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], the Appellant, Conservator for [REDACTED], Via Telephone
Kaila Rubin, Department's representative via Telephone
Swati Sehgal, Hearing Officer

The Applicant, [REDACTED], was not present at the hearing due to her institutionalization at a long term care facility.

The hearing record held open for the submission of additional evidence. On [REDACTED]
[REDACTED], the record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Applicant's medical benefits for failing to complete renewal process was correct.

FINDINGS OF FACT

1. The Applicant is a resident of [REDACTED] specialty care since [REDACTED]
[REDACTED]. (Appellant's testimony)
2. On [REDACTED], the Applicant was granted Husky C Medicaid under Long Term Care Facility Residents program. (Hearing Summary)
3. On [REDACTED], the Department mailed a Husky renewal form to the Applicant's old address. (Hearing Summary, Exhibit B: Notice of Renewal Eligibility, [REDACTED])
4. The Applicant never received such Notice. (Appellant's Testimony, Exhibit M: Case Notes)
5. On [REDACTED], the Department discontinued the Applicant's Husky C Medicaid under Long Term Care Facility Residents program because the Applicant failed to complete renewal process. (Hearing Summary, Exhibit D: Notice of Action, [REDACTED])

6. On [REDACTED], the Appellant requested a fair hearing to contest the Department's decision to discontinue the Applicant's Medicaid benefit. (Exhibit 1: Notice of Administrative Hearing, Exhibit M)
7. On [REDACTED], the Department discovered that mail sent to the Applicant at her old address was returned to the Department by Post Office. (Exhibit M)
8. The Applicant's address was not updated and authorized representative was not added as requested by the Applicant. (Exhibit M)
9. On [REDACTED], the Department mailed Husky renewal form to the Appellant. (Exhibit M, Hearing Summary)
10. On [REDACTED], the Department received the completed Husky renewal form from the Appellant. (Exhibit M, Exhibit L: Notice of Renewal of Eligibility)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. 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.
3. 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.
4. UPM § 1555.15 (A) provides that in general, assistance units are required to report timely all changes which may affect eligibility or benefit level.
5. UPM § 1555.15 (B) (6) provides in part that changes affecting eligibility or benefit level include, but are not limited to the following: changes in address and resulting shelter cost changes.
6. The Appellant correctly informed the Department that the Applicant was admitted to Orchard Grove Specialty Care. The Department failed to update the Applicant's address.

7. UPM § 1525.05 (A) provides that an assistance unit may be represented in various aspects of the eligibility process by a responsible individual who has been given prior authorization to act as the assistance unit's representative.
8. The Department failed to include the Applicant's authorized representative and therefore failed to inform the authorized representative about the Applicant's renewal process.
9. UPM § 1545.15 (A) (1) provides that the Department is required to provide assistance units with timely notification of the scheduled redetermination.
10. UPM § 1545.15 (B) (1) (b) provides that notice of the redetermination must be issued no earlier than the first day, or later than the last day of the month preceding the redetermination month.
11. UPM 1545.25 (C) provides that the Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination
12. The Department failed to provide the Applicant and her authorized representative with timely notification of scheduled redetermination and redetermination form.
13. 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 in benefits.
14. UPM 1545.45 (A) provides specific requirements. It states the following provisions apply to AFDC, AABD or MA assistance units whose eligibility was discontinued at the end of the redetermination period because they failed to complete the redetermination process.
 1. Untimely Filing
 - a. Redetermination forms filed in the month following the redetermination month are treated as initial applications if good cause is not established for the untimely filing.
 - b. If good cause is established:
 - (1) the case is processed as a late redetermination; and
 - (2) eligibility is redetermined within five working days of the date the assistance unit completes all required actions.
15. Good cause clearly exists as neither the Applicant nor the Appellant was notified of needed Husky Renewal.

16. The Department was incorrect when it treated the Renewal Form received on May 10, 2018 as new application.

DISCUSSION

Based on the evidence and testimony submitted at the hearing, I conclude that the Department's action was incorrect. The Department failed to notify the Applicant or the Appellant that the Department was conducting a redetermination of her Medicaid assistance, and that she was required to return a completed Renewal Form to the Department as part of the process when it mailed such Form and Notices to the wrong address. It's evident that mail was returned to the Department by Post Office and the Department failed to take any corrective action. The Department only reached out to the Appellant when it received the Notice of Fair Hearing, and on [REDACTED] it mailed a Redetermination Form to the Appellant. The Appellant returned the completed Redetermination Form back to the Department on [REDACTED]. The Department is incorrect in treating such Form as a new application.

DECISION

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

ORDER

1. The Department shall rescreen Applicant's medical back to [REDACTED].
2. The Department shall send W1348 out to the Appellant requesting outstanding information needed to process redetermination.
3. Compliance with this order is due by [REDACTED] 2018 and shall consist of proof that redetermination was rescreened as of [REDACTED] 2018 and appropriate W1348 was sent to the Appellant.

Swati Sehgal
Hearing Officer

CC: Tyler Nardine, Operations Managers DSS R.O. #40, Norwich
Kaila Rubin, Fair Hearing Liaison

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, 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.

