

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: # 808221

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2017, ██████████ (the “Appellant”) requested an administrative hearing to contest the delay in the Department of Social Services (the “Department”) processing of the Appellant’s application for Medical Assistance for the Aged, Blind and Disabled (“MAABD”).

On ██████████ 2017, 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, 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:

██████████ the Appellant
Suzanne Brockett, Department’s Representative
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's delay in processing the Appellant's application for MAABD is correct.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Appellant applied for MAABD assistance for only herself. (Exhibit 1: Department's narrative)
2. On [REDACTED] 2016, the Department mailed the Appellant a verification request for more information ("W-1348") form. The W-1348 indicated medical information from the Appellant was needed. An [REDACTED]/16 due date was given. (Exhibit 1: Department's narrative; Exhibit 4A: W-1348 dated [REDACTED]/16)
3. On [REDACTED] 2016, the Department submitted medical information to Colonial Cooperative Care Incorporated ("CCCI"), the Department's medical review team. (Exhibit 1)
4. On [REDACTED] 2016, the Department mailed the Appellant a W-1348 requesting asset verification. An [REDACTED]/16 due date was given. (Exhibit 1; Exhibit 4B: W-1348 dated [REDACTED]/16)
5. On [REDACTED] 2016, CCCI made an undetermined decision regarding the Appellant's disability application. (Exhibit 3A: W-310 CCCI decision dated [REDACTED]/16)
6. On [REDACTED] 2016, the Department mailed the Appellant a W-1348 requesting asset verification and medical information. A [REDACTED]/16 due date was given. (Exhibit 1; Exhibit 4C: W-1348 dated [REDACTED]/16)
7. On [REDACTED] [REDACTED] 2017, CCCI made an undetermined decision regarding the Appellant's disability application. CCCI noted the even pages of the client supplement were needed. (Exhibit 3B: W-310 CCCI decision dated [REDACTED]/17)
8. On [REDACTED] 2017, the Appellant requested an administrative hearing contesting the Department's delay in processing her MAABD application. (Record)
9. The Appellant resides alone in the town of [REDACTED], Connecticut. (Record; Appellant's testimony)
10. The Appellant is age 52. (Record; Appellant's testimony)
11. The Appellant's gross monthly earnings as determined by the Department Social Security are \$1,978.35. (Exhibit 1)

12. There are no other sources of income, earned or unearned, received by the Appellant. (Record; Appellant's testimony)
13. The Appellant has not been determined disabled by the Social Security Administration. (Department's testimony; Appellant's testimony)
14. As of the hearing date, the Appellant's MAABD application remains pending an eligibility determination. (Record)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Uniform Policy Manual ("UPM") 2540.01 (A) provides in order to qualify for Medicaid; an individual must meet the conditions of a least one coverage group.
3. UPM § 2540.85 provides there are two distinct groups of employed individuals between the ages of 18 and 64 inclusive who have a medically certified disability or blindness and who qualify for Medicaid as working individuals with disabilities. These groups are the Basic Insurance Group and the Medically Improved Group. There is a third group of employed individuals consisting of persons at least 18 years of age who have a medically certified disability or blindness who also qualify for Medicaid as working individuals with disabilities. This is the Balanced Budget Act Group. Persons in this third group may be age 65 or older.
4. UPM § 2540.85 (A) provides an individual in the basic insurance group is subject to the conditions described below. (1) An individual in this group must be engaged in a substantial and reasonable work effort to meet the employment criterion. (a) Such effort consists of an activity for which the individual receives cash remuneration and receives pay stubs from his or her employer.

UPM § 2540.85 (A) (2) provides an individual meets the income eligibility test under this group by passing one of the following income tests: a. having a gross monthly income equal to or less than \$6,250.00.

5. The Department correctly determined the Appellant is, for the purposes of her MAABD application, considered working disabled.
6. UPM § 5515.05 (C) (2) provides in part that the needs group for a MAABD unit includes the following: (a) the applicant or recipient; and (b) the spouse of the applicant or recipient when they share the same home regardless of whether one or both applying for or receiving assistance, except in cases involving working individuals with disabilities.

7. The Department correctly determined that the Appellant is a needs group of one.
8. UPM § 1505.35 (A) provides that prompt action is taken to determine eligibility on each application filed with the Department.

UPM § 1505.35 (B) provides the Department notify applicants of: 1. Any actions taken on the applications and 2. When applications are not acted upon within the established time limits.

UPM § 1505.35 (C) provides for the standard of promptness for processing applications. 1. The following promptness standards are established as maximum time periods for processing applications: (c) forty-five calendar days for: (2) AABD or MA applicants applying on the basis of age or blindness; (d) ninety calendar days for AABD or MA applicants applying on the basis of disability.

9. The Department correctly determined the standard of promptness for the Appellant's MAABD application is ninety days.
10. UPM § 1505.35 (D) (2) provides 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.

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.


11. The Department correctly waited for the Appellant's submission of needed medical information as requested by CCCI.

DISCUSSION

The Department was correct to wait for the submission of the Appellant's medical information before making an eligibility decision. As such, the Department did not make her reapply for MAABD but protected her [REDACTED]/16 application date.

DECISION

The Appellant's appeal is denied.


Christopher Turner
Hearing Officer

Cc: Tonya Cook-Beckford, Operations Manager Willimantic
Suzanne Brockett, DSS Willimantic

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, law, and 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 06105-3725.

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, if 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 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.