

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 # 832302

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 Medicaid benefits effective ██████████ 2017 under the Employed Disabled program.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the discontinuance of medical 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, 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
Michael Ober, Department's Representative
Carla Hardy, Hearing Officer

The hearing record remained open for the submission of additional evidence. On ██████████
██████████ 2017 the record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's Medicaid benefits.

FINDINGS OF FACT

1. The Appellant was active on Medicaid for the Employed Disabled prior to [REDACTED] 2017. (Hearing Record)
2. On [REDACTED] 2017, the Department reviewed the Appellant's renewal form and sent a *W-1348 Verification We Need* ("W-1348") form requesting verification of his People's Bank accounts ending in [REDACTED] and [REDACTED]. The requested information was due by [REDACTED] 2017. (Exhibit 1: W-1348, [REDACTED]/17, Hearing Summary)
3. On [REDACTED] 2017, the Department had not received the requested verification and discontinued the Appellant's medical assistance. (Exhibit 4: Case Narrative)
4. On [REDACTED] 2017, the Department notified the Appellant that his medical assistance would be discontinued on [REDACTED] 2017 because they had not received the required verification that was requested. (Exhibit 2: NOA, [REDACTED]/17)
5. On [REDACTED] 2017, the Appellant requested an administrative hearing. (Hearing Record)
6. On [REDACTED] 2017, a Department representative spoke with the Appellant regarding the discontinuance of his medical assistance. She informed him what verification was missing. She claimed the Appellant in Connect so that his verifications would be routed directly to her. (Exhibit 4)
7. On [REDACTED] 2017, People's United Bank printed a letter reporting the Appellant owned a checking account ending in [REDACTED] and that any other accounts he may have had, had been closed and purged from their system. The notice does not provide a balance for the account ending in [REDACTED] (Exhibit 5: People's United Bank notice, [REDACTED]/17)
8. The date that the Department received the letter from People's United Bank is not known by this Hearing Officer. (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.
2. Uniform Policy Manual ("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.
3. UPM §1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.
 4. UPM §1545.15(A)(1) provides for notification requirements. The Department is required to provide assistance units with timely notification of the scheduled redetermination.
 5. The Department correctly mailed the Appellant a redetermination notice.
 6. 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.
 7. The Department correctly sent a W-1348 advising the Appellant that it needed a copy of his People's Bank statements.
 8. 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.
 9. UPM §1545.05(D)(1) provides that if the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit.
 10. The Department did not receive the information it requested.
 11. The Department correctly discontinued the Medicaid benefit effective [REDACTED] 2017 for failure to provide verification required to determine continued eligibility.

DECISION

The Appellant's appeal is DENIED.


Carla Hardy
Hearing Officer

Pc: Tyler Nardine, DSS, Norwich
Tonya Cook-Beckford, DSS, Norwich
Michael Ober, DSS, Norwich

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 06105-3725.

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 06105-3725. 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 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.