

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 # ██████████  
Request # 828993

NOTICE OF DECISION

PARTY

██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, ██████████ (the "Appellant"), applied to the Department of Social Services (the "Department") for Medical Assistance for the Aged, Blind and Disabled ("MAABD").

On ██████████ 2017, the Appellant requested an administrative hearing to contest a delay in the processing of 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, OLCRAH issued a notice rescheduling 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:

- ██████████ Appellant
- ██████████ Appellant's son and Representative
- Patricia Simmons, Department's Representative
- Carla Hardy, Hearing Officer

## STATEMENT OF THE ISSUE

The issue to be decided is whether the Department is responsible for a delay in processing an application made by the Appellant for MAABD healthcare coverage.

## FINDINGS OF FACT

1. On [REDACTED] 2017, the Appellant applied for Medical Assistance for the Aged, Blind and Disabled ("MAABD"). (Exhibit 1: Application, [REDACTED]/17)
2. The Appellant is 82 years old (DOB [REDACTED]/17). He is a permanent resident who entered the United States on [REDACTED] 2012 and is sponsored by [REDACTED] [REDACTED] (the "sponsor"). (Exhibit 2: Department of Homeland Security Report)
3. The Appellant and his sponsor reside at the same address. (Exhibit 1, Exhibit 2, Hearing Record)
4. On [REDACTED] 2017, the Department mailed the Appellant a W-1348 Verification We Need ("W-1348") that requested information needed to establish eligibility. The requested information was due by [REDACTED] 2017. (Exhibit 3: Partial Verification We Need, Exhibit 6: Case Narrative)
5. On [REDACTED] 2017, the Department mailed the Appellant another W-1348 that requested information needed to establish eligibility which included proof of the Appellant's sponsor's income and assets. The requested information was due by [REDACTED] 2017. (Exhibit 5: Partial Verification We Need, Exhibit 6)
6. On [REDACTED] 2017, the Appellant and his sponsor visited the Department's office. The sponsor provided the Department with his date of birth and the Department added him to the Appellant's pending Medicaid application as the Appellant's sponsor. (Exhibit 6)
7. On [REDACTED] 2017, the Appellant and his sponsor contacted the Department regarding the status the Medicaid application. The Appellant was informed that his application was still pending. The Department advised the Appellant and his sponsor that proof of the sponsor's income was needed. The sponsor is self-employed and had not filed his 2016 Income Tax Return by this date. The sponsor was informed that the 2015 Income Tax Return would be acceptable with proof that he filed for an extension. (Hearing Summary)
8. On [REDACTED] 2017, the Department mailed the Appellant a W-1348 that requested a copy of his sponsor's 2015 Income Tax Return and proof that he filed for an extension for 2016. (Hearing Summary)

9. On [REDACTED] 2017, the Department received proof the sponsor applied for a 2016 income tax extension and a partial 2015 Income Tax Return. (Exhibit 9: Partial 2015 Income Tax Return, Hearing Summary)
10. On [REDACTED] 2017, the Department mailed the Appellant a W-1348 that requested the sponsor's entire 2015 Income Tax Return. The requested information was due by [REDACTED] 2017. (Exhibit 10: W-1348, [REDACTED]/17)
11. On [REDACTED] 2017, the Appellant sent a copy of his 2016 Income Tax Extension and his 2014 Income Tax Return to the OLCRAH. These documents were not forwarded to the Department. (Appellant's Exhibit K: 2014 Income Tax Return, Hearing Record)
12. On [REDACTED] 2017, the Appellant submitted a copy of his sponsor's 2016 Income Tax Return to the Department at the administrative hearing. (Exhibit 12: 2016 Income Tax Return, Hearing Record)
13. As of the date of this hearing, the Appellant's Medicaid application remained in pending status. (Hearing 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. Uniform Policy Manual (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.
2. The Department correctly notified the Appellant what needed to be done in order to make an eligibility determination.
3. UPM § 1505.35 (C)(2) provides that the standard of promptness for processing MA applications for applicants applying on the basis of age or blindness is forty-five calendar days.
4. UPM § 1505.40 pertains to eligibility determinations and states in part:

#### B (5) Delays Due to Insufficient Verification (AFDC, AABD, MA Only)

- a. 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.

- b. 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.
5. The Department correctly allowed 10 day extensions for submitting verification.
6. The Department failed to process the Appellant's application within forty-five calendar days of the date of application.

### **DECISION**

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

### **ORDER**

1. The Department shall review all information submitted regarding the Appellant's application for MAABD.
2. If all information needed to determine eligibility has been provided, the Department shall make an eligibility determination.
3. If additional information is needed the Department shall allow the Appellant a minimum of ten days to provide the additional information.
4. Compliance with this order shall be submitted to the undersigned no later than [REDACTED] 2017.

  
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Carla Hardy  
Hearing Officer

Pc: Tyler Nardine, Operations Manager, Norwich Regional Office  
Tonya Cook-Beckford, Operations Manager, Norwich Regional Office  
Patricia Simmons, Liaison, Norwich 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.