

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

██████████ 2021
Signature confirmation

Case: ██████████
Client: ██████████
Request: 172776

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the "Department") issued a *Notice of Action* to ██████████ (the "Appellant") denying her HUSKY-C Medicaid application.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received an administrative hearing request, postmarked ██████████ 2021, as signed by ██████████, the Appellant's attorney-in-fact.

On ██████████ 2021, the OLCRAH scheduled the Appellant's administrative hearing for ██████████ 2021. The OLCRAH granted the Appellant's request for a postponement of the hearing.

On ██████████ 2021, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated:

██████████, Appellant's Attorney-in-Fact
Stefania Smith, Department Representative
Eva Tar, Hearing Officer

The hearing record closed ██████████ 2021.

STATEMENT OF ISSUE

The issue is whether the Department correctly denied the Appellant's [REDACTED] 2020 HUSKY-C Medicaid application.

FINDINGS OF FACT

1. On [REDACTED], 2020, the Department received the Appellant's on-line HUSKY-C Medicaid application. (Exhibit 1)
2. On [REDACTED], 2020, the Department issued a *Verification We Need* form requesting the submission of the following by [REDACTED], 2021: Power of Attorney or conservatorship certification, divorce decree, verification of all gross monthly income, bank statements for [REDACTED] 2015, 2016, and 2017, and from [REDACTED] 2018 forward; and verification of a disclosed pending lawsuit. (Exhibit 2)
3. The [REDACTED] 2020 *Verification We Need* form advised that the Appellant's failure to submit the requested documentation by the deadline would result in the delay or denial of the Appellant's benefits. (Exhibit 2)
4. The Appellant's Attorney-in-Fact attempted to upload documents to the Department but did not complete the second step required to complete the upload. (Appellant's Attorney-in-Fact Testimony)
5. As of [REDACTED], 2020, the Department had not received the items requested on the [REDACTED], 2020 *Verification We Need* form. (Department Representative Testimony)
6. On [REDACTED], 2020, the Department denied the Appellant's HUSKY-C Medicaid application. (Exhibit 3)
7. On [REDACTED] 2021, the Department received one of the requested items from the Appellant's Attorney-in-Fact by email. (Department Representative Testimony)
8. Connecticut General Statutes § 17b-61 (a), as amended in the *2020 Supplement to the General Statutes of Connecticut*, provides: "The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not later than ninety days after the date the commissioner receives a request for a fair hearing pursuant to section 17b-60, ... , provided the time for rendering a final decision shall be extended whenever the aggrieved person requests or agrees to an extension...."

On [REDACTED] 2021, the OLCRAH received the Appellant's [REDACTED] 2021 postmarked hearing request. The OLCRAH granted the Appellant a 39-day postponement of her [REDACTED] 2021 hearing date, which further extended the deadline for the issuance of this decision accordingly. This hearing decision therefore would have become due by [REDACTED] 2021. This final decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

“The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program....” Conn. Gen. Stat. § 17b-262.

“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)).

2. Section 17b-80 (a) of the Connecticut General Statutes provides in part that “[t]he commissioner, upon receipt of an application for aid, shall promptly and with due diligence make an investigation, such investigation to be completed within forty-five days after receipt of the application...” and “[t]he commissioner, ... , shall in determining need, take into consideration any available income and resources of the individual claiming assistance....”

“Prior to making an eligibility determination, the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits.” Uniform Policy Manual (“UPM”) § 1505.40 A.1.

The Department had the authority under Conn. Gen. Stat. § 17b-80 (a) and UPM § 1505.40 A.1. to review the Appellant’s circumstances to determine whether her available income and assets were within the HUSKY-C Medicaid program’s limits.

3. “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 (cross reference: 1555).” UPM § 1010.05 A.1.

“Verification received after the date that an incomplete application is processed: (1) is used only with respect to future case actions; and (2) is not used to retroactively determine a corrective payment.” UPM § 1505.40 B.1.d.

The Attorney-in-Fact’s [REDACTED] 2021 email of a document to the Department was not a timely submission with respect to the Appellant’s [REDACTED] 2020 HUSKY-C Medicaid application, as the submission occurred after [REDACTED] 2020, the date that the Department denied the Appellant’s application.

Section 1505.40 B.1.d. of the Uniform Policy Manual prohibits the usage of the document received by the Department on [REDACTED] 2021 to retroactively reopen the Appellant’s denied HUSKY-C Medicaid application.

4. “The applicant’s failure to provide required verification by the processing date causes: (1) one or more members of the assistance unit to be ineligible if the unverified circumstance

is a condition of eligibility....” UPM § 1505.40 B.1.c.

“The Department may complete the eligibility determination at any time during the application process when adequate information exists to determine ineligibility because one or more eligibility requirements are not satisfied.” UPM § 1505.40 A.4.d.

The Department correctly determined that the Appellant had failed to submit verification that she met the financial eligibility requirements of the HUSKY-C Medicaid program by the Department’s [REDACTED] 2020 processing date.

The Department correctly denied the Appellant’s [REDACTED] 2020 HUSKY-C Medicaid application.

DECISION

The Appellant’s appeal is DENIED.

Eva Tar
Hearing Officer

Cc: [REDACTED]
Stefania Smith, DSS-New Haven
Rachel Anderson, DSS-New Haven
Cheryl Stuart, DSS-New Haven
Lisa Wells, DSS-New Haven

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.