

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

██████████ 2017
Signature Confirmation

CL ID # ██████████
Request ID #101879

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department"), denied ██████████ (the "Appellant") application for emergency medical assistance for non-citizens under the Medicaid program.

On ██████████ 2017, the Appellant's Authorized Representative at Med Data requested an administrative hearing to contest the Department's action.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, the Appellant requested a continuance which OLCRAH granted.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2017.

On [REDACTED] 2017, 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:

[REDACTED] Appellant
 [REDACTED] for the Appellant
 Guerline Dominique, Department's Representative
 Thomas Monahan, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's denial of the Appellant's application for emergency medical assistance for non-citizens under the Medicaid program was correct.

FINDING OF FACTS

1. On [REDACTED] 2017 the Appellant applied for non-citizen emergency medical services. (Exhibit A: Case narrative)
2. The Appellant is an undocumented alien. (Appellant's testimony)
3. The Appellant's date of birth is [REDACTED] 1978. (Appellant's testimony)
4. The Appellant needs medical coverage for emergency medical services for [REDACTED] 2017. (Hearing record)
5. With the [REDACTED] 2017 application the Appellant provided a copy of her passport for identification, a utility bill for address verification, and her spouse's wage stubs from [REDACTED]. (Ex. A: Case Narrative)
6. On [REDACTED] 2017, the Department sent the Appellant a Verification We Need form requesting verification of her husband's income or last day worked at [REDACTED] [REDACTED] which was listed on the Department's eligibility system from previous eligibility determinations. The Department also requested the Appellant's hospital medical records. (Ex. A: Case narrative, Ex. C: Verification We Need)
7. On [REDACTED] 2017, the Department received a letter from the Appellant's spouse stating that he stopped working for [REDACTED] in 2015 because the company closed and that he does not have contact with the former business owners. He listed a phone number on the letter to enable the Department to contact him with any questions. (Ex. E: Spouse's employment letter, Ex. A: Case narrative)

8. On ██████ 2017, the Department denied the Appellant's Emergency Medical Assistance application for failure to provide her medical records and the last day worked for her spouse. (Ex.4: Denial Notice, Ex. A: Case narrative)

CONCLUSION OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of Social Services to administer the Medicaid program.
2. Title 42 of the Code of Federal Regulations ("CFR") § 440.255(b) provides that *Legalized aliens eligible only for emergency services and services for pregnant women*. Aliens granted lawful temporary resident status, or lawful permanent resident status under sections 245A, 210 or 210A of the Immigration one of the exempt groups described in §§ 435.406(a)(3) and 436.406(a)(3) and who meet all other requirements for Medicaid will be eligible for the following services—
 - (1) Emergency services required after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - (i) Placing the patient's health in serious jeopardy;
 - (ii) Serious impairment to bodily functions; or
 - (iii) Serious dysfunction of any bodily organ or part
3. Title 42 of the Code of Federal Regulations ("CFR") § 440.255(c)(1) provides that effective January 1, 1987, aliens who are not lawfully admitted for permanent residence in the United States or permanently residing in the United States under color of law must receive the services necessary to treat the condition defined in paragraph (1) of this section (1) if the alien has, after sudden onset, a medical condition (including emergency labor and delivery) manifesting itself by acute symptom of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - (i) Placing the patient's health in serious jeopardy;
 - (ii) serious impairments to bodily functions; or
 - (iii) serious dysfunction of any bodily organ or part; and
 - (2) The alien otherwise meets the requirements in § 435.406(c) and 436.406(c) of this subpart.
4. The Appellant is an undocumented alien without legal status.

5. 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 that the Department requires to determine eligibility and calculate the amount of benefits.

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.

6. The Department correctly sent the Appellant a Verification We Need list requesting medical records and income verifications.
7. UPM § 1505.40 B 5 provides for delays in application processing due to insufficient verification in the AFDC, AABD and MA programs.
8. UPM § 1505.40 B 5 a (1) and (2) provide that regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the Department has requested verification and 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. UPM § 1505.40 B 5 b provides that an additional 10 day extension 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.
10. The Department did not issue an additional verification request after receiving the employment letter from the Appellant’s spouse.
11. The Department incorrectly denied the Appellant’s application for medical assistance.

DISCUSSION

The Department did not issue a new verification request after receiving the letter regarding the termination of employment for the Appellant’s spouse. The Department did not contact the Appellant or send a new verification list and did not notify the Appellant to discuss his options for verifying his last day worked at [REDACTED]. The Appellant was eligible for an additional 10 days to provide the verifications needed for the eligibility determination.

DECISION

The Appellant’s appeal is **Granted**.

ORDER

1. The Department will reopen the Appellant's application back to the original application date of [REDACTED] 2017.
2. The Department will request any outstanding verifications necessary and proceed with the eligibility determination for the emergency medical assistance program.
3. Compliance with this order is due to the undersigned no later than 20 days from the date of this decision.

Thomas Monahan
Thomas Monahan
Hearing Officer

C: Musa Mohamud, Operations Manager, Hartford Regional Office
Judy Williams Operations Manager, Hartford Regional Office
Tricia Morelli, Program Manager, Hartford Regional Office
Guerline Dominique, 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.