

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

REQUEST #130597

██████████ 2018
SIGNATURE CONFIRMATION

████████████████████
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NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the “Department”; or “DSS”), sent ██████████ (the “Appellant”) a Notice of Action stating that his application for medical assistance under the Medicaid HUSKY C program had been denied, because the value of his assets is more than the amount allowed; he did not return all of the required proofs by the due date as requested; and he did not meet program requirements.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department’s denial of his application for medical assistance under the Medicaid program.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling a hearing for ██████████ 2018 @ 1:00 PM to address the Department’s denial of the Appellant’s application for medical assistance under the Medicaid program.

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 to address the Department’s denial of the Appellant’s application for medical assistance under the Medicaid program.

The following individuals were present at the hearing:

████████████████████, Appellant
Sara Hart, Representative for the Department
Hernold C. Linton, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant failed to provide the Department with requested verification or information necessary to establish his eligibility for medical assistance under the Medicaid program.

FINDINGS OF FACT

1. On ██████████ 2018, the Department received the Appellant's application for medical assistance under Medicaid Husky C (S05) Working Disabled program. (Hearing Summary; Dept.'s Exhibit #1: Case Notes)
2. The Appellant reported that he is employed by ██████████, has a bank account, and pays \$500.00 per month for rent. (Hearing Summary; Dept.'s Exhibit #1)
3. The Department gave the Appellant a Proofs We Need ("W-1348") notice requesting proof of his checking account balance, proof of his gross earnings, and proof of his disability by ██████████ 2018, needed to determine his eligibility for medical assistance under Medicaid Husky C (S05) program by ██████████ 2018. (Dept.'s Exhibit #3: ██████████ 18 W-1348)
4. The Department notified Colonial Cooperative Care, Inc.-("CCCI"), the subcontractor responsible for reviewing disability claims, that the Appellant was given a medical packet for completion, which included Form "W-300"-Medical Report, Form "W-303"-Client Supplement for Medical Information, and Form "W-303A"-Permission to Share Medical Information for completion. The Appellant was provided with a return envelope to provide his completed medical packet to CCCI for a determination of his disability claim. (Hearing Summary; Dept.'s Exhibit #1)
5. The Department determined that the requested information was not received from the Appellant within the specified due date. (Hearing Summary)
6. On ██████████ 2018, the Department denied the Appellant's application for medical assistance under the Medicaid Husky C program for failure to provide all of the required proofs requested. (Hearing Summary; Dept.'s Exhibit #4: Notice of Action)
7. On ██████████ 2018, CCCI notified the Department that the Appellant did not provide his completed W-300 –Medical Report and W-303 -Client Supplement for Medical Information within thirty (30) days. (Dept.'s Exhibit #1; Dept.'s Exhibit #2: W-310)
8. The Appellant is ██████████ years of age (DOB ██████████). (Appellant's testimony; Dept.'s Exhibit #2)
9. The Appellant is employed forty (40) hours per week. (Appellant's testimony)
10. The W-1348 informed the Appellant of the outstanding verification needed to process his application for medical assistance, the due date by which to provide the

requested information, or else his application may be delayed or denied. (Dept.'s Exhibit #3)

11. The W-1348 informed the Appellant to call the Department, if he needs assistance or more time to provide the requested information. (Dept.'s Exhibit #3)
12. The Appellant did not provide the Department with the requested information by the final due date of [REDACTED] 2018. (Hearing Summary)
13. There is no evidence that the Appellant requested an extension of the due date by which to provide the Department with the outstanding information needed to process his application for medical assistance. (See Facts # 1 to 12)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes (CGS) authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Section 17b-260 of the Connecticut General Statutes authorizes the Commissioner of the Department Social Services to take advantage of the medical assistance programs provided in Title XIX, entitled "grants to States for Medical Assistance Programs," contained in the Social Security Amendments of 1965.
3. Connecticut General Statutes § 17b-597(a) authorizes the Department of Social Services to establish and implement a working persons with disabilities program to provide medical assistance as authorized under 42 USC 1396a(a)(10)(A)(ii), as amended from time to time, to persons who are disabled and regularly employed.
4. Uniform Policy Manual ("UPM") § 2540.85 provides there are two distinct groups of employed individuals between the ages of 18 and 64 inclusive who have a medically certified disability or blindness and who qualify for Medicaid as working individuals with disabilities. These groups are the Basic Insurance Group and the Medically Improved Group. There is a third group of employed individuals consisting of persons at least 18 years of age who have a medically certified disability or blindness who also qualify for Medicaid as working individuals with disabilities. This is the Balanced Budget Act Group. Persons in this third group may be age 65 or older.
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 § 1010.05(A)(2) provides that the assistance unit must permit the Department to verify information independently whenever the unit is unable to provide the necessary information, whenever verification is required by law, or

whenever the Department determines that verification is necessary (Cross reference: 1540).

7. The Appellant failed to provide the Department with verification of his checking account balance, monthly gross earnings, and disability claim by the specified due date of [REDACTED] 2016.
8. UPM § 1015.05(C) 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.
9. 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.
10. UPM § 1505.35(A)(1) provides that prompt action is taken to determine eligibility on each application filed with the Department.
11. UPM § 1505.35(A)(2) provides that reasonable processing standards are established to assure prompt action on applications.
12. UPM § 1505.40(A)(1) provides that prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits.
13. 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.
14. The Department did inform the Appellant of the requested information needed to determine his eligibility for medical assistance, by the specified due date.
15. The Appellant failed to contact the Department to request an extension of the due date by which to provide the requested verifications.
16. The Appellant did receive proper notice of the outstanding information needed prior to the Department's denial of his application for medical assistance.
17. The Department did not have sufficient information regarding the Appellant's bank account, earnings, and medical condition to determine his eligibility for medical assistance under the Medicaid Husky C program.
18. The Department correctly denied the Appellant's application for medical assistance, for failure to provide requested information needed to determine his eligibility, within the specified time frame, or prior to the Department's denial of his application.

DISCUSSION

As a result of the Alvarez vs. Aronson lawsuit, the Department made revisions to its policy and procedures concerning the process of requesting verification, [See UP-90-26; UPM § P-1540.10(4); Verification and Documentation Guidelines, 10/90]. One of these changes was the requirement that a W-1348 be used when requesting verification from an applicant/recipient. This requirement was instituted to make sure that the applicant/recipient had a clear understanding of exactly what verification was needed, the due date by which to provide the verification, and other acceptable forms of verification. In the present case, the Department did provide the Appellant with a W-1348 requesting the outstanding information needed to determine his eligibility for medical assistance under the Medicaid Husky C program. The Department did provide the Appellant with proper notice listing the needed information, the due date by which to provide the information, and the consequence if the information was not provided. Since the Department did provide the Appellant with a W-1348 requesting the information needed, listing the due date and the consequence if the requested information was not provided, the Department correctly denied the Appellant's application for failure to provide information necessary to establish his eligibility for medical assistance under the Medicaid Husky C program.

The Appellant has to reapply for medical assistance as soon as possible, and to provide the Department with the requested information needed to determine his eligibility.

DECISION

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



Hernold C. Linton
Hearing Officer

Pc: **Tonya Cook-Beckford**, Social Service Operations Manager,
DSS, R.O. #42, Willimantic

Fair Hearing Liaisons, DSS, R.O. #42, Willimantic

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 06105-3725.

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. 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.