

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATION AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CONNECTICUT 06105-3730

██████████ 2016
Signature Confirmation

CL ID # ██████████
REQUEST ID #748125

NOTICE OF DECISION

PARTY

██
C/O ██████████
██
██
██

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying her application for medical benefits under the Medicare Savings Program (“MSP”) program.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department’s decision to deny such benefits.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, 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:

██ Appellant’s mother, Appellant’s Authorized Representative (“AREP”)
Timika Sanders, Department’s Representative
Miklos Mencseli, Hearing Officer

The Appellant was not present.

STATEMENT OF ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for Medicare Savings Program due to failure to submit information needed to establish eligibility was correct.

FINDING OF FACTS

1. On [REDACTED] 2015, the Appellant and her AREP came into the Stamford regional office to apply for Medicare Savings Program and AABD benefits. (Summary, Exhibit 1: Department's MSP application, Exhibit 3: Department's case narrative printout)
2. Appellant had been previously active on assistance. The Appellant's benefits were closed out in [REDACTED] 2014 due to moving out of Connecticut. (Exhibit 3)
3. The Appellant is disabled and receives Social Security Disability income. (Testimony)
4. The Appellant reported she is married; her spouse is employed and owns his own business. (Exhibit 1, Exhibit 3)
5. The Appellant reported assets of a checking account and a joint account checking account. (Exhibit 3)
6. The Department provided the Appellant with W-1348 Verifications We Need form. The Department requested the Appellant provide LPR card for spouse, 3 months bank statement from TD bank and Wells Fargo, self-employment business records last three months for spouse. The information was due by [REDACTED] 2015. (Exhibit 3)
7. On [REDACTED] 2016, the Department, having received no verifications or other response from the Appellant or Appellant's AREP, denied the Appellant's application for medical assistance for failure to provide information necessary to establish eligibility. (Summary, Exhibit 2B: NOA dated [REDACTED]-16, Testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes ("C.G.S.") authorizes the Commissioner to administer the Medicaid program pursuant to Title XIX of the Social Security Act.

2. UPM § 2540.94 provides the criteria to qualify for Medical Assistance under the Qualified Medicare Beneficiaries Medicaid Coverage Group.
3. 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.
4. 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.
5. The Department correctly provided the Appellant a verification request form requesting information needed to establish eligibility.
6. The Appellant did not provide the information the Department needed to establish eligibility for the medical assistance program.
7. UPM §1540.10 A provides that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
8. 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.
9. The Department did not receive at least one item of verification it requested.
10. UPM § 1505.35(D)(2) provides that the Department determines eligibility within the standard of promptness for the AFDC, AABD, and MA programs except when verification needed to establish eligibility is delayed and one of the following is true: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed.
11. The Appellant or the Appellant’s authorized representative did not submit any of the requested verifications or requested an extension.

12. The Appellant did not provide the Department with the requested verifications. The Department could not determine eligibility as the requested verifications were not received by the requested due date.
13. The Department correctly denied the Appellant's [REDACTED] 2015 medical assistance application on [REDACTED] 2016, for failure to provide information necessary to establish eligibility.

DISCUSSION

The Appellant's AREP did not establish good cause for failure to provide requested verifications. The Department correctly followed its procedural and eligibility requirements in processing the Appellant's application. The Department correctly provided the Appellant with a verification request form. The Department could not determine eligibility without receiving the requested verifications.

The Appellant's AREP spoke of an earlier application date. The Appellant's case narrative only indicates the [REDACTED]-15 application date. In either case the Department correctly denied the application. The Appellant's AREP had the requested verifications at the hearing. This is after the due date for the requested verifications.

DECISION

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


Miklos Mencseli
Hearing Officer

C: Rachel Anderson, Operations Manager, Stamford R.O. # 32

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.