

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

██████████, 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") denying his Application for the Husky C, Medicaid for the Aged, blind or disabled program ("AABD") because he did not meet the technical requirements of the program.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On ██████████ ██████████, 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2017.

On ██████████, 2017, 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:

██████████, Appellant's father and Representative
Megan Monopoli, Department's Representative
Almelinda McLeod, Hearing Officer

The hearing record was held open for the submission of additional evidence. On [REDACTED], 2017, the hearing record was closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for Husky C Medicaid, AABD was correct pursuant to regulations.

FINDINGS OF FACT

1. The Appellant is a [REDACTED] year old autistic child residing in a facility called [REDACTED]. [REDACTED] [REDACTED] is a special education school located in [REDACTED] [REDACTED] (Hearing summary and hearing record)
2. On [REDACTED] 2017, after the Appellant was denied for H01, Home and community based services, the Department screened and reviewed the Appellant's W-1LTC application for eligibility for the Husky C, AABD. (Exhibit 3 and 4)
3. On [REDACTED] 2017, the Department determined the Appellant's [REDACTED] year old son did not meet the Age requirement of 65 or older for the Husky C Medicaid-AABD. (Departmental testimony)
4. On [REDACTED] 2017, the Department determined that the Appellant's son was not blind, therefore did not meet the criteria of being blind for the AABD program. (Department testimony)
5. On [REDACTED] 2017, the Department, through interface investigation found the Appellant's son was not receiving Social Security disability income (SSDI), Supplemental Security Income (SSI), nor was he active on Medicare. (Exhibit 3- Case Notes & Department testimony)
6. The Department determined that the Appellant's son did not have the Social Security disability determination needed to meet the categorical requirement for the Husky C program, AABD. (Exhibit 3- Case notes & Department testimony)
7. On [REDACTED], 2017, the Department denied the Appellant's application for Husky C Medicaid, AABD for failing to meet the criteria for this program.

8. On [REDACTED] 2017, the Department issued a Notice of Action (“NOA”) denying the Appellant’s application for Husky C Medicaid, AABD effective [REDACTED] 2017 and ongoing. (Exhibit 5- NOA)

CONCLUSIONS OF LAW

1. Section 17b-2 (6) provides the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual (“UPM”) 2525.05 A provides the determination of whether an individual meets the age requirements of the individual program is made in accordance with the “popular usage method” under which a specific age is attained on the anniversary of the individual’s birth.
3. UPM 2525.05 B provides in situations in which the year can be established but the month of an individual’s birth is not available, July 1 is used as the point from which age is computed.
4. UPM 2525.15 A. provides to meet the age requirement for State Supplement and related Medicaid based on disability, the individual must be eighteen (18) years of age through sixty-five (65) years of age.
5. UPM 2525.15 B provides to meet the age requirement for State Supplement and related Medicaid based on old age, the individual must be sixty-five (65) years of age or older.

The Department correctly determined the Appellant’s [REDACTED] year old did not meet the age requirement of 18 to 65 years of age.

The Department correctly determined the Appellant’s [REDACTED] year old son did not meet the age requirement based on old age, 65 years or older.

6. UPM 2530.10 A. (1) provides an individual who is considered disabled by SSA is considered disabled by the Department.
7. UPM 2530.10 A (2) provides in part, a final determination by SSA that an individual is not disabled takes precedence over a determination by the Department.
8. UPM 2599.30 A. (1) (2) (a) provides the Department verifies that the conditions of disability are satisfied in the absence of a binding determination by SSA. The Department verifies the following information

relative to an evaluation of disability by SSA. A.) information concerning the application, or SSA's evaluation of the disability claim.

9. UPM 1540.15 (E) (1) (a) provides in addition to other methods of verification, the Department also uses the Federally-mandated Income Eligibility Verification System (IEVS) to obtain and utilize information on income. IEVS is used in regard to the income of the following persons: a.) applicants for and recipients of assistance under all programs.
10. UPM 1540.15 (E) (4) (a) IEVS obtains and utilizes information from the Social Security Administration.

The Department correctly used the IEVS system to determine the Appellant did not have Social Security disability income, Supplemental Security income nor was active on Medicare.

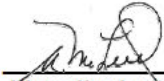
The Department correctly determined the Appellant did not meet the criteria of disability for the AABD program because there was no evidence of a disability determination from Social Security Administration.

11. UPM 2535.05 A. provides that in order to be eligible for the State Supplement or related Medicaid on the basis of blindness, the individual must be blind as determined by the Department. The individual must be found to have: 1. Total loss of sight in both eyes; and 2. Visual acuity of 20/200 (6/60 metric) or less in the better eye, after correction to the best acuity obtainable with ophthalmic lenses; or 3. Visual fields restricted to 20 degrees or less in the widest diameter, without regard to the amount of visual acuity; or 4. A visual impairment as described in paragraph C below.
12. UPM 2535.05 B provides that except as provided in paragraph C below, the medical criteria the Department uses for determining blindness are the same as those for evaluating blindness under SSI.
13. UPM 2535.05 C provides under the Medicaid coverage group "Working individuals with Disabilities" the individual must have a medically determinable impairment. However, the individual's ability to perform substantial gainful activity has no effect on the disability determination. (Cross Reference : 2540.85)
14. **The Department correctly determined, based on the information provided in this application process, the Appellant's son did not meet the blindness criteria in order to eligible for the Husky C Medicaid, AABD program.**

15. The Department correctly denied the Husky C Medicaid, AABD program because the Appellant's son did not meet the Aged, Blind or disabled criteria needed in order to qualify for Husky C Medicaid from the state of Connecticut.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: Peter Hadler , Manager, DSS- CO. 10th floor
Musa Mohamed, SSOM Hartford Regional Office
Judy Williams, SSOM Hartford Regional Office
Jay Bartolomei, Fair Hearing Supervisor
Megan Monopoli, Fair Hearing Liaison, Hartford Regional Office

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.

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 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.

