

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

██████████
██████████
██████████

PROCEDURAL BACKGROUND

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

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department's decision to deny the application for Medicaid.

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 Authorized Representative and granddaughter
██████████, Appellant's daughter-in-law
Michael Ober, Department's Representative
Marci Ostroski, Hearing Officer

The Hearing Record remained open for the submission of additional evidence. The Department submitted additional exhibits and on ██████████ 2018, the Hearing Record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for Medicaid due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED], 2017, the Appellant applied in person at the Department's Norwich Regional Office for Medicaid assistance. (Hearing Record)
2. On [REDACTED] 2017, the Department gave the Appellant a W-1348, Proofs We Need form, requesting information needed to determine eligibility. The form requested proof of identity and the completion of the W727 Sponsor of Non-Citizens Information Sheet. The due date for the requested information was [REDACTED], 2018. (Exhibit 1: Case Notes, Ex. 2: 1348 Proof We Need form, [REDACTED]/17)
3. The Appellant provided her Green Card as proof of identity to the Department to be scanned while she was at the Regional Office on [REDACTED], 2017. (Appellant's daughter's-in-law testimony)
4. The Department had previously received proof of the Appellant's identity and had a copy of her scanned Green Card in its Impact Documents system effective [REDACTED] 2016. (Ex. 4: Email from Department with copy of scanned green card)
5. On [REDACTED] 2018, the Department received and reviewed the completed W727 Sponsors of Non-Citizens Information Sheet from the Appellant. (Hearing Summary, Ex. 1: Case Notes)
6. On [REDACTED] 2018, the Department determined that it needed wage stubs from the Appellant's sponsor in order to establish eligibility. The Department did not send the Appellant a request for wage stubs. (Ex. 1: Case Notes, Department's testimony)
7. On [REDACTED], 2018, the Department denied the Appellant's Medicaid and sent her a Notice of Action with the reason for the denial as: "You did not return all of the required proofs by the date we asked". (Hearing Summary, Exhibit 3: Notice of Action dated [REDACTED]/18)

CONCLUSIONS OF LAW

1. Section 17b-2 and § 17b-260 of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual (“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.
3. 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.
4. The Department correctly sent to the Appellant a proofs we need form requesting information needed to establish eligibility on [REDACTED], 2017.
5. The Department was incorrect when it failed to issue a subsequent Proof We Need lists with extended deadlines upon receipt of the requested items prior to the deadline
6. 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: 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.
7. 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.
8. 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.

9. The Department incorrectly did not provide a 10 day extension of time for submitting additional verifications once it had received the Appellant's submission of verifications.
10. The Department incorrectly denied the Appellant's application for failure to submit information needed to establish eligibility.

DISCUSSION

After reviewing the evidence and testimony presented, the Department's action to deny the Appellant's request for Medicaid is not upheld.

Regulations provide that an application must remain pending as long as the Department receives one of the requested verifications before the deadline. The Appellant provided all of the information that the Department's [REDACTED] 2018 1348 requested. If the Department determined that it needed additional information it is required to send an additional request for that information. It is unreasonable for the Department to deny an application for failure to provide requested information that was never requested.

The Department also erred in its denial date. The 1348 Proofs We Need form informed the Appellant that she needed to provide the requested information by [REDACTED], 2018 yet it denied her for failure to provide the information timely on [REDACTED], 2018.

DECISION

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

ORDER

1. The Department will reopen the Appellant's Medicaid application as of [REDACTED], 2017.
2. The Department will continue to process the application and if necessary issue a W-1348 Proofs We Need List requesting any information needed to determine eligibility.

3. The Department will allow a minimum of 10 (ten) calendar days for the Appellant to provide any requested verifications.
4. The Department will submit to the undersigned verification of compliance with this order within 10 (ten) calendar days or [REDACTED] 2018

Marci Ostroski
Hearing Officer

Cc: Tyler Nardine, Social Services Operations Manager, Norwich RO 40
Michael Ober, Fair Hearing Liaison, Norwich RO 40

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.