

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3723

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

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

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA) discontinuing benefits under the medical assistance for the HUSKY Pregnant Women program.

On ██████████ 2018 the Appellant requested an administrative hearing to contest the Department’s decision to discontinue such benefits.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2018.

On ██████████ 2018, the Appellant requested a continuance of the hearing due to illness, which OLCRAH granted.

On ██████████ 2018, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2018.

On ██████████ 2018, 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
Rosalie Bertolini, Department Fair Hearing Liaison, Danbury,
Maureen Foley-Roy, Hearing Officer

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

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's pregnancy related medical benefits was correct.

FINDINGS OF FACT

1. Prior to ██████████ of 2018, the Appellant told AccessHealthCT("AHCT") that she was pregnant and AHCT authorized pregnancy related medical benefits for her. The Appellant expected due date was ██████████ of 2018 (Exhibit 4: AHCT Case Comments)
2. On ██████████, 2018, the Appellant reported that she had not delivered a child in ██████████ and that her doctor wasn't sure that she was pregnant. (Exhibit 4)
3. On ██████████ 2018, AHCT sent the Appellant a "Missing Information Form requesting proof of pregnancy. (Exhibit 4)
4. The Appellant did not provide the Department with proof of pregnancy because she has been unable to obtain any information from her physician to confirm her pregnancy. She is unsure of her due date. She believes the stated ██████████y due date was a mistake on the part of her doctor. (Appellant's testimony)
5. On ██████████ 2018, the Appellant's pregnancy related medical was discontinued effective ██████████ 2018 because the pregnancy end date had been entered as ██████████ 2018. (Exhibit 4)
6. The Appellant is 47 years old and receives Social Security Disability and is active on Medicare and the Medicare Savings Program. She wants to obtain Medicaid coverage because she needs dental work. (Appellant's testimony and Department's summary)

7. As of the date of the hearing, the Appellant's doctor has not advised her of her expected due date and has not provided the Appellant with proof of pregnancy. (Appellant's testimony)

8. On ██████████ 2018, the Department granted a HUSKY C Medicaid for the Appellant for the period from ██████████ 2018 through ██████████ 2018 with a spenddown of \$2489.46. (Exhibit 3: Spenddown screen)

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") § 2540.01A provides that In order to qualify for Medical Assistance, an individual must meet the conditions of at least one coverage group.
3. UPM § 2540.43 provides for the HUSKY A Coverage Group for Pregnant Women.
4. UPM § 2540.01 D provides for the general principles of Medicaid Coverage Groups and states that unless otherwise stated in particular coverage group requirements, all individuals must meet the MA technical and procedural requirements to be eligible for Medicaid.
5. 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.
6. UPM § 1015.05 C states 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.
7. The Department was correct when, it advised the Appellant that she must provide proof of pregnancy in order to continue receiving pregnancy related medical coverage.
8. The Department was correct when it discontinued the Appellant's medical coverage for pregnant women because the Appellant had not provided proof of her pregnancy.

DISCUSSION

The Department was correct when it discontinued pregnancy related medical assistance to the Appellant because she has not furnished proof that she was pregnant. The benefits were initially granted based on the client's statement that she was pregnant and due in [REDACTED] of 2018. When it was discovered that was not the case, the Department requested proof of pregnancy in order to continue coverage. The Appellant testified that she never did provide proof of pregnancy to the Department because she has been unable to obtain such proof from her physician.

The Department has no choice but to deny pregnancy related medical benefits if there is no proof of pregnancy. The Appellant's issue is with her physician and their refusal to provide her information that she needs and has requested.

DECISION

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

A handwritten signature in cursive script that reads "Maureen Foley-Roy".

Maureen Foley-Roy,
Hearing Officer

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 06105-3723.

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.