

**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: 829896 (medical)

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2017, the Department of Social Services (the "Department") issued [REDACTED] (the "Appellant") a *Notice of Discontinuance* terminating her HUSKY A/Medicaid for Parents & Caretakers coverage effective [REDACTED] 2017 for the stated reason that she had refused to cooperate in the application process.

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

On [REDACTED] 2017, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2017.

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 initiated an administrative hearing. The following participated on [REDACTED] 2017:

[REDACTED] Appellant
Walter Laracuenta, Department's representative
Eva Tar, Hearing Officer

By mutual agreement, the [REDACTED] 2017 administrative hearing was postponed to allow the Department and the Appellant to arrange for witnesses to testify.

On [REDACTED] 2017, the OLCRAH issued a notice scheduling the Appellant's administrative hearing to be reconvened on [REDACTED] 2017 with the undersigned hearing officer. The following individuals participated on [REDACTED] 2017:

██████████ Appellant
██████████ Appellant's sister
██████████ Appellant's witness
Walter Laracuenta, Department's representative
Keith Gatling, Department's witness
Eva Tar, Hearing Officer

The administrative hearing record closed ██████████ 2017.

STATEMENT OF ISSUE

The issue to be decided by this proceeding is whether the Department correctly terminated the Appellant's HUSKY A/Medicaid for Parents & Caretakers coverage.

FINDINGS OF FACT

1. Prior to ██████████ 2017, the Appellant was an active HUSKY A/Medicaid for Parents & Caretakers recipient. (Department's Exhibit 3)
2. On ██████████ 2017, a Department Fraud Early Detection ("FRED") investigator interviewed the Appellant in her home. (Department's Exhibit 2)(Appellant's testimony)
3. On ██████████ 2017, the FRED investigator recommended that the Department close the Appellant's case. (Department's Exhibit 2)
4. On ██████████ 2017, the Department issued a *Notice of Discontinuance* to the Appellant, terminating her HUSKY A/Medicaid for Parents & Caretakers coverage effective ██████████ 2017 for refusing to cooperate with the application process. (Department's Exhibit 3)
5. The ██████████ 2017 *Notice of Discontinuance* stated that the Appellant had failed to cooperate with the Fraud Unit. (Department's Exhibit 3)

CONCLUSIONS OF LAW

1. Section 17b-80 (a) of the Connecticut General Statutes provides in part that the commissioner shall make periodic investigations to determine eligibility and may, at any time, modify, suspend or discontinue an award previously made when such action is necessary to carry out the provisions of the state supplement program, medical assistance program, temporary family assistance program, state-administered general assistance program or supplemental nutrition assistance program.
2. As a condition of eligibility, members of the assistance unit are required to cooperate in the initial application process and in reviews, including those generated by reported changes, redeterminations and Quality Control. Uniform Policy Manual ("UPM") § 3525.05.

3. At any review of eligibility, including reviews generated by reported changes and redeterminations and Quality Control reviews, members of the assistance unit must cooperate by: a. completing and signing any necessary review forms; and b. responding to a scheduled appointment for an interview; and c. reporting changes and verifying information as required. UPM § 3525.05 (A)(2).
4. Reviews other than Quality Control. Ineligibility continues until the individual who caused the penalty cooperates, or until another qualified member of the assistance unit cooperates in completing the review. UPM § 3525.05 (B)(2)(a).
5. The [REDACTED] 2017 interview that occurred between the Appellant and the FRED investigator in the Appellant's home was not a Quality Control review.
6. The Appellant cooperated in the review process when she consented to be interviewed by a FRED investigator in the Appellant's home.
7. The Department incorrectly terminated the Appellant's HUSKY A/Medicaid for Parents & Caretakers coverage.

DECISION

The Appellant's appeal is GRANTED.

ORDER

1. The Department will reinstate the Appellant's HUSKY A/Medicaid for Parents & Caretakers coverage effective [REDACTED] 2017.
2. Within 14 calendar days, or [REDACTED] 2017, documentation of compliance with this order is due to the undersigned.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Cc: Walter Laracuenta, 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.