

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

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

Client ID ██████████
Request # ██████████ Husky C

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA) denying her application for benefits under the Husky C – Medicaid for the Aged, Blind, and Disabled Program (“Husky C”) effective ██████████ 2018.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department’s decision to deny 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, the Appellant requested a continuance which OLCRAH granted.

On ██████████ 2019, the 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
 ██████████ Appellant's Granddaughter and Witness
 Tamara Davis, Department Representative
 Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On ██████████ 2018, the Appellant moved from ██████████ to Connecticut after a ██████████ year absence from the state of Connecticut. Prior to her residence in ██████████, the Appellant resided in ██████████ (Appellant's Testimony)
2. On ██████████, 2018, the Department received an online application for Medicaid benefits under the Husky C program from the Appellant. (Department Representative's Testimony)
3. On ██████████ 2018, the Department issued the Appellant a W-1348 Proofs We Need ("W-1348") form. The Department requested proof of residency, proof of the savings and checking account balances, proof benefits from the states of ██████████ and ██████████ ended, and proof bank accounts with ██████████ ("credit union") and ██████████ ("bank") were closed. The Department listed the due date for the information as ██████████ 2018. The Department listed the date the Department must take action by as ██████████ 2018. (Exhibit 1: Proofs We Need)
4. On ██████████ ██████████, 2018, the Department denied the Appellant's application for Husky C effective ██████████ 2018 because the Appellant failed to send in the requested information necessary to determine eligibility. (Exhibit 4: Notice of Action, Exhibit 5: Case Notes, and Department Representative's Testimony)
5. On ██████████, 2018, the Department issued the Appellant a Notice of Action. The notice stated the Appellant's application for Husky C benefits has been denied effective ██████████ 2018 for the following reasons: you did not return all of the required proofs by the date we asked and does not meet program requirements. (Exhibit 4: Notice of Action)

6. On [REDACTED] 2018, the Department received the following verifications from the Appellant: [REDACTED] bill, completed landlord verification form, current lease, bank verification, income verification, and proof of termination of public assistance from [REDACTED]. (Department Representative's Testimony)
7. On [REDACTED] [REDACTED] 2018, the Appellant requested an administrative hearing. The Appellant submitted a bank statement from [REDACTED] confirming account opened on [REDACTED] 2018 and a letter from [REDACTED] [REDACTED] confirming account closed in 2014. (Exhibit A: Administrative Hearing Request)

CONCLUSIONS OF LAW

1. Connecticut General Statute § 17b-2(6) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual ("UPM") § 1500.01 defines the application process as all activity related to the exploration, investigation and disposition of an application beginning with the filing of an assistance request and ending with the disposition of the application.

UPM § 1505 provides that the application process outlines the general methods and requirements used in obtaining assistance and in determining an assistance unit's initial eligibility. The application process is essentially the same for all programs. It is designed to provide aid in a prompt and efficient manner to those who request assistance.

3. UPM § 1505.10(B)(1) provides that individuals who desire to obtain aid must file a formal request for assistance.

UPM § 1505.10(A) provides that all applicants are required to complete an application form, except as noted below in § 1505.10(A)(3).

4. The Department correctly determined the Appellant completed an application for assistance.
5. UPM § 1500.01 defines the date of application as the date a formal written request for assistance is filed with the Department in accordance with the rules established for the program for which application is made.

UPM § 1505.10(D)(1) provides that for AFDC, AABD, and MA applications, except for the Medicaid coverage groups noted below in §

1510.10(D)(2), the date of application is considered to be the date that a signed application form is received by any office of the Department.

6. The Department correctly determined the date of application as [REDACTED] 2018.
7. UPM § 1505.30 provides that office interview are not required for AABD or MA applicants. The application process may be completed entirely through mail correspondence and telephone contact.
8. The Department correctly determined an application interview is not a condition of eligibility under the Husky C program.
9. 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.

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.

UPM § 3099.10(A)(1) provides that residency in the state must be verified in every case in which the assistance unit has a fixed address.

UPM 3099.10(A)(2) provides that failure to verify [residency] as required will result in ineligibility of the assistance unit.

UPM § 4099.05(A)(1) provides that the assistance unit must verify its equity in counted assets.

UPM § 4099.30(A) provides that the assistance unit must verify the following for the Department to evaluate each asset held by the assistance unit. This list is not necessarily all-inclusive.

1. The asset's legal owner, if there is a question of ownership, as described in 4010; and
2. The asset's status as either inaccessible, or excluded, if there is a question, as described in 4015 and 4020, respectively; and
3. The amount of equity the assistance unit has in the asset; and
4. The amount of equity in counted assets to be deemed available to the unit, as described in 4025.

UPM § 4099.05(A)(2) provides that if the unit does not verify its equity in counted assets, the unit is ineligible for assistance.

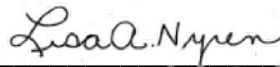
10. The Department correctly issued the Appellant a W1348 Proofs We Need form requesting residency and asset information needed to determine eligibility under the Husky C program.
11. UPM § 1505.35(C)(1)(2) provides that the following promptness standards are established as maximum time period for processing applications: forty-five calendar days for: AABD or MA applicants applying on the basis of age or blindness.

UPM § 1505.35(C)(2) provides that first day of the processing period begins on the day following the date of application.
12. UPM § 1505.40(B)(1)(b)(1) provides that if assistance cannot be granted: AFDC, AABD and MA cases are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application.
13. UPM § 1505.40(B)(1)(c)(1) provides that the applicants failure to provide required verification by the processing date causes: one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility.
14. On ██████████ 2018, the Department correctly denied the Appellant's application for medical benefits under the Husky C program effective ██████████ 2018 because the Appellant failed to provide the Department with the requested information necessary to make a determination of eligibility.
15. UPM § 1015.10(C) provides that the Department must send the assistance unit a notice regarding the Department's determination of the unit's initial eligibility, and, subject to conditions described in Section 1570, adequate notice before taking action to change the unit's eligibility status or the amount of benefits.
16. On ██████████ 2018, the Department correctly issued a notice of denial to the Appellant informing the Appellant the Department denied her application for medical benefits under the Husky C program effective ██████████ 2018.
17. UPM § 1505.40(B)(d) provides that verification received after the date that an incomplete application is process:
 1. Is used only with respect to future case actions; and
 2. Is not used to retroactively determine a corrective payment.

18. The Department correctly determined the application for Medicaid under the Husky C program remains denied upon receipt of partial verifications submitted by the Appellant on [REDACTED] 2018. The Appellant failed to submit proof of termination of [REDACTED] benefits and credit union verification.

DECISION

The Appellant's appeal is denied.



Lisa A. Nyren
Fair Hearing Officer

CC: Rachel Anderson, DSS RO #20
Cheryl Stuart, DSS RO #20
Lisa Wells, DSS RO #20
Tamara Davis, DSS RO #20

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.

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.