

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

██████████
Signature Confirmation

Case # ██████████
Client # ██████████
Hearing # 216380

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (the "Department") sent ██████████ ██████████, (the "Appellant") a Notice of Action ("NOA") denying his application for HUSKY C - Medical Assistance for the Aged, Blind and Disabled ("MAABD") Medicaid benefit.

On ██████████, the Appellant requested an administrative hearing to contest the Department's decision to deny the MAABD.

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

On ██████████, 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. The following individuals participated in the hearing:

██████████, Appellant
Christine Faucher, Department's Representative
Shawn P. Hardy, Hearing Officer

STATEMENTS OF THE ISSUE

The issue is whether the Department correctly denied the Appellant's application for Medical Assistance under the MAABD program for not meeting the program requirements.

FINDINGS OF FACT

1. On [REDACTED], the Department received the Appellant's Husky C Supplemental Form for medical assistance for a household of one person. (Hearing Summary, Exhibit 10: W-1348HUSC Husky C Supplemental Form [REDACTED])
2. The Appellant is [REDACTED] years old. [REDACTED] (Appellant's Testimony)
3. The Appellant is not disabled. (Hearing Record, Appellant's Testimony)
4. The Appellant is not blind. (Appellant's Testimony)
5. On [REDACTED], the Department sent the Appellant a notice denying the MAABD medical benefits because there were "No eligible household members", "Does not meet program requirements". (Exhibit 4: Notice of Action [REDACTED])
6. 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] [REDACTED]. Therefore, this decision is due not later than [REDACTED].

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 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)).
3. UPM § 5500.01 provides that a needs group is the group of persons comprising the assistance unit and certain other persons whose basic needs are added to the total needs of the assistance unit members when determining the income eligibility of the assistance unit.
4. UPM § 5515.05(C)(2) provides that the needs group for an applicant or recipient under the MAABD program 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.
5. UPM § 2015.05(A) provides that the assistance unit in assistance to the Aged, Blind or Disabled ("AABD") and MAABD consists of only one member. In these programs, each individual is a separate assistance unit.

The Department correctly determined that the Appellant is in a needs group of one and an assistance unit of one.

6. UPM § 2540.96(A) provides that the Medically Needy Aged, Blind and Disabled Coverage Group Description includes individuals who:
1. meet the MAABD categorical eligibility requirements of age, blindness or disability;

The Appellant is not aged, blind, or have a disability.

The Department correctly denied the Appellant's application for Husky C due to not being categorically eligible.

7. UPM § 2525.15(B) provides that To meet the age requirement for State Supplement and related Medicaid based on old age, the individual must be sixty-five (65) years of age or older.

The Appellant is ■ years old.

DECISION

The Appellant's appeal is DENIED.

Shawn P. Hardy

Shawn P. Hardy
Hearing Officer

Pc: Angelica Branfalt, Operations Manager, DSS R.O. # 11, Manchester
Nawaz Shaikh, FH Supervisor, DSS R.O. # 11, Manchester
Christine Faucher, Fair Hearings Liaison, DSS R.O. # 11, Manchester

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.