

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

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

Client ID # ██████████
Request # 809289

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing his medical benefits under the Husky C Medicaid for the Aged, Blind, or Disabled program ("Husky C") effective ██████████ 2017.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

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, 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
██████████ Father of the Appellant and Witness for the Appellant
██████████ Mother of the Appellant and Witness for the Appellant
Joseph Alexander, Department Representative
Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's Husky C was correct.

FINDINGS OF FACT

1. The Appellant is a recipient of Medicaid under the Husky C program. (Hearing Record)
2. In 2014, at the age of 21, the Department transferred the Appellant's Medicaid coverage from the Katie Beckett Waiver Program to the Husky C program. (Appellant's Mother Testimony and Appellant's Father Testimony)
3. The Appellant owned the following savings bonds. Refer to chart. (Exhibit 4: Assets 1, Exhibit 5: Verification We Need, Exhibit 6: Verification We Need, and Exhibit 14: Case Narrative)

Savings Bond Number	Face Value	Cash Value
██████████	\$100.00	\$95.84
██████████	\$100.00	\$78.40
██████████	\$100.00	\$78.40
██████████	\$50.00	\$34.90
██████████	\$50.00	\$39.20

4. On ██████████ 2015, the Department issued a notice of redetermination to the Appellant. The notice stated the Department must review the Appellant's eligibility for assistance. The Department enclosed a W-1ER redetermination form and instructed the Appellant to complete the form and return it to the Department by ██████████ 2015. (Exhibit 2: Notice of Action)
5. On ██████████ 2015, the Department received the completed W-1ER redetermination form from the Appellant. (Exhibit 3: W-1ER Redetermination Form and Exhibit 14: Case Narrative)
6. On ██████████ 2016, the Department issued a W-1348 Verification We Need ("W-1348") form to the Appellant. The Department requested proof of bank account balance and proof of cash value of savings bonds. The information was due ██████████ 2016. (Exhibit 5: W-1348 Verification We Need and Exhibit 14: Case Narrative)

7. The Appellant returned the W-1348 form to the Department. On the form the Appellant wrote, "No longer have bonds." (Exhibit 5: W-1348 Verification We Need, Exhibit 14: Case Narrative, Appellant's Mother Testimony and Appellant's Father Testimony)
8. On [REDACTED] 2016, the Department issued a W-1348 form to the Appellant. The Department requested proof of the status of the bonds. The information was due [REDACTED] 2016. (Exhibit 6: W-1348 Verification We Need and Exhibit 14: Case Narrative)
9. On [REDACTED] 2016, the Department received information from the Department of Labor reporting the Appellant is employed with [REDACTED] [REDACTED] (the "employer"), date of hire [REDACTED] 2016. (Exhibit 7: Department of Labor New Hires and Exhibit 14: Case Narrative)
10. On [REDACTED] [REDACTED] 2016, the Appellant spoke with a Department Representative and reported new employment with the employer. The Appellant reported he cashed the savings bonds twenty years ago and does not have documentation to submit. The Department verbally instructed the Appellant to submit a signed statement confirming date bonds were cashed. (Exhibit 14: Case Narrative and Appellant's Father Testimony)
11. The Appellant returned the W-1348 to the Department with the following unsigned note written under assets, "The bonds were cashed twenty years ago have no paperwork." (Exhibit 6: W1348 Verification We Need and Exhibit 14: Case Narrative)
12. On [REDACTED] 2017, the Department issued a W-1348 form to the Appellant but failed to list proof of income and complete W-1ER Renewal of Eligibility form on the W-1348 form. The blank W-1348 form lists the due date for the information as [REDACTED] 2017. The Department enclosed a W-1ER Renewal of Eligibility form. (Exhibit 8: W-1348 Verification We Need and Exhibit 14: Case Narrative)
13. On [REDACTED] 2017, the Department determined the Appellant ineligible for medical assistance under the Husky C program because the Appellant failed to return the requested information to the Department. (Exhibit 14: Case Narrative and Exhibit 11: Notice of Action)
14. On [REDACTED] 2017, the Department issued a notice of discontinuance to the Appellant. The notice stated the Appellant failed to return all of the required verification requested and medical benefits under the Husky C program will end on [REDACTED] 2017. (Exhibit 11: Notice of Action)

CONCLUSIONS OF LAW

1. Connecticut General Statute (“Conn. Gen. Stats.”) § 17b-2(6) 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 benefit level are subject to review. This chapter discusses the requirements of the redetermination process, its purpose, and how the Department conducts a redetermination 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.
4. UPM § 1545.10(B)(1)(d) provides that the following standards are established as maximum intervals for conducting regularly scheduled redeterminations: for AABD without earnings and MA assistance units, at least as often as every twelve months.
5. UPM § 1545.05(A)(2)(a) provides that a redetermination constitutes: a complete review of AFDC, AABD, or MA certification.
6. UPM § 1545.05(A)(3) provides that in general, eligibility is redetermined through the same methods by which eligibility is initially determined at the time of application.
7. UPM § 1545.15(B)(2) provides that upon implementation of the EMS system, notice of the redetermination must be issued no earlier than the first day, or later than the last day of the month preceding the redetermination month.
8. UPM § 1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.

UPM § 1545.35(B)(1)(b) provides that an assistance unit must submit the redetermination form by the following date in order to be considered timely filed. All other PA and FS non-monthly reporting assistance units must file by the fifteenth day of the redetermination month.

9. On [REDACTED] 2015, the Appellant correctly submitted a completed redetermination form timely.
10. UPM § 1545.05(C)(2) provides that in order to assure continuous participation the Department takes prompt action on all redeterminations.
11. The Department failed to take prompt action to process the Appellant's redetermination until 13 months after the Appellant submitted his redetermination document.
12. UPM § 1545.40(B)(1) provides for continuing eligibility on incomplete cases.
 - a. If eligibility has not been reestablished by the end of the redetermination period, the Department continues to provide assistance under the following conditions if it appears that the assistance unit will remain eligible.
 1. When the agency is responsible for not completing the redetermination; or
 2. When the assistance unit fails to act timely but completes the redetermination form and any required interview by the last day of the redetermination month; or
 3. When the assistance unit demonstrates good cause for failing to complete the redetermination process.
 - b. If eligibility is continued, the assistance unit must complete the redetermination process by the end of the month following the redetermination month, unless circumstances beyond the units control continue to delay the process.
 - c. Eligibility may be continued, and the redetermination held pending as long as:
 1. Circumstances beyond the control of the assistance unit delay completion of the redetermination process; and
 2. The assistance unit appears to be eligible for assistance.
 - d. Good cause may include, but is not limited to the following hardships.
 1. Illness;
 2. Severe weather;
 3. Death in the immediate family;
 4. Other circumstances beyond the control of the assistance.
13. 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.

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.

14. On [REDACTED] 2016, the Department correctly issued the Appellant a Verification We Need form requesting verification due [REDACTED] 2016.
15. On [REDACTED] 2017, the Department issued a W1348 form but failed to include a list of outstanding verifications necessary to determine continued eligibility, specifically income, assets, and a redetermination form. The due date listed on the W1348 was [REDACTED] 2017.
16. 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 required by the Department.
17. On [REDACTED] 2017, three days after issuing a blank W1348 form, the Department discontinued the Appellant's medical benefits effective [REDACTED] 2017. The Department failed to notify the Appellant of any outstanding verification and failed to allow the Appellant 10 days to submit any outstanding verification by the due date [REDACTED] 2017.
18. The Appellant established good cause for an incomplete redetermination because the Department failed to act timely, failed to notify the Appellant of any outstanding verification, and failed to allow the Appellant 10 days to submit the requested information.
19. The Department incorrectly discontinued the Appellant's medical benefits effective [REDACTED] 2017.

DISCUSSION

Upon receiving the hearing request and reviewing their actions, the Department reinstated the Appellant's [REDACTED] 2017 Husky C medical benefits. However, the Department failed to continue to provide ongoing medical assistance to the Appellant while the redetermination remained pending due to the issuance of a blank W1348 and failing to allow 10 days to submit outstanding verification. The Department incorrectly discontinued the Appellant's medical benefits effective [REDACTED] 2017. The Department must reopen the Appellant's medical benefits and continue to process the redetermination of medical benefits as appropriate.

DECISION

The Appellant's appeal is granted.

ORDER

1. The Department must reinstate the Appellant's Medicaid under the Husky C program effective [REDACTED] 2017 and ongoing. The Department must continue to process the redetermination of Medicaid under the Husky C program.
2. The Department must issue a W1348 form to the Appellant for any outstanding verification needed to determine eligibility under the Husky C program and allow a minimum of 10 days to submit the requested information.
3. Compliance is due [REDACTED] 2017.

Lisa A. Nyren

Lisa A. Nyren
Fair Hearing Officer

CC: Fred Presnick, Social Services Operations Manager
Yecenia Acosta, Social Services Program Manager
Joseph Alexander, Eligibility Services Specialist

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.