

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

June 18, 2018  
SIGNATURE CONFIRMATION

Client # [REDACTED]  
Request # [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], 2018, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant"), a Notice of Action ("NOA") discontinuing her medical assistance under the HUSKY C S05 ("S05") Employed Disabled program.

On [REDACTED] 2018, 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.

The Appellant requested a reschedule of the administrative hearing. On [REDACTED] 2018, OLCRAH issued a notice rescheduling 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 mother and witness  
[REDACTED], Case Manager, DDS, Appellant's Authorized Representative  
Al Grande, Department's Representative  
Carla Hardy, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the Appellant's medical assistance was correct.

## **FINDINGS OF FACT**

1. On [REDACTED], 2016, the Department received the Appellant's S05 renewal form. The Appellant submitted her [REDACTED] checking and savings statement, four biweekly pay stubs, and proof of address and rent. (Exhibit 2: Case Narrative)
2. The Appellant is employed by [REDACTED]. She earns \$3,007.61 [(\$1,398.89 + \$1,398.98)/2 x 2.15 = \$3,007.61] monthly. (Exhibit 2)
3. The redetermination certification date for this cycle ended on [REDACTED] 2016. (Exhibit 7: MAFI Screen)
4. On [REDACTED] 2016, the Department reviewed the renewal form. The Department needed to verify the Appellant's retirement account balance, what vehicles were owned by the Appellant, why the Appellant's fiancée was paying \$204.00 monthly and to whom, in addition to other items. The Department sent the Appellant a Verification We Need-W1348 ("W1348") requesting this information which was due on [REDACTED], 2016. (Exhibit 2)
5. On [REDACTED], 2016, the Appellant's Authorized Representative ("AREP") reported the Appellant had married and requested an extension to provide the requested information. The Department extended the due date to [REDACTED] 2016. (Exhibit 2)
6. [REDACTED] is the Appellant's AREP. (Exhibit 2; Testimony)
7. [REDACTED] ("the spouse") is the Appellant's spouse. (Hearing Record)
8. The Department received some documentation from the Appellant. On [REDACTED] [REDACTED] 2016, the Department sent the Appellant and her AREP a W1348 requesting her spouse's 2015 income tax return or four most recent paystubs, bank statements, photo identification and social security card. Also requested was proof that the Appellant sold or junked the [REDACTED] Toyota Rav4. (Exhibit 2; Exhibit 3: W1348, [REDACTED]/16)
9. On [REDACTED] 2017, the AREP requested an extension to provide the requested information. The Department noted the case record. (Exhibit 2)
10. The Department received the spouse's bank statements and driver's license. (Exhibit 2)

11. On [REDACTED] 2017, the AREP contacted the Department regarding the verifications that were submitted and was informed that the verifications were insufficient. No other action was taken by the Department. (Exhibit 2)
12. On [REDACTED] 2017, the AREP contacted the Department regarding the verifications for the S05 review. (Exhibit 2)
13. On [REDACTED] 2017, the AREP contacted the Department regarding the Appellant's "S05" review. The Department located the Appellant's marriage certificate, the spouse's social security number and his paystubs. The Department was unable to discern if the amounts on the paystubs were gross or net income and advised the AREP to have the spouse's employer produce verification of the last four pay dates and the gross income for each of those dates. (Exhibit 2)
14. The spouse's paystubs show weekly amounts of \$300.00 for the following dates: [REDACTED], 2017, [REDACTED], 2017, [REDACTED], 2017, and [REDACTED] 2017. None of the paystubs show any taxes or deductions from the income. (Exhibit 6: Spouse's Paystubs)
15. On [REDACTED] 2017, the Department sent a *W1348* to the Appellant and her AREP requesting the spouse's last four paystubs from [REDACTED]. The requested verifications were due by [REDACTED] 2017. (Exhibit 2; Exhibit 4: W1348, [REDACTED] 17)
16. The review of the Appellant's S05 remained pending from [REDACTED] 2016 through [REDACTED] 2018. (Exhibit 2; Hearing Summary)
17. On [REDACTED], 2018, the pending S05 review prevented conversion of the Appellant's case. The Department had not received the verifications that were requested on [REDACTED] 2017 and discontinued the S05 effective [REDACTED], 2018 for failure to return the required verification. (Exhibit 1: NOA, [REDACTED] 18; Exhibit 2)

### **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") §1545.05(A)(1) provides that eligibility is redetermined:
  - a. Regularly on a scheduled basis; and
  - b. As required on an unscheduled basis because of known, questionable or anticipated changes in assistance unit circumstances.
3. UPM §1545.15(A)(1) provides for notification requirements. The Department is required to provide assistance units with timely notification of the scheduled redetermination.
4. The Department correctly mailed the Appellant a redetermination notice.

5. 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.
6. The Department correctly sent the Appellant a W-1348, advising her that it required proof of her spouse's monthly income.
7. 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.
8. UPM § 1545.35(D)(1)(2) provides that required verification has been timely submitted if it is provided to the appropriate district office by the later of the deadline for filing the redetermination form or ten days following the date the verification is initially requested by the Department.
9. The Appellant did not submit the required verification within 10 days of the Department's request.
10. The Department did not receive proof of the spouse's income it had requested on [REDACTED] 2017.
11. UPM § 1545.40(A)(2) provides that assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.
12. The Department incorrectly continued eligibility beyond the [REDACTED] 2016 redetermination month.
13. The Department correctly discontinued the S05 Medicaid benefits effective [REDACTED] 2018 for failure to complete the redetermination process when it did not receive [REDACTED] requested information.

### DISCUSSION

The Department initiated the Appellant's redetermination on [REDACTED], 2016. The redetermination should have been completed by [REDACTED] 2016. The Department sent its first *Verification We Need, W1348* on [REDACTED] 2016 requesting information it needed to determine eligibility. The Department sent a subsequent request on [REDACTED] 2017 requesting proof of the spouse's income. It did not receive that information and discontinued the S05 effective [REDACTED] 2018.

It is noted that the Department did not follow through with completing the renewal process in a timely manner. The S05 should have terminated well before [REDACTED] 2018. Ultimately, the

Department requested proof of the spouse's income and did not receive it. The Department correctly discontinued eligibility under the S05 medical program effective [REDACTED], 2018.

**DECISION**

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

  
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Carla Hardy  
Hearing Officer

Pc: Peter Bucknall, DSS, R.O. Waterbury  
Karen Main, DSS, R.O. Waterbury  
Al Grande, DSS, R.O. Waterbury

### **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.