

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

██████████ 2018
Signature Confirmation

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

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2017, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") stating her Husky C Medical benefits ended 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 ██████████, 2018.

On ██████████, 2018, 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 Representative, Business Office Manager Chelsea Place Care Center
Lenora Riley, Department Representative
Miklos Mencseli, Hearing Officer

The hearing officer held the record open for the submission of additional evidence. On ██████████ 2018, the hearing officer closed the record.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's Husky C Medical benefits for failure to complete a redetermination is correct.

FINDINGS OF FACT

1. The Appellant received Husky C Medical benefits assistance for herself.
2. The Appellant lived in the community at [REDACTED] [REDACTED]. (Hearing Record, Exhibit 5: Department's Household Address screen printout)
3. On [REDACTED], 2017, the Appellant requested a new EBT card. The Appellant requested the card be ordered to the regional Hartford office of 20 Meadow Rd. Windsor, CT as she has mailbox with a lock on it and does not have the key. (Exhibit 4: Department's case notes for the Appellant)
4. On [REDACTED] 2017, the Department changed the Appellant's mailing address to the Hartford regional office of 20 Meadow Rd. Windsor, CT. (Exhibit 5)
5. On [REDACTED] 2017, the Appellant came into the Hartford regional office to pick-up her EBT card. (Exhibit 4)
6. On [REDACTED] 2017, the Department sent the Appellant a Husky C renewal notice with a renewal form. The notice was mailed to 20 Meadow Rd Windsor, CT. The notice stated that the Appellant needed to complete the renewal form and return the form to the Department by [REDACTED] 2017. (Ex. 3A: renewal notice dated [REDACTED])
7. On [REDACTED] 2017, the Department sent the Appellant a warning notice stating It had not received the renewal form and benefits would be discontinued effective [REDACTED], 2017 if not received. The notice was mailed to 20 Meadow Rd. Windsor, CT. (Ex. 3B: warning notice dated [REDACTED])
8. On [REDACTED] 2017, the Department received a call from [REDACTED] regarding the Appellant's medical eligibility. (Exhibit 4)
9. On [REDACTED] 2017, the Department noted the Appellant's renewal due for [REDACTED], 2017 for medical and food stamps had not been received. (Exhibit 4)

10. On [REDACTED] 2017, the Department sent the Appellant a Notice of Action (NOA). The notice was mailed to 20 Meadow Rd Windsor, CT. The notice stated that the Appellant's SNAP benefits were approved and her SNAP eligibility period is [REDACTED]. The Husky C benefits end date is [REDACTED] 2017. (Exhibit 3C: NOA dated [REDACTED])
11. On [REDACTED], 2017, the Appellant was admitted to [REDACTED] (Hearing Record, Exhibit 4)
12. On [REDACTED] 2017, the Department sent the Appellant a Notice of Action (NOA). The notice was mailed to 20 Meadow Rd Windsor, CT. The notice stated that the Appellant's Husky C Medical benefits status is closed. (Exhibit 3D: NOA dated [REDACTED])
13. The Department failed to change the Appellant's address back to her community address after her pick-up of the EBT card in [REDACTED] 2017.
14. On [REDACTED] 2017, the Department made a note the Appellant was admitted to [REDACTED] on [REDACTED] 2017. (Exhibit 4)
15. On [REDACTED], 2017, the Department noted the Appellant was admitted on [REDACTED] with no Level of Care end date and the Appellant's coverage closed due to no redetermination (renewal). (Exhibit 4)
16. On [REDACTED] 2017, the Department sent the Appellant a Notice of Action (NOA). The notice was mailed to 20 Meadow Rd Windsor, CT. The notice stated that the Appellant's SNAP benefit end date is [REDACTED], Husky C Medical end date is [REDACTED] and approved MSP benefits from [REDACTED] through [REDACTED]. (Exhibit 3E: NOA dated [REDACTED])
17. On [REDACTED], 2017, the Appellant submitted to the Department a redetermination form. (Summary, 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. UPM § 1015.10 provides for Informing the Assistance Unit.

C. Case Decisions

The Department must send the assistance unit a notice regarding the Department's determination of the unit's initial eligibility, and, subject to conditions described in Section 1570, adequate notice before taking action to change the unit's eligibility status or the amount of benefits.

3. The Department failed to notify the Appellant that her Husky C Medical benefits are closing effective [REDACTED] as the warning notice was not sent to the Appellant's address.
4. Uniform Policy Manual ("UPM") § 1545.15 (A) (1) provides in part that the Department is required to provide assistance units with timely notification of the required redetermination.
5. The Department failed to timely notify the Appellant that her Husky C Medical was due for redetermination as the form was not sent to the Appellant's address.
6. UPM § 1555.25 provides for Notification.
 - B. Assistance units are provided with notice of adverse action when a change in assistance unit circumstances results in ineligibility or reduced benefits, except when such notice is not required. (Cross Reference: 1570)
7. The Department failed to notify the Appellant that her Husky C Medical benefits closed effective [REDACTED] as the Notice of Action was not sent to the Appellant's address.
8. The Department incorrectly discontinued the Appellant's Husky C Medical as it did not properly and timely notify the Appellant of her renewal for the program was due.

DISCUSSION

The Department incorrectly discontinued the Appellant's Husky C Medical benefits. The Department did not properly notify the Appellant that her renewal was due, that it had not been received and that benefits were discontinued. The Department failed to change the Appellant's mailing address back to her community address after she came into the Hartford regional office to pick-up her EBT card.

DECISION

The Appellant's appeal is Granted.

ORDER

1. The Department is ordered to re-open the Appellant's Medical benefits back to [REDACTED] 2017.

2. The Department is to determine eligibility from [REDACTED] 2017 on-going.
3. No later than [REDACTED] 2018, the Department will provide to the undersigned proof of compliance with this order.



Miklos Mencseli
Hearing Officer

C: Musa Mohamud, Operations Manager , DSS R.O. #10 Hartford

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.