

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

[REDACTED] 2017
Signature confirmation

Client: [REDACTED]
Request: 807960

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2017, the Department of Social Services (the "Department") issued a notice to [REDACTED] (the "Appellant"), stating that the agency had denied her Medicaid application.

On [REDACTED] 2017, the Appellant filed a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") to dispute the Department's action.

On [REDACTED] 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") scheduled the Appellant's administrative hearing for [REDACTED] 2017. The Appellant requested a postponement of the administrative hearing; the OLCRAH granted her request.

On [REDACTED] 2017, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals attended the administrative hearing:

[REDACTED] Appellant
Jessica Gulianello, Department's representative
Joseph Alexander, Department's representative
Eva Tar, Hearing Officer

STATEMENT OF ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's [REDACTED] 2016 reapplication for Medicaid coverage.

FINDINGS OF FACT

1. The Appellant is 65 years old. (Department's Exhibit 6)(Department's Exhibit 7)
2. The Appellant receives Medicare coverage. (Appellant's testimony)
3. The Appellant resides alone. (Department's Exhibit 6)(Department's Exhibit 7)
4. The Appellant is the owner of Sikorsky Credit Union ([REDACTED] (the "Sikorsky account"). (Department's Exhibit 10)
5. On [REDACTED] 2016, the Department issued to the Appellant a notice that stating that she was required to complete and submit a redetermination form to the Department by [REDACTED] 2016, or her case would be discontinued. (Department's Exhibit 2)
6. The Appellant did not provide the completed redetermination form to the Department by [REDACTED] 2016. (Department's Exhibit 1)
7. On [REDACTED] 2016, the Department issued to the Appellant a notice stating that the agency had not received her completed redetermination form and that if she wished to continue benefits without interruption, she needed to return it to the Department by [REDACTED] 2016. (Department's Exhibit 3)
8. On [REDACTED] 2016 and [REDACTED] 2016, the Department received the Appellant's completed redetermination forms, signed "[REDACTED]/16" and "[REDACTED]/2016," respectively. (Department's Exhibit 1)(Department's Exhibit 6)(Department's Exhibit 7)
9. On [REDACTED] 2016, the Department issued to the Appellant a notice stating that her medical assistance would be discontinued on [REDACTED] 2016 for the reason that she had not completed the review process. (Department's Exhibit 4)
10. On [REDACTED] 2016, the Department reopened the Appellant's Medicaid case, honoring the earlier [REDACTED] 2016 receipt date. (Department's Exhibit 1)
11. On [REDACTED] 2016, the Department issued to the Appellant a "Verification We Need" form, stating that if she did not submit a current statement of the Sikorsky account, her medical application may be delayed or denied. (Department's Exhibit 8)

12. In the period from [REDACTED] 2016 through [REDACTED] 2017, the Department did not receive the Appellant's Sikorsky account statement. (Department's Exhibit 1)(Department's Exhibit 10)
13. On [REDACTED] 2017, the Department issued a notice to the Appellant, denying her Medicaid reapplication for the reason that she had failed to submit required verification. (Department's Exhibit 5)
14. On [REDACTED] [REDACTED] 2017, the Appellant reapplied for Medicaid. (Department's representative's testimony)
15. On [REDACTED] 2017, the Department received the Appellant's Sikorsky account statement, covering the period from [REDACTED] 2017 through [REDACTED] 2017. (Department's representative's testimony)(Department's Exhibit 10)
16. On [REDACTED] 2017, the Appellant faxed her Sikorsky account statement, covering the period from [REDACTED] 2017 through [REDACTED] 2017. (Appellant's Exhibit A)
17. The Appellant's Sikorsky account statements for the periods covering [REDACTED] 2017 through [REDACTED] 2017 would not have been received by the Department prior to [REDACTED] 2017.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Prior to making an eligibility determination, the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits. Uniform Policy Manual ("UPM") § 1505.40 (A)(1).
3. 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)(1).
4. A redetermination constitutes a complete review of AFDC, AABD, or MA [Medical] certification. UPM § 1545.05 (A)(2)(a).
5. In general, eligibility is redetermined through the same methods by which eligibility is initially determined at the time of application. UPM § 1545.05 (A)(3).
6. For every program administered by the Department, there is a definite asset limit. UPM § 4005.05 (A).
7. The Department counts the assistance unit's equity in an asset toward the asset limit

if the asset limit is not excluded by state or federal law and is either: a. available to the unit; or b. deemed available to the unit. UPM § 4005.05 (B)(1).

8. The Department compares the assistance unit's equity in counted assets with the program asset limit when determining whether the unit is eligible for benefits. UPM § 4005.05 (D)(1).
9. An assistance unit is not eligible for benefits under a particular program if the unit's equity in counted assets exceeds the asset limit for the particular program, unless the assistance unit is categorically eligible for the program and the asset limit requirement does not apply. UPM § 4005.05 (D)(2).
10. The asset limit for the Medicaid program associated with the aged, blind, and disabled is \$1,600 for a needs group of one. UPM § 4005.10 (A)(2)(a).
11. The Appellant is a needs group of one.
12. The Appellant is subject to the Medicaid program's asset limit.
13. Bank accounts include the following. This list is not all inclusive. 1. Savings account; 2. Checking account; 3. Credit union account; 4. Certificate of deposit; 5. Patient account at long-term care facility; 6. Children's school account; 7. Trustee account; 8. Custodial account. UPM § 4030.05 (A).
14. The Department correctly determined that the equity in the Appellant's Sikorsky account was counted toward the Medicaid program's asset limit.
15. The verification of the equity in the Appellant's Sikorsky account for the purposes of comparing that equity to the Medicaid program's asset limit was a condition of eligibility for that program.
16. Verification (All Programs). 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. UPM § 1545.35 (D).
17. The Department correctly gave the Appellant a written deadline of 10 days to provide verification of the equity in the Appellant's Sikorsky account.
18. The Department may complete the eligibility determination at any time during the application process when: a. the applicant withdraws the application; or b. all requirements for determining eligibility on a FS expedited service application are met; or c. the application process is complete and all required verification has been obtained; or d. adequate information exists to determine ineligibility because one or more eligibility requirements are not satisfied; or e. the applicant refuses to cooperate

in completing an eligibility requirement rendering the entire assistance unit ineligible. UPM § 1505.40 (A)(4).

19. The applicant's failure to provide required verification by the processing date causes: (1) one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility; or (2) the circumstance to be disregarded in the eligibility determination if consideration of the circumstance is contingent upon the applicant providing verification. UPM § 1505.40 (B)(1)(c).
20. Verification received after the date that an incomplete application is processed: (1) is used only with respect to future case actions; and (2) is not used to retroactively determine a corrective payment. UPM § 1505.40 (B)(1)(d).
21. The Appellant failed to provide verification of a condition of eligibility by the Department's [REDACTED] 2016 deadline.
22. The Department correctly denied the Appellant's [REDACTED] 2016 reapplication for Medicaid coverage.

DISCUSSION

At the [REDACTED] 2017 administrative hearing, the Appellant stated that she had provided the requested Sikorsky account statement to the Department in [REDACTED] 2016, prior to its [REDACTED] 2017 denial of her [REDACTED] 2016 Medicaid reapplication.

The evidence provided by the Appellant and the Department for the hearing does not support the Appellant's recollection. The Appellant's testimony is not credible.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Cc: Jessica Gulianello, DSS-Bridgeport
Joseph Alexander, DSS-Bridgeport
Fred Presnick, DSS-Bridgeport
Yecenia Acosta, DSS-Bridgeport

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.