

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

██████████
Request # 124570

NOTICE OF DECISION
PARTY

██████████
██████████

PROCEDURAL BACKGROUND

██████████ 2018, the Department of Social Services (the "Department") sent ██████████
(the "Appellant") a Notice of Action ("NOA") denying her application for the
Husky C Medicaid for Aged, Blind and Disable program.

██████████, 2018, the Appellant requested an administrative hearing to contest the
Department's decision to deny such benefits.

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

██████████, 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's
██████████, Appellant's daughter and Representative
Guerline Dominique, Department's Representative
Veronica King, Hearing Officer

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

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to deny the Appellant's application for the Husky C Medicaid for Aged, Blind, Disable benefits for failure to provide information was correct.

FINDINGS OF FACT

1. [REDACTED] 2018, the Department received a W-1E application for medical benefits from the Appellant. (Exhibit 6: W1E Application for Benefits)
2. The Appellant is [REDACTED] years old (DOB [REDACTED]). She is a Legal Permanent Resident ("LPR") for more than 5 years. The Appellant lives with her daughter and reported no income or assets at the [REDACTED] 18 W1E application. (Exhibit 6 and Hearing Record)
3. [REDACTED], 2018, the Department processed the Appellant's application. The Department observed that the Appellant had applied for medical benefits on 2014 and 2015, on both occasions the Appellant reported a pension and bank account from Pakistan. The previous applications were denied because the Appellant failed to provide verification of the pension and bank account. (Exhibit 3: Case Notes screen prints and Hearing Record)
4. [REDACTED], 2018, the Department issued a W-1348 Proofs We Need form ("W1348") requesting proof of pension. The due date was [REDACTED] 2018. (Exhibit 4: W1348)
5. The Appellant or the Appellant's representative did not call or request help from the Department to obtain the requested verification. (Hearing Record)
6. On [REDACTED] 2018, the Department issued a Notice of Action ("NOA") denying the Appellant's application for Husky C Medicaid for Aged, Blind, Disable because she did not return all of the required proofs by the requested date. (Exhibit 5: NOA, [REDACTED] 18)
7. The Appellant's Representative testified that the education facility were the Appellant worked as a teacher closed. (Appellant's Representative Testimony)
8. The Appellant's Representative testified that the Appellant no longer receives the pension and that the bank account was closed. The Appellant was receiving her pension and had a bank account in 2014. She can't remember when the pension ended and when she closed the bank account. (Appellant's Representative's Testimony)

9. The Appellant was in Pakistan from [REDACTED] 2017 through [REDACTED] 2018. She typically travels to Pakistan and stays 6 months with family members. (Appellant's Representative's Testimony)

CONCLUSIONS OF LAW

1. Section § 17b-2 and § 17b-260 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. Uniform Policy Manual ("UPM") § 1540.05 (B)(1) 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.

UPM § 5050 (A) states that in consideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded. Income is considered available if it is: 1. received directly by the assistance unit; or 2. received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or 3. deemed by the Department to benefit the assistance unit.

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.

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 that the Department requires to determine eligibility and calculate the amount of benefits.

The Department correctly determined that the Appellant must provide information regarding her previously reported income.

The Department correctly sent the Appellant the Proofs We Need form requesting information needed to establish eligibility.

3. UPM § 1540.10 states that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department. (A) The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations. (B) The assistance unit may submit any evidence which it feels will support the information provided by the unit. (C) The Department obtains verification on behalf of the assistance unit when the following conditions exist:

1. the Department has the internal capability of obtaining the verification needed through such means as case files, microfiche records, or direct access to other official records; or 2. the Department has the capability to obtain the verification needed, and the assistance unit has done the following: (a) made a reasonable effort to obtain the verification on its own; (b) been unable to obtain the verification needed; and (c) requested the Department's help in obtaining the verification; and (d) continued to cooperate in obtaining the verification. 3. When the evidence necessary can only be obtained by payment of a fee, and the Department is able to obtain the evidence. (D) The Department considers all evidence submitted by the assistance unit or received from other sources.

The Appellant did not submit any evidence in response to the Proof We Need form sent by the Department.

The Appellant did not request the Department's help in obtaining the verifications.

4. UPM § 1540.05(D)(1) provides that the penalty for failure to provide required verification depends upon the nature of the factor or circumstance for which verification is required: 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. Factors on which unit eligibility depends directly include, but are not limited to: income amounts and asset amounts.

UPM § 1505.35 (D) (2). provides that the Department determines eligibility within the standard of promptness for the AFDC, AABD, and MA programs except when verification needed to establish eligibility is delayed and one of the following is true: a. the client has good cause for not submitting verification by the deadline, or b. the client has been granted a 10 day extension to submit verification which has not elapsed.

UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred: 1. the Department has requested verification; and 2. at least one item of verification has been submitted by the assistance unit within a time period designated by the Department but more is needed.

UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.

The Department was correct not to delay the application as the Appellant did not request help or requested an extension of time in order to obtain the verifications requested.

The Department was correct not to delay the application due to insufficient verification because the Appellant failed to submit at least one item of verification requested by the Department.

The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility since requested information was not returned and the Appellant did not contact the Department by the due date.

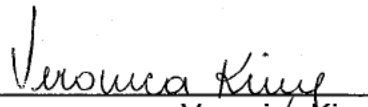
DISCUSSION

After reviewing the evidence and testimony presented, the Department's action to deny the Appellant's request for Husky C Medical assistance is upheld. Regulation requires that an application must remain pending as long as the Appellant shows good cause for not providing at least one requested item before the given due date.

The Appellant representative argued that the Appellant no longer receives the pension from Pakistan and that the Appellant can't provide verification because the institution closed. While this can be true the Appellant's representative failed to contact the Department and to request help or an extension of time. The Department was correct to deny the Appellant's application for failure to provide information.

DECISION

The Appellant's appeal is DENIED.



Veronica King
Hearing Officer

Cc: [REDACTED] Jessica Carrol, DSS Operations Manager,
DO#10 Hartford
Guerline Dominique, DSS Hearing Liaison, DO#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 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.