

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

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

Client ID # ██████████  
Request # 794292 Husky C

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2016, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing her benefits under the Husky C Aged, Blind, and Disabled (“MAABD”) Medicaid program effective ██████████ 2016.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue her medical assistance under the MAABD Medicaid program.

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

On ██████████ 2016, the Appellant requested a continuance that OLCRAH granted.

On ██████████ ██████████ 2016, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, the Appellant requested a continuance that OLCRAH granted.

On [REDACTED] [REDACTED] 2016, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2016.

On [REDACTED] 2016, the Appellant requested a continuance that OLCRAH granted.

On [REDACTED] [REDACTED] 2016, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2017.

On [REDACTED] 2017, 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:

[REDACTED] Appellant  
Marybeth Mark, Department's Representative  
Lisa Nyren, Hearing Officer

The record remained open for the submission of additional evidence. On [REDACTED] 2017, the record closed.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the Appellant MAABD benefits effective [REDACTED] 2016 was correct.

### **FINDINGS OF FACT**

1. On [REDACTED] 2016, the Department issued a notice of redetermination. The notice stated the Appellant must complete the enclosed redetermination form and return it with proof of current income, current value of assets, proof of address, and shelter expenses. The completed redetermination and supporting documents must be returned to the Department by [REDACTED] [REDACTED] 2016. (Exhibit 10: Notice of Redetermination)
2. On [REDACTED] [REDACTED] 2016, the Appellant submitted a W-1E General Application for benefits requesting assistance under the Supplemental Nutrition Assistance Program ("SNAP") and cash assistance. The Appellant listed her name, address, date of birth, and social security number on the application. The Appellant listed her source of income as work and social security on the application. The Appellant listed rent as \$1,000.00. (Hearing Summary and Exhibit 1: W-1E General Application)

3. The Appellant works for [REDACTED] [REDACTED] (“current employer”). (Appellant’s Testimony and Exhibit A: Hearing Request Packet)
4. The Appellant worked for [REDACTED] (“former employer”) before accepting a position with her current employer. (Appellant’s Testimony and Exhibit 9: Case Narrative)
5. On [REDACTED] 2016, the Department issued a W1348 Verification We Need form to the Appellant. The Department requested verification of address, proof of employment income from the former employer and the current employer. The Department enclosed a W1408 landlord verification form. The requested information was due [REDACTED] 2016. (Exhibit 3: W1348 Verification We Need)
6. The Appellant received the W1348 Verification We Need form from the Department. (Exhibit A: Hearing Request Packet)
7. On [REDACTED] 2016, the Department issued the Appellant a notice of discontinuance. The notice stated medical assistance would end on [REDACTED] 2016 unless the redetermination form is completed and returned to the Department by [REDACTED] 2016. (Exhibit 11: Notice of Discontinuance)
8. The Department did not received the requested information by the [REDACTED] 2016 due date. (Hearing Record)
9. The Department discontinued the Appellant’s MAABD benefits effective [REDACTED] 2016 for failure to complete the redetermination process. (Exhibit 9: Case Narrative and Exhibit 12: Notice of Discontinuance)
10. On [REDACTED] 2016, the Department issued the Appellant a notice of discontinuance. The notice stated medical assistance would end on [REDACTED] 2016 because you did not complete the review process. (Exhibit 12: Notice of Discontinuance)
11. On [REDACTED] 2016, the Department received the Appellant’s request for an administrative hearing and some of the requested information. The Department received the W1348 Verification We Form listing the Appellant’s address, a completed landlord verification request, and four paystubs from the current employer, check dates [REDACTED] 2016, [REDACTED] 2016, [REDACTED] 2016, and [REDACTED] 2016. (Exhibit A: Hearing Request Packet)

## CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes 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”) § 1545 provides that the eligibility of an assistance unit is periodically redetermined by the Department. During the redetermination, all factors relating to eligibility and benefits level are subject to review. This chapter discusses the requirements of the redetermination process, its purpose, and how the Department conducts a redetermination of eligibility.
3. UPM § 1545.05(A)(1) provides that eligibility is redetermined:
  - a. Regularly on a scheduled basis; and
  - b. As required on an unscheduled basis because of known, questionable or anticipated changes in assistance unit circumstances.

UPM § 1545.05(A)(2)(a) provides that a redetermination constitutes a complete review of AFDC, AABD or MA certification.

UPM § 1505.05(A)(3) provides that in general , eligibility is redetermined through the same methods by which eligibility is initially determined at the time of application.

4. UPM § 1545.05(D)(1) provides that assistance units are timely notified of all actions taken by the Department including notification that a redetermination is to be conducted.

UPM § 1545.15(A)(1) provides that the Department is required to provide assistance units with timely notification of the scheduled redetermination.

UPM § 1545.15(B)(1)(b) provides that a notice of redetermination must be issued no earlier than the first day or later than the last day of the month preceding the redetermination month.

UPM § 1545.25(C) provides that the Department provides each assistance unit with a redetermination form at the same time the assistance unit is issued its notice of redetermination.

5. On ■■■■■ 2016, the Department correctly issued a notice of redetermination to the Appellant and included the redetermination document needed to establish continued eligibility.

6. UPM § 1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.

UPM § 1545.25(B) provides that the redetermination form may be:

1. The same form used at the time of application;
2. A form designed specifically for the redetermination process.

UPM § 1505.10(E)(1) provides that individuals who apply for AABD are automatically considered to have requested assistance from the MA program.

7. On ██████████ 2016, the Department correctly accepted the Appellant's general application for assistance as a redetermination document under the MAABD program.

8. UPM § 1015.10(A) provides that 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.

9. On ██████████ 2016, the Department correctly issued a W1348 Verification We Need form to the Appellant.

10. 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. (cross reference: 1555)

UPM § 1540.10(A) provides that the assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.

11. UPM § 1555.05(B)(1) provides that assistance units, with the exception of food stamp assistance units, are required to provide verification within ten calendar days of the date of the Department's request.

UPM § 1545.35(D) provides that required verification has been timely submitted if it is provided to the appropriate district office by the later of the following dates:

1. The deadline for filing the redetermination form; or

2. Ten days following the date the verification is initially requested by the Department.
12. The Department correctly notified the Appellant of the required actions and allowed ample time, 10 days, to submit the requested information.
13. UPM § 5099.05 provides that all income must be verified as an eligibility requirement at the time of application, at each redetermination of eligibility, and whenever the income changes.
14. The Department correctly determined the Appellant failed to submit the requested verifications by the due date.
15. UPM § 1540.05(D)(1)(a) provides that the penalty for failure to provide required verification depends upon the nature of the factor or circumstance for which verification is required: if the eligibility of the assistance unit depends directly on a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factor on which unit eligibility depends directly include, but not limited to: income amount.

UPM § 1545.40(A)(2) provides that unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.

UPM § 1545.05(B)(4) provides that assistance is discontinued if eligibility is not reestablished.

UPM § 1545.35(A)(1) provides that assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions of the redetermination process.

16. On ██████████ 2016, the Department correctly discontinued the Appellant's MAABD benefits effective ██████████ 2016 for failure to complete the review process under the MAABD program.
17. UPM § 1545.05(D)(2) provides that assistance units are timely notified of all actions taken by the Department, including notification of adverse action where appropriate. (Cross Reference: 1570)

UPM § 1570.10(A)(1) provides that except in situations described below, the Department mails or gives adequate notice at least 10 days prior to the date of the intended action if the Department intends to discontinue, terminate, suspend, or reduce benefits.

18. On [REDACTED] 2016, the Department correctly issued a notice of discontinuance to the Appellant informing the Appellant her Medicaid benefits under the MAABD program will end on [REDACTED] 2016 for failure to complete the review process.
19. On [REDACTED] 2016, the Department correctly issued a notice of discontinuance to the Appellant informing the Appellant her Medicaid benefits under the MAAABD program will end on [REDACTED] 2016 for failure to complete the review process.

**DECISION**

The Appellant's appeal is denied.

*Lisa A. Nyren*  
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Lisa A. Nyren  
Hearing Officer

PC: Cheryl D. Parsons, Social Services Operations Manager  
Marybeth Mark, Eligibility Services Worker

### **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.