

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

██████████ 2019
Signature confirmation

Case: ██████████
Client ██████████
Request: 132614

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the “Department”) issued a *Notice of Action* to ██████████ (the “Appellant”) denying him HUSKY-C/Medicaid coverage.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Appellant’s hearing request.

On ██████████ 2018, the OLCRAH issued a *Notice of Administrative Hearing* 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, the OLCRAH held an administrative hearing. The following individuals participated:

██████████, Appellant
Sara Hart, Department’s representative
Kevin Torviso, Interpreters and Translators, Inc.
Eva Tar, hearing officer

On ██████████ 2018, the hearing record closed.

STATEMENT OF ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's ██████████ 2018 request for medical coverage through the HUSKY-C/Medicaid program.

FINDINGS OF FACT

1. On ██████████ 2018, the Appellant visited a Department regional office, requesting medical coverage. (Department's Exhibit 1)
2. On ██████████ 2018, the Appellant declined to sign a HUSKY-C/Medicaid application. (Department's Exhibit 1)(Appellant's testimony)
3. On ██████████ 2018, the Department issued a *Notice of Action* to the Appellant, stating that he was not eligible for medical coverage as he had withdrawn his application. (Department's Exhibit 2)
4. Section 17b-61 (a) of the Connecticut General Statutes requires that a final decision be issued within 90 days of the Department's receipt of the administrative hearing request. The Department received the Appellant's on-line hearing request on ██████████ 2018. This decision is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2 (a)(6) of the Connecticut General Statutes designates the Department as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Section 17b-77 (a) of the Connecticut General Statutes provides in part, "Application for aid under the state supplement program, medical assistance program, temporary family assistance program, state-administered general assistance program and supplemental nutrition assistance program shall be made to the Commissioner of Social Services. The name and address of each such applicant shall be recorded with the commissioner... All statements made by the applicant concerning income, resources and any other matters pertaining to eligibility *shall be certified to by the applicant as true and correct under penalty of false statement,*¹ and for any such certified statement which is untrue or incorrect such applicant shall be subject to the penalties provided for false statement under section 17b-97."

"Individuals who desire to obtain aid must file a formal request for assistance." UPM § 1505.10 (B)(1).

"The formal request must be made in writing on the application form." UPM § 1505.10 (B)(2).

"At a minimum, the following information must be presented: a. the full name and address of the applicant; and b. the signature of the applicant, caretaker relative or other individual who is requesting assistance on behalf of the applicant." UPM § 1505.10 (B)(3).

¹ Emphasis added.

By declining to sign the Department's application form, the Appellant failed to certify that his statements on that application form as to his income, resources, and other matters pertaining to eligibility were true and correct under penalty of false statement.

The Department correctly denied the Appellant's [REDACTED] 2018 request for medical coverage through the HUSKY-C/Medicaid program.

DISCUSSION

On [REDACTED] 2018, the Appellant refused to sign his HUSKY-C/Medicaid application. By declining to sign the form, he failed to certify that his statements on that form regarding his income and resources were true and correct under penalty of false statement, as required by section 17b-77 (a) of the Connecticut General Statutes.

The Department correctly determined that the Appellant was not eligible for participation in the HUSKY-C/Medicaid program. The Appellant's [REDACTED] 2018 visit to a field office was an "inquiry," rather than a "formal request (for assistance)" contemplated by section 1505.10 (B) of the Uniform Policy Manual.

DECISION

The Appellant's appeal is DENIED.

Eva Tar - electronic signature
Eva Tar
Hearing Officer

cc: Sara Hart, DSS-Willimantic
Tonya Cook-Beckford, DSS-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 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.