STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

[redacted], 2018
Signature Confirmation

Client Number: [redacted]
Request Number: [redacted]

NOTICE OF DECISION

PARTY

[redacted]
[redacted], CT [redacted]

PROCEDURAL BACKGROUND

On [redacted] 2017, the Department of Social Services (the "Department") sent [redacted] (the "Appellant") a Notice of Action ("NOA") stating that HUSKY C S01 medical coverage under the Aid to the Blind, Aged and Disabled Program ("AABD"), would be discontinued effective [redacted] 2017.

On [redacted] 2017, [redacted] the Appellant's representative (the "Representative") requested an administrative hearing to contest the Department's decision to discontinue benefits.

On [redacted] 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings, (OLCRAH) issued a notice scheduling the administrative hearing for [redacted] 2017.

On [redacted] 2017, OLCRAH, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, held an administrative hearing. The following individuals were present at the hearing:

[redacted], Appellant's representative, as authorized by her guardian
Patricia Simmons, Fair Hearing Liaison, DSS Norwich Office,
Kaila Rubin, DSS Willimantic, Department's representative, via telephone conference call

Maureen Foley-Roy, Hearing Officer

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

On [redacted], 2017, the hearing officer reopened the hearing record for the submission of follow up material. The hearing record closed on [redacted] 2017.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department was correct when it proposed to discontinue the Appellant's HUSKY C S01 medical assistance benefits effective [redacted] 2017.

FINDINGS OF FACT

1. The Appellant resides in a group home. She is developmentally disabled, violent, non-verbal and has been receiving AABD benefits since [redacted] (Hearing Summary and Representative's testimony)

2. The Appellant's mailing address is the corporate headquarters for the company which manages the group home in which the Appellant resides. The administrators at the headquarters are responsible for her mail, etc. The Department sends all of its automated notices to the corporate office. (Exhibit D: W1 ER-Renewal of Eligibility form signed [redacted], 2016, Representative's testimony)

3. In [redacted] 2016, the Appellant's AABD, which at that time included both cash and medical assistance, case was due for redetermination. The Representative completed the redetermination form and submitted it to the Department. (Exhibit D)

4. In [redacted], the Department sent a W1348 Verification We Need form to the Appellant at her group home address. The form advised the Appellant that the Department needed information regarding a Bank of America account and her burial account by [redacted], 2017. The form stated that if the information was not provided on time, benefits may be delayed or denied. (Exhibit F: Verification We Need form sent [redacted] 2017)

5. The W1348 Verification We Need form was not received by the corporate office. (Representative's testimony)

6. There is no evidence that the Department sent the W1348 Verification We Need form to the group home corporate office. (Department representative's testimony)

7. In [redacted] the Department sent a notice to the corporate office of the group home advising that the redetermination for the Appellant's Medicare Savings program benefits had been completed and she was eligible through [redacted] 2017.(Appellant's Exhibit 1: Notice of [redacted] 2017)

8. On [redacted] 2017, the Department discontinued the Appellant's AABD cash benefits effective [redacted] 2017 because she did not return all the requested verification. (Exhibit A: Notice of Discontinuance)

9. On [redacted] 2017, the Representative contacted the Department's benefits center regarding the discontinuance. The Department's staff advised the Representative that the Department had sent a request in May for the Bank of America information and verification of the burial account and that there had been no response to the request. The Department advised the Representative that the information must be received by [redacted], 2017 in order to reopen the cash benefit. (Exhibit G: Email of [redacted] 2017)

10. On [redacted] 2017, the Department received the requested Bank of America information along with a letter from the group home's corporate headquarters advising that to their knowledge, there was no burial account for the Appellant. (Exhibit J: Letter and Exhibit H: Bank of America documents)

11. On [redacted] 2017, the Department sent a W1348-Verification We Need form to the Appellant at the group home requesting verification of the [redacted] Funeral Home contract by Saturday, [redacted] 2017.(Exhibit I: W1348 sent [redacted] 2017)

12. The group home did forward the W1348 Verification We Need form that was issued [redacted] 2017 to the corporate headquarters. (Representative's testimony)

13. On Monday, [redacted] 2017, the Representative received the funeral contract information and provided it to the Department on [redacted] 2017.

14. On [redacted] 2017, the Department reinstated the Appellant's medical assistance benefits effective [redacted] 2017, thus ensuring no lapse in coverage. (Exhibit K)

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 states 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 incorrect when it discontinued the Appellant's HUSKY C Medicaid for the Aged, Blind and Disabled because it had not correctly advised her representative of what was needed to continue eligibility.

DISCUSSION

In this case, the Appellant is not competent to care for herself and has representation. The Appellant has a legally appointed representative and that representative has arranged for the Appellant to live in a group home. The Representative testified that receiving mail at the group home has been problematic. The Appellant's mailing address has been established as the corporate headquarters for the group home and all of the Department's automated notices are sent to those offices as requested on the Appellant's eligibility forms.

The regulations state that the Department has a responsibility to 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. That is the purpose of the W1348 Verification We Need form. Even though the procedures were established that had the Appellant's Departmental mail going to the corporate headquarters, the W1348 form was sent to the Appellant at the group home. There is no evidence that it was sent to the corporate offices. The confusion was compounded because the corporate office did receive the "redetermination completed" form, albeit from a different Medicaid coverage group, leading to their belief that the Appellant's benefits were intact.

As the Department did not correctly ensure that those responsible for the Appellant were aware of what was required to continue eligibility, the

undersigned finds that the Department was incorrect when it discontinued the Appellant's HUSKY C S01 benefits effective [redacted] 2017.

DECISION

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

ORDER

There is no further action necessary as the Department reinstated medical assistance for the Appellant effective [redacted] 2017.

Maureen Foley-Roy,
Hearing Officer

Pc: Tyler Nardine, Operations Manager, DSS R. O. #40, Norwich
Tonya Cooke-Beckford, Operations Manager, DSS R.O.# 42, Willimantic
Kaila Rubin, Fair Hearing Liaison, 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 06105-330.

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.