

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 # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████ Connecticut ██████████

PROCEDURAL BACKGROUND

On ██████████, 2017, the Department of Social Services (“Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying her application for Medical benefits under the Medicaid for the Aged, Blind or Disabled (“MAABD”) program.

On ██████████, 2017, the Appellant requested an administrative hearing to contest the Department’s decision to deny 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, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice rescheduling the administrative hearing for ██████████, 2018.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice rescheduling the administrative hearing for ██████████ 2018.

On [REDACTED] 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:

[REDACTED], Appellant
[REDACTED]
Kristine Faucher, Department's Representative
Thomas Monahan, Hearing Officer

The hearing record remained open for additional information. On [REDACTED] 2018, the record closed.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED] 2017, the Department received an application from the Appellant for medical assistance under the MAABD program. (Exhibit 1: Case notes)
2. The Appellant Applied for Medicaid assistance for herself. (Hearing record)
3. On [REDACTED] 2017, the Department issued a Proofs We Need notice to the Appellant requesting proof of her life insurance face and cash surrender value and proof of her savings account balance. (Ex. 4: Proof We Need, [REDACTED] 7)
4. The Department requested the information by [REDACTED] 2017. (Ex. 4: Proof We Need, [REDACTED] 7)
5. The Department did not receive any of the items requested on the W-1348 form from the Appellant within 10 days. (Department's testimony)
6. On [REDACTED] 2017, the Department sent the Appellant a notice indicating that her application for medical assistance under the MAABD program was denied because she failed to provide the requested information needed to establish eligibility for the program. (Exhibit 5: Notice of Action, [REDACTED] 17)

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 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)
4. The Department correctly issued the Appellant a Proofs We Need form requesting information needed to establish eligibility.
5. 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).
6. Regulation provides that the assistance unit bears the primary responsibility for providing evidence to corroborate its declarations. UPM § 1540.10(A).
7. Regulation 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. UPM § 1505.35(D)(2)
8. The Department did not receive any of the requested verifications from the Appellant or authorized representative after [REDACTED] 2017 and the client did not provide good cause for failure to submit the requested verifications.
9. The Department correctly denied the Appellant's application for medical assistance under the MAABD program.

DISCUSSION

The Appellant requested that the record remain open for additional time to send verification from her life insurance company that they faxed the requested life insurance verification to the Department in a timely fashion during the application process. The Appellant did not submit that verification. As there is no evidence that the requested verifications were submitted, the Department was correct to deny the Appellant's Husky Medicaid application in [REDACTED].

DECISION

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


Thomas Monahan
Hearing Officer

C: Tricia Morelli, Operations Manager, Manchester Regional Office
Kristine Faucher Fair Hearings Liaison, Manchester 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 06105-3725.

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.