

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

██████████, 2021
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT ID # ██████████
REQUEST # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2021, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") regarding the denial of Husky C-Home and Community Based Services ("W01").

On ██████████ 2021, an administrative hearing was requested to appeal the denial of HUSKY W01 coverage.

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, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an Administrative Hearing. The hearing was held telephonically due to the COVID-19 pandemic with no objection from any party. The following individuals participated in the hearing:

██████████ Power of Attorney for ██████████

Saraid Garcia, Department's Representative
Joseph Alexander, Administrative Hearing Officer

The hearing officer held the record open for an additional █ days to allow the Appellant's Power of Attorney to review the Department's hearing summary and respond.

The hearing record closed on █, 2021.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied Husky W01 coverage for failing to provide information needed to establish eligibility.

FINDINGS OF FACT

1. On █ 2021 the Department received a W-1LTC Long-Term Care/Waiver application on which the Appellant requested home care assistance. (Department's Exhibit A: W-1LTC)
2. On █, 2021, the Department mailed a W-1348LTC "Verification We Need" form requesting the following information due to be returned to the Department by █, 2021: (Department's Exhibit B: W-1348LTC #1)
 1. Copy of death certificate
 2. Completion of W-1685 form for medical insurance information
 3. Verification of VA Dependent Indemnity monthly income
 4. Full statements for account ending in █ for the months of █ 2016, █ 2017, █ 2018, █ 2019 through current
 5. Full statements for account ending in █ for the months of █ 2016, █ 2017, █ 2018, █ 2019 through current
 6. Copy of itemized funeral/burial contract
 7. Copy of vehicle registration
3. On █ 2021, the Department sent a second W-1348LTC "Verification We Need" form requesting the following information due to be returned to the Department by █ 2021: (Department's Exhibit B: W-1348LTC #2)
 1. Full statement for account ending in █ for the month of █ 2016
 2. Verification of expense paid with withdrawals from account ending in █
 3. Copy of itemized funeral/burial contract
4. The Department had not received an extension request from either the Appellant or from her Power of Attorney (Hearing Record, Department's Testimony).

5. On [REDACTED], 2021, the Department denied the pending W01 coverage as the information needed to establish eligibility for this coverage had not been received (Department's Exhibit C: Notice of Action dated [REDACTED], 2021).
8. 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 hearing request was received on [REDACTED] 2021. The decision must be issued on or before [REDACTED] 2021. However, the Hearing Officer left the hearing record open an additional [REDACTED] days to allow for Appellant's Power of Attorney to review the Department's hearing summary and respond. This decision would not have become due until [REDACTED], 2021 and is therefore timely.

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. The Department's Uniform Policy Manual ("UPM") "is the equivalent of the state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A. 2d 712 (1990)).
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 § 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.

The Department correctly sent a W-1348LTC verification request form requesting information needed to establish eligibility on [REDACTED], 2021. The Department correctly sent a second W-1348LTC on [REDACTED], 2021 when some of the information requested on [REDACTED], 2021 had been received.

5. UPM § 1505.40 (B)(5)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred:
 1. the Department has requested verification; and

2. at least one item of verification has been submitted by the assistance unit within a time period designated by the Department but more is needed

The Department correctly left the W01 application in pending status as some of the requested information had been received and outstanding information was needed to establish the Appellant's eligibility for W01 coverage.

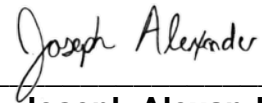
6. UPM § 1505.40 (b)(5)(b) provides that additional 10-day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit with each extension period.

The Department correctly sent a second W-1348LTC on [REDACTED] 2021, allowing for an additional [REDACTED] days to provide the outstanding information.

The Department correctly denied the Husky W01 coverage on [REDACTED], 2021 as all of the information needed to establish the Appellant's eligibility for this coverage group had not been received.

DECISION

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



Joseph Alexander
Administrative Hearing Officer

CC: Judy Williams, Operations Manager, DSS Hartford Regional Office
Jessica Carrol, Operations Manager, DSS Hartford Regional Office
Musa Mohammed, Operations Manager, DSS Hartford Regional Office
Jay Bartolomei, Fair Hearing Supervisor, DSS Hartford Regional Office
Saraid Garcia, Fair Hearing Liaison, DSS Hartford Regional Office

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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 with 45 days of the mailing of this decision, or 45 days after the agency denies 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 06105-3725. 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.

