

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATION AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CONNECTICUT 06105-3725

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

Client ID # ██████████
Request # 120989

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (“Department”) sent ██████████
██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing her Medical
benefits under the Medicaid for the Aged, Blind or Disabled (“MAABD”) 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, 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
Garfield White, Department’s Representative
Thomas Monahan, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to discontinue the Appellant's MAABD benefits because she failed to provide information was correct.

FINDINGS OF FACT

1. The Appellant received medical benefits through the Department's Medicaid for the Aged, Blind or Disabled ("MAABD") program. (Hearing record)
2. On [REDACTED] 2017 the Department reviewed the Appellant's eligibility for the MAABD program after receiving a redetermination form from the Appellant. (Exhibit A: Case note, [REDACTED]/17)
3. On the redetermination form the Appellant reported that her checking and savings accounts with Citibank were closed. (Exhibit A: Case note, [REDACTED]/17)
4. On [REDACTED] 2017, the Department sent a Verification We Need form to the Appellant requesting verification of her Citibank checking and savings account balances. (Exhibit B: Proofs We Need, [REDACTED]/18)
5. The Department did not receive verification of the Citibank checking or savings balances or that the accounts were closed. (Department's testimony)
6. On [REDACTED] 2018, the Department discontinued the Appellant's MAABD benefits effective [REDACTED], 2018, because the Appellant did not return verification of the balances of her bank accounts or that they were closed. (Exhibit C: Notice of Action, [REDACTED]/18, Hearing Summary)

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 pursuant to Title XIX of the Social Security Act.
2. Regulation provides that the Department requires verification of information: (a) when specifically required by federal or State law or regulations; and (b) when the Department considers it necessary to corroborate an assistance

unit's statements pertaining to an essential factor of eligibility. Uniform Policy Manual ("UPM") § 1540.05(B)(1).

3. Regulation provides that eligibility is redetermined on a scheduled basis. A redetermination constitutes a complete review of AFDC, AABD or MA certification. The purpose of the redetermination is to review all circumstances relating to need, eligibility and benefit level. UPM § 1545.05(A)(B)
4. Regulation provides that Eligibility is redetermined by the end of the current redetermination period in all cases where sufficient information exists to reach a decision. Continued eligibility is either approved or denied, and the assistance unit notified of the Department's determination. UPM § 1545.40(A.)
5. Regulation provides that for every program administered by the Department, there is a definite asset limit. UPM § 4005
- 6 Regulation 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. UPM § 1015.05 (C)
- 7 The Department correctly issued the Appellant a Proofs We Need form requesting information needed to establish eligibility.
- 8 Regulation 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 that the Department requires to determine eligibility and calculate the amount of benefits. UPM § 1010.05(A)(1).
- 9 Regulation provides that the assistance unit bears the primary responsibility for providing evidence to corroborate its declarations. UPM § 1540.10(A).
10. Regulation provides that he Department determines eligibility within the standard of promptness for the MA programs except when verification needed to establish eligibility is delayed and one of the following is true: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed. UPM § 1505.35(D)(2)
11. The Department did not receive any of the requested verifications from the Appellant.


12. The Department correctly discontinued the Appellant's assistance under the MAABD program.

DISCUSSION

The Appellant testified that she sent verification of the closure of her bank account in 2016 and that because she does not have her birth certificate or license she does not have identification and can't get verification that her bank accounts are closed.. The Department has no record of receiving verification of the closure of the Appellant's bank account.

DECISION

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


Thomas Monahan
Hearing Officer

C: Musa Mohamud, Operations Manager, Hartford Regional Office
Judy Williams, Operations Manager, Hartford Regional Office
Jessica Carroll, Operations Manager, Hartford Regional Office
Jay Bartolomei, Liaison Supervisor
Garfield White, Hearing Liaison

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.