

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

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

CLI# ██████████
Req# 767853

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

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

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

On ██████████ 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2016.

The administrative hearing was rescheduled at the Appellant's request. On ██████████ 2016, OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, 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 were present at the hearing:

██████████ Appellant
██████████ Appellant's Witness
Christine Faucher, Department's Representative
Sybil Hardy, Hearing Officer

The hearing record remained open for the submission of additional evidence. On [REDACTED] 2016, the hearing record closed.

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to deny the Appellant's MAABD because he failed to provide information was correct.

FINDING OF FACTS

1. On [REDACTED] 2016, the Appellant applied for medical assistance under the MAABD program. (Exhibit 1: Application form, [REDACTED]/16, Exhibit 6: Assistance Status ["STAT" Screen])
2. On [REDACTED] 2016, the Department sent the Appellant a Verification We Need ("W-1348) form requesting the following information: employment verification, assets verification, completed medical packet. (Exhibit 2: W-1348 form, [REDACTED]/16)
3. The Appellant applied as a household of one person. (Exhibit 1, Exhibit 6)
4. The Appellant is homeless and uses his mother's home address as his mailing address. (Appellant's Testimony)
5. The Appellant is 53 years old ([REDACTED]/63). (Appellant's Testimony, Exhibit 1)
6. The Appellant is has a partial disability. (Appellant's Testimony, Exhibit 5 Eligibility Management System ["EMS"] Screen)
7. The Appellant does not have an Authorized Representative. (Appellant's Testimony)
8. TQ [REDACTED], [REDACTED], Massachusetts, employs the Appellant full time since [REDACTED] 2015. (Appellant's Testimony, Exhibit 1)
9. The Appellant does not participate in any medical plans provided by his employer. (Appellant's Testimony)
10. On [REDACTED] 2016, the Department denied the Appellant's application for Medicaid under the MAABD program because the Appellant failed to provide any of the requested verifications. (Exhibit 5)
11. On [REDACTED] 2016, the Department received the Appellant's medical report ("W-300") form. (Exhibit 4: ConneCT Worker Portal, Exhibit 5)

12. On [REDACTED] 2016, the Department received the Appellant's medical report ("W-310") form. (Exhibit 4, Exhibit 5)
13. On [REDACTED] 2016, the Department rescreened the Appellant's application for Medicaid under the MAABD program effective [REDACTED] 2016 and sent the Appellant another W-1348 form requesting three months of bank statements. (Exhibit 5)
14. On [REDACTED] 2016, the Appellant withdrew \$100.00 from his checking account using a First Niagara automated teller machine ("ATM") and was charged a \$3.50 terminal fee. The remaining balance was \$3,645.18. (Exhibit A: ATM Receipt, 4/6/16)
15. On [REDACTED] 2016, the Department received three months of bank statements from Nutmeg State Credit Union and an ATM receipt from First Niagara Bank indicating his checking account balance was \$3,645.18. (Exhibit 5)
16. On [REDACTED] 2016, the Department sent the Appellant another W-1348 form requesting that the Appellant submit bank statements for First Niagara Bank because the ATM receipt submitted was not sufficient verification. (Exhibit 3: W-1348 form, [REDACTED]/16, Exhibit 5)
17. The bank statements from First Niagara Bank are the only missing information required to complete the Appellant's application. (Department's Representative's Testimony)
18. On [REDACTED] 2016, the Department issued the Appellant a NOA indicating that the Appellant's application for medical assistance under the MAABD program was denied because the he failed to provide the required verification. (Exhibit 7: NOA, [REDACTED]/16)

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. Sec. 17b-261b(a) of the Connecticut General Statutes states that the Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department.
3. Uniform Policy Manual ("UPM") section 4530.15(A) provides that a uniform set of income standards is established for all assistance units who do not

qualify as categorically needy. It further states that the Medically Needy Income Limit ("MNIL") of an assistance unit varies according to the size of the assistance unit and the region of the state in which the assistance unit resides.

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 that the Department requires to determine eligibility and calculate the amount of benefits.
5. UPM § 1505.35(C) provides that the following standards be established as maximum times for processing applications; forty-five calendar days for AABD or MA applicants applying based on age or blindness.
6. UPM § 1540.10(A) provides that the assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
7. 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; a. the client has good cause for not submitting verification by the deadline, or b. the clients has been granted a 10 day extension to submit verification which has not elapsed.
8. UPM § 4005.05(B) Regulation provides for assets that are counted toward the asset limit:
 1. The Department counts the assistance unit's equity in an asset toward the asset limit if the asset is not excluded by state or federal law and is either:
 - a. available to the unit; or
 - b. deemed available to the unit.
 2. Under all programs except Food Stamps, the Department considers an asset available when actually available to the individual or when the individual has the legal right, authority or power to obtain the asset, or to have it applied for, his or her general or medical support.
9. UPM § 4005.10(A)(1) provides that the asset limit for a needs group of one for the MAABD program is \$1,600.00.
10. UPM 4030 provides that the Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits.
11. UPM § 4030.05(A) provides that bank accounts include the following. This list is not all inclusive.

1. Savings account;
 2. Checking account;
 3. Credit union account;
 4. Certificate of deposit;
 6. Patient account at long-term care facility;
 7. Children's school account;
 8. Trustee account;
 9. Custodial account.
12. The Department incorrectly requested additional information from the Appellant regarding a bank account with First Niagara Bank.
13. The Department incorrectly determined that the Appellant did not provide the required verifications to process the application.
13. The Department incorrectly denied the Appellant's MAABD application because he did not return all required verifications.

DISCUSSION

The Department incorrectly denied the Appellant's application for Medicaid under the MAABD program. The Department requested additional bank statements from First Niagara Bank after the Appellant submitted an ATM receipt from their bank.

The Appellant used the First Niagara Bank ATM to withdraw funds from his checking account and verify his balance at Nutmeg State Credit Union. The ATM receipt alone is no indication that the Appellant has an account with that bank. The ATM receipt submitted for verification by the Appellant shows there was a transaction fee to use the First Niagara Bank ATM, which indicates that the Appellant does not have an account at the bank and was therefore charged to use their ATM.

DECISION

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

ORDER

1. The Department is ordered to reopen the Application effective [REDACTED] 2016 and continue to process for eligibility.
2. Compliance of this order is due to the undersigned no later than [REDACTED] 2016.


Sybil Hardy
Hearing Officer

Pc: Elizabeth Thomas, Operations Manager, 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 06105-3725.

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.