

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

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

REQUEST #788115-HUSKY-C
EX. REF. REQUEST #788553-SCA

CLIENT ID # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department"), issued a Notice of Discontinuance to ██████████ (the "Appellant"). The Notice of Discontinuance stated that the Appellant's medical assistance under the Husky C-Medicaid for the Aged, Blind, and Disabled program would be discontinued, effective ██████████ 2016, because the Appellant did not return all of the required verification requested by the Department.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department's discontinuance of her medical assistance under the Husky C program.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice of Administrative Hearing scheduling a hearing for ██████████ 2016 @ 1:00 PM to address the Department's discontinuance of the Appellant's medical assistance under the Husky C program. OLCRAH granted the Appellant a continuance.

On ██████████ 2016, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184 of the Connecticut General Statutes ("Conn. Gen. Stat."), inclusive, OLCRAH held an administrative hearing to address the Department's discontinuance of the Appellant's medical assistance under the Husky C program. A separate hearing decision will be issued to address the Department's discontinuance of the Appellant's cash assistance under the State Administered General Assistance ("SAGA") program.

The following individuals were present at the hearing:

██████████ Appellant
Albert J. Grande, Representative for the Department
Hernold C. Linton, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant failed to provide the Department with requested verification or information necessary to determine her on going eligibility for medical assistance under the Husky C program.

FINDINGS OF FACT

1. The Appellant received medical assistance under Husky C program through ██████████ 2016, as a disabled individual with an impairment lasting for 12 or more months. (Appellant's testimony; Hearing Summary; Dept.'s Exhibit #2: Case Narrative)
2. On ██████████ 2016, the Department received a medical report from the Appellant's provider stating that she was unable to work for 12 or more months. (Dept.'s Exhibit #2)
3. On ██████████ 2016, Colonial Cooperative Care, Inc.-("CCCI"), the subcontractor for the Department in the determination of disability claims ruled that the Appellant's disability status was undetermined and requested additional information from the Appellant's providers to be received by ██████████ 2016. (Dept.'s Exhibit #2; Dept.'s Exhibit #3: Notice of Decision by CCCI)
4. On ██████████ 2016, the Department sent a Verification We Need ("W-1348") to the Appellant requesting additional information (verification of application for SSI benefits, and additional medical information from her providers regarding her impairments). (Dept.'s Exhibit #2; Dept.'s Exhibit #5: Verification We Need)
5. The W-1348 informed the Appellant of the information needed to determine her on going eligibility for medical assistance under the Husky C program, and the due date of ██████████ 2016, by which to provide the additional information, or else her benefits would be delayed or denied. (Dept.'s Exhibit #5)
6. On ██████████ 2016, the Department reviewed the Appellant's case file, and sent her a W-1E application for completion, and to be returned by ██████████ 2016. (Dept.'s Exhibit #2)
7. On ██████████ 2016, the Case Worker contacted CCCI to check if the additional medical information was provided, and to check if the Appellant had a pending application for SSI benefits. However, CCCI did not receive the additional

medical information, and the Appellant did not have a pending application for SSI benefits. (Hearing Summary; Dept.'s Exhibit #2)

8. There is no evidence that the Appellant provided the Department with the additional medical information needed to assess her disability claim. (Hearing Record)
9. There is no evidence that the Appellant requested an extension of the due date by which to provide the Department with the requested information. (Appellant's testimony)
10. There is no evidence that the Appellant requested the Department's assistance in securing the additional medical information needed to assess her disability claim. (Hearing Record)
11. On [REDACTED] 2016, the Department discontinued the Appellant's medical assistance under the Husky C program, effective [REDACTED] 2016, for not returning the required verifications requested. (Hearing Summary; Dept.'s Exhibit #1: [REDACTED]/16 Notice of Action)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes (CGS) authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Section 17b-260 of the Connecticut General Statutes authorizes the Commissioner of the Department Social Services to take advantage of the medical assistance programs provided in Title XIX, entitled "grants to States for Medical Assistance Programs," contained in the Social Security Amendments of 1965.
3. 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 § 1010.05(A)(2) provides that the assistance unit must permit the Department to verify information independently whenever the unit is unable to provide the necessary information, whenever verification is required by law, or whenever the Department determines that verification is necessary (Cross reference: 1540).
5. 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's CCCI Referral Process provides for the following procedures in "incomplete review - Reason 2 – *Undetermined Cases*- "Undetermined" means the medical info provided is not sufficient to make a decision. CCC would have already tried to get more detail from the doctor. At this point, the DSS worker needs to contact the client via 1348 and let him or her know that we have been unsuccessful in getting the medical info needed. Offer them the option of going to a different doctor or trying to get the more detailed documentation from their original doctor. This 1348 document packet needs to be returned to the DSS Scanning Center. If the documents are not returned and the client does not call for an extension, the case will be denied after the expiration of the 1348."
7. The Department did provide the Appellant with a W-1348 requesting the additional information needed to complete an assessment of her disability claim.
8. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.
9. The Department did not receive the requested information needed to determine the Appellant's eligibility for medical assistance, by the due date.
10. UPM § 1540.10 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.
11. UPM § 1540.10(C)(2)(c) provides that the Department obtains verification on behalf of the assistance unit when the assistance unit requested the Department's help in obtaining the verification.
12. The Department did send a W-1348 to the Appellant requesting the additional information needed to determine her on going eligibility for medical assistance.
13. The Appellant failed to contact the Department to request assistance in obtaining the requested verifications, or an extension of the due date by which to provide the requested verifications.
14. The Appellant did receive proper notice of the outstanding information needed to determine the Appellant's eligibility for medical assistance.
15. The Department did not have sufficient information to determine the Appellant's on going eligibility for medical assistance.

16. The Department correctly discontinued the Appellant's medical assistance under the HUSKY C program, effective [REDACTED] 2016, for failure to provide requested information needed to determine her on going eligibility.

DISCUSSION

As a result of the Alvarez vs. Aronson lawsuit, the Department made revisions to its policy and procedures concerning the process of requesting verification, [See UP-90-26; UPM § P-1540.10(4); Verification and Documentation Guidelines, 10/90]. One of these changes was the requirement that a Verification We Need (Form W-1348) be used when requesting verification from an applicant/recipient. This requirement was instituted to make sure that the applicant/recipient had a clear understanding of exactly what verification was needed, the due date by which to provide the verification, and other acceptable forms of verification. In the present case, the Department did provide the Appellant with a W-1348 requesting the outstanding verification that was needed to determine her on going eligibility for medical assistance under the Husky C program. The Department provided the Appellant with a notice that listed a due date by which to provide the requested information, and the consequence if the requested information was not provided. Since the Department did provide the Appellant with a W-1348 requesting the additional information needed, the Appellant was made aware of the due date and the consequence if the requested information was not provided. Therefore, the Department did properly notify the Appellant of what she needed to provide in order to establish her on going eligibility for medical assistance under the Husky C program.

DECISION

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



Hernold C. Linton
Hearing Officer

Pc: **Peter Bucknall**, Social Service Operations Manager,
DSS, R.O. # 60, Waterbury

Karen Main, Social Service Operations Manager,
DSS, R.O. # 60, Waterbury

Fair Hearing Liaisons, DSS, R.O. # 60, Waterbury

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.