

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

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

Client ID # ██████████  
Request # 754029

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying his application for Medicaid under the S02 Aged, Blind or Disabled ("MAABD") program effective ██████████ 2016.

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  
██████████, Appellant's Daughter and Witness  
Timika Sanders, Department Representative  
Lisa Nyren, Fair Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny the Appellant's application for Medicaid under the MAABD program was correct.

## **FINDINGS OF FACT**

1. On [REDACTED] 2016, Access Health received an application for medical assistance from the Appellant. (Hearing Summary)
2. Access Health is a health insurance exchange where residents of Connecticut may apply for medical insurance. (Hearing Record)
3. The Appellant receives Medicare benefits. (Appellant's Testimony)
4. Access Health determined the Appellant eligible for Medicaid under the MAABD program as administered by the Department. (Department Representative's Testimony)
5. On [REDACTED] 2016, Access Health notified the Department that the Appellant applied for medical assistance by screening the Appellant's application and updating the case narrative on the Department's computer system. (Exhibit 2: Case Narrative)
6. On [REDACTED] 2016, the Department denied the Appellant's application for Medicaid under the MAABD program effective [REDACTED] 2016 because you did not return all of the required verification we asked for. The Department issued a notice of denial to the Appellant. (Exhibit 1: Notice of Action and Department Representative's Testimony)

## **CONCLUSIONS OF LAW**

1. Connecticut General Statute 17b-2(6) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual ("UPM") § 1505.10(B)(1) provides that individuals who desire to obtain aid must file a formal request for assistance.

UPM § 1505.10(B)(4) provides that the application may be submitted in person or by mail.

UPM § 1505.10(C)(1)(e) provides that an assistance request may be filed at any Department office or extension.

3. The Appellant correctly submitted an application for medical assistance by mail to Access Health.
4. UPM § 1505.40(A)(1) provides that prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits.
5. 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.

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.

6. The Department failed to notify the Appellant of the requirements necessary to establish eligibility under the MAABD program. The Department failed to issue a Verification We Need form listing any outstanding verification requirements needed to process the Appellant's application under the MAABD program.
7. UPM § 1505.35(C)(1)(c)(2) provides that the following promptness standards are established as maximum time periods for processing applications: forty five calendar days for: AABD or MA applicants applying on the basis of age or blindness.

UPM § 1505.35(C)(1)(d) provides that the following promptness standards are established as maximum time periods for processing applications: ninety calendar days for AABD or MA applicants applying on the basis of disability.

8. UPM § 1505.40(B)(4)(a) provides that the eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions exists:
  1. Eligibility cannot be determined; or
  2. Determining eligibility without the necessary information would cause the application to be denied.
9. On [REDACTED] 2016, the Department incorrectly denied the Appellant's application for medical assistance under the MAABD program for failure to provide all of the required verification.

### **DISCUSSION**

The Department Representative testified that Access Health mailed a W-1348HUSC Husky C Supplemental Form to the Appellant for completion. The form requests income and asset information from the Appellant that is not requested when an applicant applies for medical assistance through Access Health. The Department's testimony is not supported by evidence in the hearing record.

### **DECISION**

The Appellant's appeal is GRANTED.

### **ORDER**

1. The Department must reopen the Appellant's application for Medicaid under the MAABD program effective [REDACTED] 2016.
2. The Department must issue a Verification We Need form to the Appellant for any outstanding verifications or information necessary to continue to process the Appellant's application for assistance. The Department must allow a minimum of 10 days for the Appellant to submit any outstanding information to the Department.
3. Compliance is due [REDACTED] 2016.

*Lisa A. Nyren*

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Lisa A. Nyren  
Fair Hearing Officer

CC: Rachel Anderson, Social Services Operations Manager  
Tamika Sanders, Fair Hearing Liaison

### **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.