

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

██████████ 2016
SIGNATURE CONFIRMATION

Client: # ██████████
Request: #739719

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████, (the "Appellant") a notice stating that the agency has discontinued his Medical assistance under the Medicaid for the Employed Disabled program.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department's action.

On ██████████ ██████████ 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2015.

On ██████████ 2015, 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 attended the hearing:

██████████, Appellant
Jessica Gulianello, Department's Representative
Joseph Alexander, Department's Representative
Scott Zuckerman, Hearing Officer

STATEMENT OF ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's Medicaid was correct.

FINDINGS OF FACT

1. The Appellant is a recipient of Medicaid. (Hearing Record)
2. On [REDACTED] 2015, the Appellant submitted to the Department a completed W-1ER, Renewal of Eligibility form. (Exhibit 3: W-1ER, Renewal of Eligibility form, [REDACTED]/15)
3. The Appellant reported on the W-1ER, he had a bank account at Bank of America. (Ex. 3, W-1ER)
4. On [REDACTED] 2015, the Department reviewed the form and the current assets listed on the Assets 1 screen. The Department's asset screen lists four bank accounts as follows; Bank One accounts ending in [REDACTED] and [REDACTED] and Bank of America accounts ending in [REDACTED] and [REDACTED] (Exhibit 12: Assets 1 [AST1] screen)
5. On [REDACTED] 2015, the Department sent to the Appellant a W-1348, Verification We Need form, requesting the following information: proof of all bank account balances. The requested information was due by [REDACTED] 2015. (Exhibit 5: W-1348, [REDACTED]/15, Exhibit 12: Assets 1 [AST1] screen)
6. The Department did not receive the requested information by the due date. (Exhibit 1: Case narrative [REDACTED] 2015)
7. On [REDACTED] 2015, the Department sent the Appellant a Notice of Discontinuance, discontinuing the Appellant's Medicaid for the Employed disabled effective [REDACTED] 2015. The notice stated, "You did not return all of the required verification we asked for". It further stated, "Your Medicaid for the Working Disabled is closing because you failed to verify your bank account balances". (Exhibit 2: Notice Content, [REDACTED]/15)

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes provides for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual ("UPM") § 1010.05(A)(1) provides for supplying information and states 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 (cross refer4ence: 1555).

3. UPM § 1540.05(B)(1) provides that the Department requires verification of information: (a) when specifically required by federal or State law or regulations; and (b) when the Department considers it necessary to corroborate an assistance unit's statements pertaining to an essential factor of eligibility.
4. UPM § 1015.05 (C) provides that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.
5. UPM § 1505.40(B)(5)(a) provides that 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.
6. UPM 1545.35(D)(2) provides that required verification has been timely submitted if it is provided to the appropriate district office by the later of the following date, ten days following the date the verification is initially requested by the Department.
7. The Department correctly informed the assistance unit what it need to provide regarding the eligibility requirements of the program administered.
8. The Department correctly discontinued the Appellant's Medical assistance because the Appellant failed to provide the requested verification needed to continue eligibility.

DISCUSSION

The Department is upheld in its decision to discontinue the Appellant's medical benefits for failure to provide requested information. The Department requested verification of bank account balances during a redetermination on [REDACTED] 2015, with a due date of [REDACTED] 2015. The Department did not take an action to discontinue the Appellant's Medicaid until [REDACTED] 2015, after discovering the verifications were not provided.

After the discontinuance the Appellant provided bank statements for the Bank of America account on [REDACTED] 2015. The Department then requested verification that the Bank One accounts were closed. The Department testified that they discovered Bank One merged with JP Morgan Chase. After receiving the hearing request the Department's representative sent JP Morgan chase a letter requesting verification of account balances or verification that the Bank One accounts were closed, as the Appellant testified he had no knowledge of the accounts. The Department testified that once the status of the Bank One

accounts was verified, eligibility for [REDACTED] 2016 and ongoing could be determined.

DECISION

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



Scott Zuckerman
Hearing Officer

Pc: Poonham Sharma, Operations Manager, DSS, Bridgeport Regional Office
Fred Presnick, Operations Manager, DSS, Bridgeport Regional Office
Yecenia Acosta, Program Manager, DSS, Bridgeport Regional Office
Cheryl Stuart, Program Manager, DSS, Bridgeport Regional Office
Jessica Gulianello, Fair Hearing Liaison, DSS, Bridgeport Regional Office
Joseph Alexander, Fair Hearing Liaison, DSS, Bridgeport 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 §4-181a (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.