

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 Request # 821250

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the “Department”) issued ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying medical benefits for him under the Husky C Medicaid program.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the Department’s decision to deny 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:

██████████ the Appellant
Jessica Gulianello, Eligibility Services Worker, Department’s representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant HUSKY C Medicaid benefits was correct.

FINDINGS OF FACT

1. On [REDACTED] 2017, the Appellant applied for Husky C Medicaid for himself. (Exhibit 3: Online application information dated [REDACTED] 2017 and Hearing summary)
2. The Appellant owns a People's United, M&T Bank, and two Citibank bank accounts. (Exhibit 1: Case narratives, Exhibit 3 and Appellant's testimony)
3. On [REDACTED] 2017, the Department mailed the Appellant a W-1348 Verification We Need form requesting copies of his People's United, M&T Bank and two Citibank account bank statements. This information was due by [REDACTED] 2017. (Exhibit 1, Exhibit 4: W1348 dated [REDACTED]/2017 and Hearing summary)
4. On [REDACTED] 2017, the Department received some of the requested information. (Exhibit 5: Bank account statements and Hearing summary)
5. On [REDACTED] 2017, the Department issued the Appellant another W-1348 Verification We Need form requesting verification of the last three months of bank statements for his bank account ending in [REDACTED]. This information was due by [REDACTED] 2017. (Exhibit 1, Exhibit 6: W-1348 dated [REDACTED]/2017 and Hearing summary)
6. On [REDACTED] 2017, the Appellant provided some of the requested information. (Exhibit 1, Exhibit 7: Bank account documentation and Hearing summary)
7. On [REDACTED] 2017, the Appellant provided some Citibank account information. (Exhibit 1)
8. On [REDACTED] 2017, the Department received some additional bank account information from the Appellant. (Exhibit 1)
9. On [REDACTED] 2017, the Department sent the Appellant a NOA informing him that his application for Husky C Medicaid assistance was being denied because he did not provide all of the required verification that the Department requested. (Exhibit 2: Notice of denial dated [REDACTED]/2017 and Hearing summary)
10. On [REDACTED] 2017, the Department issued the Appellant a W-1348 Verification We Need form requesting 24 months of bank statements and documentation of deposits of \$5,000 or more as well as verification of the sale and liquidation of property and assets. This information was due by [REDACTED] 2017. (Exhibit 8: W-1348 dated [REDACTED]/2017 and Hearing summary)

11. On [REDACTED] 2017, the Appellant met with the Department to discuss outstanding verifications due. He was given a 10-day extension to provide the requested documentation. The information was due by [REDACTED] 2017. (Hearing summary)
12. On [REDACTED] 2017, the Department received some of the requested information. (Exhibit 9: Bank account documentation and Hearing summary)
13. On [REDACTED] 2017, the Department issued the Appellant a W-1348 Verification We Need form requesting the outstanding verifications. This information was due by [REDACTED] 2017. (Exhibit 10: W-1348 dated [REDACTED]/2017 and Hearing summary)
14. On [REDACTED] 2017, the Department received some of the requested information. (Hearing summary)
15. On [REDACTED] 2017, the Department issued the Appellant a W-1348 Verification We Need form requesting additional verifications. This information was due by [REDACTED] 2017. (Exhibit 16: W-1348 dated [REDACTED]/2017 and Hearing summary)

CONCLUSIONS OF LAW

1. Section 17b-190 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Uniform Policy Manual (“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.
3. 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.
4. The Department correctly sent the Appellant W-1348 request for verifications lists requesting information needed to establish eligibility.
5. 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.; or

- c. the Department has assumed responsibility for obtaining verification and has had less than 10 days; or
 - d. the Department has assumed responsibility for obtaining verification and is waiting for material from a third party.
6. UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred:
- (1) the Department has requested verification; and
 - (2) at least one item of verification has been submitted by the assistance unit within a time period designated by the Department but more is needed.
7. The Department correctly sent to the Appellant requests for additional documentation when he sent in some, but not all of the requested verifications for his application.
8. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.
9. The Department correctly provided the Appellant with 10 day extensions for submitting the requested verifications because he submitted some of the requested information after each request.
10. On [REDACTED] 2017, the Department incorrectly determined that the Appellant did not respond to the requests for verifications by the due date of [REDACTED] 2017.
11. On [REDACTED] 2017, the Department incorrectly denied the Appellant's application for medical benefits under the Husky C Medicaid program.

DECISION

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

ORDER

- 1. The Department shall reopen the Appellant's [REDACTED] 2017, application for Medicaid and continue the eligibility process.
- 2. No later than [REDACTED] 2017, the Department will submit to the undersigned verification of compliance with this order.

Roberta Gould
Roberta Gould
Hearing Officer

Pc: Fred Presnick, Social Services Operations Manager, DSS Bridgeport
Yecenia Acosta, Social Services Program Manager, DSS Bridgeport
Jessica Gulianello, Eligibility Services Worker, 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 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, 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.