

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

██████████, 2019
SIGNATURE CONFIRMATION

Client ID ██████████
Request # 133555

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the "Department") issued a Notice of Action denying ██████ ██████ (the "Appellant") application for medical assistance.

On ██████████, 2018, the Appellant requested an administrative hearing to contest the denial of such benefits.

On ██████████, 2018, the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) issued a Notice of 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, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, Appellant
Tamara Davis, Department's Representative
Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department was correct when it denied the Appellant's Medical Assistance application.

FINDINGS OF FACT

1. On [REDACTED], 2018, the Appellant applied for Medical assistance. (Hearing Summary, Exhibit 3: Case Note [REDACTED]/18)
2. On [REDACTED] 2018, the Department sent the Appellant a W-1348, Proofs We Need form requesting information to determine eligibility. The Department requested proof of life insurance cash and surrender value for two policies with Mutual of Omaha and the most recent checking and savings account balances. The requested information was due by [REDACTED] 2018. (Exhibit 1: Proofs We Need, [REDACTED]/18 and Exhibit 3: Case notes [REDACTED]/18)
3. The Appellant did not provide the requested information by the [REDACTED] 2018 due date. (Hearing Summary, Ex. 3: Case Notes, [REDACTED]/18, Exhibit 4: Impact Document Search, Exhibit 5: Impact document search)
4. On [REDACTED] 2018, the Department denied the Appellant's application for Medical assistance as he did not return all the required proofs by the due date. (Hearing Summary, Exhibit 2: Notice of action, [REDACTED]/18,)

CONCLUSIONS OF LAW

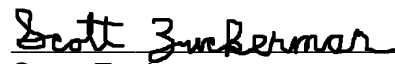
1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. UPM § 1010.05(A)(1) provides that: The assistance unit must supply the Department in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits
3. UPM § 1015.05 (C) 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.
4. UPM § 1540.05(C)(1) provides that the Department requires verification of information: (a) when specifically required by federal or State law or regulations; and (b) when the Department considers it necessary to corroborate an assistance

unit's statements pertaining to an essential factor of eligibility.

5. The Department was correct when it provided the Appellant with a W-1348 informing the Appellant what action he needed to take as well as the due date.
6. The Appellant did not provide information requested by the Department which was needed to determine eligibility for the medical assistance program.
7. UPM § 1505.40 (B)(1)(b)(1) provides in part that for incomplete applications, when the applicant failed to complete the application without good cause, medical assistance cases are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application.
8. The Department correctly denied the Appellant's ██████████, 2018 medical assistance application on ██████████, 2018, for not returning the proofs required in determining eligibility for the Medicaid program.

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
Tamara Davis, 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. 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.