

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 No # ██████████
Request # 802869

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services - ("the Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying the Husky C Medicaid for the Ages, Blind and Disabled program.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the decision to terminate such benefits.

On ██████████ ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 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:

██████████ Appellant
Jennifer Ramsey, Department's Representative
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Husky C, Medicaid for the Aged, Blind and Disabled program.

FINDINGS OF FACT

1. The Appellant applied for medical assistance for himself. (Exhibit 1, W1E, Department of Social Services General Application)
2. Prior to this application, the Appellant was active on the QMB program. (Appellant's testimony)
3. The Appellant is a household of one. (Hearing Summary and Appellant's testimony)
4. On [REDACTED] 2016 the Department received an application for Husky C Medicaid for Aged, Blind and Disabled. (Exhibit 12, W1E application)
5. On [REDACTED] 2016, the Department issued a W-1348 requesting verification of the Appellant's Webster bank account. The due date for this verification was [REDACTED] 2016. (Exhibit 2, W-1348, Verification We Need Form)
6. The Department did not receive the requested verification from the Appellant by [REDACTED] 2016. (Exhibit 7, Case Narrative)
7. On [REDACTED] [REDACTED] 2016, the Department denied the Appellant's application for Husky C Medicaid for Aged, Blind and disabled because the requested verification was not received. (Exhibit 4, Assistance Status screen, Exhibit 6, Notice of Denial)
8. On [REDACTED] 2016, the Department issued a Notice of Action ("NOA") to the Appellant stating that the Appellant's Husky C Medicaid for the Aged, Blind and Disabled would be denied effective the date of application effective [REDACTED] 2016. (Exhibit 6, Notice of Denial)
9. The Appellant was in a substance abuse facility from [REDACTED]/16 to [REDACTED]/16 in Middletown, Ct. (Appellant's testimony)
10. The Department was unaware that the Appellant was in a substance abuse facility because the Appellant never informed the Department. The Appellant did not request more time nor requested help in obtaining information. (Department's testimony)
11. On or around [REDACTED] 2016, the Appellant reviewed his mail and acknowledged that he received the W-1348, Verification We Need from the Department, but did not act on it. (Appellant's testimony)

12. The Appellant went to his local Social Security Administration building instead with the Department's letter and was told that he needed to follow up with the Dept. of Social Services. (Appellant's testimony)
13. The Appellant thought that the QMB program was Medicaid. The Appellant needs the Husky C, Medicaid for the Aged, Blind and disabled to help pay for his living expenses like rent and utilities. (Appellant testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 (6), of the Connecticut General Statutes (CGS), authorizes the Department of Social Services to administer the Medicaid Program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual 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.

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.

UPM 1015.05 C. provides 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.

The Department correctly sent the Appellant's representative the Verification We Need Lists requesting the information needed to establish eligibility.

3. UPM 1540.10 (A) 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. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
4. UPM 1505.40 (B) (4) (a) provides that the eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions exists: 1. Eligibility cannot be determined; or 2. Determining eligibility without the necessary information would cause the application to be denied.

5. UPM 1505.40 (B) (4) (b) provides that if the eligibility determination is delayed, the Department continues to process the application until: 1. the application is complete; or Good cause no longer exists.
6. The Department correctly denied the Appellant's application for failure to submit information since the Appellant did not make the Department aware that he was in a substance abuse program and did not follow up with the Department when he became aware of the W-1348 upon his return. The Appellant did not establish good cause.
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 client has been granted a 10 day extension to submit verification which has not elapsed.

UPM § 1505.35 (D) (3) provides processing standards are not used as a waiting period for granting assistance. Applications are processed with reasonable promptness as soon as the Department is able to make an eligibility determination.


UPM § 1505.35 (D) (4) provides processing standards are not used as the basis for denying assistance. Denial results from the failure to meet or establish eligibility within the applicable time limit.

UPM § 1505.40 (A) (4) provides the Department may complete the eligibility determination during the application process when: d. adequate information exists to determine ineligibility because one or more eligibility requirements are not satisfied.

The Department correctly denied the Appellant's AABD Medicaid application when requested verification was not provided by the due date of [REDACTED] 2016.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: Phil Ober, SSOM, New Britain Regional Office
Patricia Ostroski, SSPM, new Britain Regional Office
Jennifer Ramsey, Fair Hearing Liaison, New Britain Regional Office

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.

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 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.