

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

[REDACTED], 2018
SIGNATURE CONFIRMATION

[REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], 2017, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") denying her application for medical benefits under the Aid to the Aged, Blind, or Disabled program.

On [REDACTED] 2017, the Appellant requested an administrative hearing to contest the Department's action.

On [REDACTED] 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] 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], Appellant's daughter and witness
[REDACTED], Observer
Nancy Dominguez, Department's Representative
Heather Jenkins, Department's Representative
[REDACTED], Interpreter
Carla Hardy, Hearing Officer

The hearing record was held open for the submission of additional evidence. On [REDACTED] 2018, the record closed.

This hearing decision will be translated in Spanish and issued at a later date.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for medical benefits was correct.

FINDINGS OF FACT

1. On [REDACTED] 2017, the Appellant applied for SNAP assistance. (Exhibit 1: Application, [REDACTED] 17; Exhibit 4: Case Notes)
2. The Appellant is the only person in her household. She is 70 years old. (Exhibit 1)
3. The Appellant is originally from the [REDACTED]. She entered the United States on [REDACTED] 2008 as a Lawful Permanent Resident ("LPR"). (Exhibit 6: Department of Homeland Security SAVE Program Report)
4. The Appellant was married to [REDACTED] ("Appellant's spouse") from [REDACTED] until his death on [REDACTED]. (Appellant's Exhibit A: Marriage Certificate; Appellant's Exhibit B: Death Certificate)
5. The Appellant's spouse worked in the United States from 1980 until 1992. (Appellant's Testimony)
6. The Appellant's spouse did not have any work quarters in Connecticut. (Exhibit 8: Employment History Quarters Search)
7. The Appellant's spouse worked in the state of New York. (Testimony)
8. The Appellant receives \$320.00 gross Supplemental Security Income ("SSI") and \$435.00 Social Security Survivor's benefits monthly. (Exhibit 4: Case Notes; Appellant's Testimony)
9. The Appellant is sponsored by her son, [REDACTED] (the "sponsor"). (Exhibit 6; Hearing Record)
10. On [REDACTED] 2017, the Department mailed the Appellant a *W-1348 Proofs We Need* ("W-1348") form requesting the Appellant provide proof of her sponsor's name, address, income, assets and number of tax dependents. The Department also mailed a W-727 Sponsor of Non-Citizens Information Sheet ("W-727") form that requests demographic and financial information about the sponsor. The

requested information was due by [REDACTED] 2018. (Exhibit 5: W-1348, [REDACTED] 17 with W-727)

11. On [REDACTED], 2017, the Appellant was issued a notice denying the medical benefits for failing to return the required proofs. (Exhibit 7: NOA, [REDACTED]/17)
12. The Department denied the medical application on the same day that it requested additional information from the Appellant. (Exhibit 5; Exhibit 7)
13. The Appellant submitted two of the sponsor's paystubs dated [REDACTED] 2017 and [REDACTED] 2017. (Exhibit 2: Sponsor's Paystubs)

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.
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 § 1015.05(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.
4. The Department was correct when is sent a W-1348 advising the Appellant that it needed proof of her sponsor's name, address, income, assets and number of tax dependents.
5. UPM § 1505.35(C)(1)(c)(2) provides that the standard of promptness is 45 days for an AABD or MA applicant applying on the basis of age or blindness.
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: (b) the client has been granted a 10 day extension to submit verification which has not elapsed.
7. The Department incorrectly denied the Appellant's application on [REDACTED], 2017 when it issued a W-1348 giving the Appellant until [REDACTED], 2017 to supply the information needed to determine eligibility.

DISCUSSION

The Appellant is an LPR who was admitted to the United States on [REDACTED]. She is sponsored by her son, [REDACTED]. The Appellant is widowed and the Department was unable to verify wage quarters that were worked by the Appellant's spouse who expired on [REDACTED]. The Department issued a W-1348 requesting verification of the sponsor's income on [REDACTED], 2017. That verification was due on [REDACTED] 2018. The Department did not give the Appellant 10 days to supply the requested verification and denied her application the same day that they issued the W-1348, [REDACTED] 2017.

The Appellant testified during the hearing that she believed that she should not have to supply verification of her sponsor's income. It is the Appellant's choice not to supply information needed to determine eligibility. However, it is the Department's responsibility to give her the appropriate amount of time to make that decision. The Department incorrectly denied the Appellant's SNAP application on [REDACTED], 2017 when it did not allow her 10 days to submit the information that they requested.

DECISION

The Appellant's appeal is GRANTED.

ORDER

1. The Department shall rescreen the medical application effective the date of the original application.
2. The Department shall issue a W-1348 requesting verification needed to establish eligibility.
3. The Department shall allow the Appellant 10 days to submit the required verification.
4. Compliance with this order shall be submitted to the undersigned no later than [REDACTED] 2018.


Carla Hardy
Hearing Officer

Pc: Fred Presnick, DSS
Yecenia Acosta, DSS
Nancy Dominguez, DSS

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.