

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

██████████, 2019
Signature Confirmation

Client ID ██████████
Request # 133099

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing his Husky C Medicaid benefits effective ██████████, 2018.

On ██████████, 2018, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On ██████████ ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, 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:

██████████, Appellant
Jaqueline Taft, Department's Representative
Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's Husky C Medicaid benefits for failure to complete a redetermination is correct.

FINDINGS OF FACT

1. On [REDACTED], 2018, the Department sent the Appellant a Husky C Renewal notice to [REDACTED]. The due date for the renewal was [REDACTED], 2018. (Hearing Summary, Exhibit 1: ImpaCT PRF/Renewal – Summary)
2. On [REDACTED] 2018, the Appellant asked the Department to stop sending notices to him by mail. The Appellant requested the Department send notices via the paperless option on his account. The Appellant would receive emails advising him of a notice in his account. (Hearing Summary, Appellant's testimony and Exhibit 2: W-3025N, Notice of Paperless Option, [REDACTED]/18)
3. On [REDACTED] 2018, the Appellant completed a change report notifying the Department of his new address at [REDACTED] and new telephone number. (Hearing Summary and Exhibit 3: Change Report, [REDACTED]/18)
4. On [REDACTED] 2018, the Department sent the Appellant a Warning Notice to his account. The notice informed the Appellant that the Department had not received his renewal form and benefits would close [REDACTED] 2018. (Appellant's testimony, Hearing Summary, Department's testimony)
5. On [REDACTED] 2018, the Department sent the Appellant a Notice of Action. The notice stated the Appellant's Husky C Medicaid benefits were closed effective [REDACTED], 2018, for the reason, "renewal process not complete". (Exhibit 4: Notice of Action, [REDACTED]/18)
6. Sometime around [REDACTED] [REDACTED] 2019, the Appellant returned the redetermination form to the Department's regional office. (Appellant's testimony)
7. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2018. Therefore, this decision is due not later than [REDACTED], 2019

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes (“Conn.Gen.Stats”) authorizes the Commissioner to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual (“UPM”) § 1545.15 (A) (1) provides in part that the Department is required to provide assistance units with timely notification of the required redetermination.
3. The Department correctly notified the Appellant he must complete his renewal by [REDACTED], 2018.
4. UPM § 1545.35 (A)(1) provides that assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions of the redetermination process.
5. UPM § 1545.35 (A)(2) provides that the following actions must be timely completed in order to receive uninterrupted benefits:
 - a. The redetermination form must be filed and completed; and
 - b. The office interview must be completed, unless exempt from the requirement; and
 - c. Required verification of factors that are conditions of eligibility must be provided.
6. UPM § 1545.35(B)(2) provides that the assistance unit is considered to have timely filed if by the filing deadline the redetermination form is:
 - a. delivered in person or by mail to the appropriate district office, or for SSI assistance units being redetermined for food stamps, to an SSA office; and
 - b. complete to the extent that a legible name and address appear on the form; and
 - c. signed by the applicant or other qualified individual.
7. UPM § 1545.40 (A)(2) provides that unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.

8. The Department correctly discontinued the Appellant's Medicaid benefits on [REDACTED], 2018 because the Appellant did not provide the renewal form and required verifications by the due date of [REDACTED] 2018.

DISCUSSION

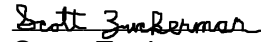
After reviewing the testimony and evidence presented at the hearing, I find that the Department's action to discontinue the Appellant's Medicaid benefits is upheld.

The Appellant testified that he received his renewal form in the mail. He stated he received the warning notice by email and did not send the renewal form back to the Department by the specified due date of [REDACTED], 2018.

The Appellant stated that on or about [REDACTED] 2019, he dropped of the renewal form and verifications. There is no provision in Departmental policy that states a recipient of Medicaid benefits is able to receive uninterrupted benefits without providing the renewal form and verifications by the specified due dates.

DECISION

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


Scott Zuckerman
Hearing Officer

Pc: Rachel Anderson, Operations Manager, DSS, New Haven Regional Office
Cheryl Stuart, Operations Manager, DSS, New Haven Regional Office
Lisa Wells, Operations Manager, DSS, New Haven Regional Office
Jacqueline Taft, Fair Hearing Liaison, DSS, New Haven 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 Administrative Hearings and Appeals, 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 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.