

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

██████████ 2017
SIGNATURE CONFIRMATION

CLIENT ID# ██████████
Hearing ID# 798408

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 medical benefits under the Medicaid for the Aid to the Aged, Blind or Disabled ("MAABD") program.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the discontinuance of medical 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, 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 mother and witness
Guerline Dominique, Department Representative
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's medical benefits.

FINDINGS OF FACT

1. The Appellant was actively receiving HUSKY C medical benefits (Hearing Summary).
2. On [REDACTED] 2016, the Department received the Appellant's redetermination form in Connect (Hearing Record).
3. On [REDACTED] 2016, the Department reviewed the redetermination form and mailed the Appellant a W-1348, Verification We Need form requesting a copy of her credit union statement from 360 Federal Credit Union. This information was due by [REDACTED] 2016 (Exhibit 3: W1348, Verification We Need and Hearing Summary).
4. The Department did not receive a copy of the credit union statement (Department's Testimony).
5. On [REDACTED] 2016, the Department discontinued the medical benefits effective [REDACTED] 2016 for failure to return the requested information needed to determine eligibility (Exhibit 4: NOA, [REDACTED]/16).
6. On [REDACTED] 2016, the Department conducted a search in the Connect computer system for the requested credit union statement. The document was not found (Exhibit 1: Case Narrative).
7. On [REDACTED] 2016, the Department conducted another search in the Connect computer system for the credit union statement. The document was not found (Department's Testimony).

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes, authorizes the Commissioner of the Department of Social Services to administer the SNAP program in accordance with federal law.
2. Uniform Policy Manual ("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.

3. UPM §1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.
4. UPM §1545.15(A)(1) provides for notification requirements. The Department is required to provide assistance units with timely notification of the scheduled redetermination.
5. The Department correctly mailed the Appellant a redetermination notice.
6. 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.
7. The Department correctly sent a W-1348, Verification We Need form advising the Appellant that it needed a copy of her 360 Federal Credit Union statement.
8. 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.
9. UPM §1545.05(D)(1) provides that if the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit.
10. The Department did not receive the information it requested.
11. The Department correctly discontinued the Medicaid benefits effective [REDACTED] 2016 for failure to provide verification requested to determine continued eligibility.

DISCUSSION

The Appellant testified she mailed the 360 Federal Credit Union statement a few days after receiving the Verification We Need form from the Department. The Department checked Connect, the Department's document management system on [REDACTED] 2016 and [REDACTED] 2016. The credit union statement was not located in the system on either day. The Department did not receive the verification it needed to determine continued eligibility. The Department correctly discontinued the Medicaid benefits effective [REDACTED] 2016.

DECISION

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


Carla Hardy
Hearing Officer

Pc: Musa Mohamud, Manager, DSS RO Hartford
Tricia Morelli, Manager, DSS RO Hartford
Judy Williams, Manager, DSS RO Hartford
Guerline Dominique, Eligibility Services Worker, DSS RO Hartford

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 Legal Counsel, Regulations, and Administrative Hearings, 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 06105-3725. 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 his 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.