

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

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

Client ID # ██████████  
Request # ██████████

NOTICE OF DECISION

PARTY

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██████████  
████████████████████

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (“Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing his Medical benefits under the Medicaid for the Aged, Blind or Disabled (“MAABD”) program.

On ██████████, 2019, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue such benefits.

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

On [REDACTED], 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:

[REDACTED], Appellant's Wife, via telephone  
Eleana Toletti, Department's Representative  
Thomas Monahan, Hearing Officer

The record remained open for additional information from the Department. On [REDACTED] 2019, the record closed after receiving information from the Department.

### **STATEMENT OF THE ISSUE**

The issue is whether the Department's decision to discontinue the Appellant's MAABD benefits because he failed to provide information was correct.

### **FINDINGS OF FACT**

1. The Appellant received medical benefits through the Department's Medicaid for the Aged, Blind or Disabled ("MAABD") program. (Hearing record)
2. The Appellant was active on a Medicaid spenddown from [REDACTED] 2018 through [REDACTED] 2018. (Exhibit 8: Depart summary addendum)
3. On [REDACTED] 2018, the Department sent a Verification We Need form to the Appellant requesting verification of his [REDACTED] Bank balance and verification of the face and cash surrender value of his life insurance. (Exhibit 2: Proofs We Need. [REDACTED])
4. The Department did not receive verification of the [REDACTED] Bank balance or the face and cash surrender value of his life insurance. (Department's testimony)
5. On [REDACTED] 2018, the Department discontinued the Appellant's MAABD benefits effective [REDACTED], 2018, because the Appellant did not return verification of the balance of his bank account or the face and cash surrender value of his life insurance. (Exhibit 3: Notice of Action, [REDACTED]/18)
6. On [REDACTED], 2018, the Department reviewed the Appellant's Medicaid eligibility and sent a new Verification We Need form to the Appellant requesting verification of his [REDACTED] Bank balance and verification of the face and cash surrender value of his life insurance. (Exhibit 4: Proofs We Need. [REDACTED] 18)
7. The Department did not receive verification of the [REDACTED] Bank balance or the face and cash surrender value of his life insurance. (Department's testimony)

8. On [REDACTED] 2018, the Department sent the Appellant a notice stating that the Appellant's MAABD benefits remain closed effective [REDACTED], 2018, because the Appellant did not return verification of the balance of his bank account or the face and cash surrender value of his life insurance. (Exhibit 5: Notice of Action, 1 [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 pursuant to Title XIX of the Social Security Act.
2. Regulation 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. Uniform Policy Manual ("UPM") § 1540.05(B)(1).
3. Regulation provides that eligibility is redetermined on a scheduled basis. A redetermination constitutes a complete review of AFDC, AABD or MA certification. The purpose of the redetermination is to review all circumstances relating to need, eligibility and benefit level. UPM § 1545.05(A)(B)
4. Regulation provides that Eligibility is redetermined by the end of the current redetermination period in all cases where sufficient information exists to reach a decision. Continued eligibility is either approved or denied, and the assistance unit notified of the Department's determination. UPM § 1545.40(A.)
5. Regulation provides that for every program administered by the Department, there is a definite asset limit. UPM § 4005
6. Regulation 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 § 1015.05 (C)
7. The Department correctly issued the Appellant a Proofs We Need form requesting information needed to establish eligibility and the amount of the Appellant's assets.

- 8 Regulation 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 that the Department requires to determine eligibility and calculate the amount of benefits. UPM § 1010.05(A)(1).
- 9 Regulation provides that the assistance unit bears the primary responsibility for providing evidence to corroborate its declarations. UPM § 1540.10(A).
10. Regulation provides that the Department determines eligibility within the standard of promptness for the MA programs except when verification needed to establish eligibility is delayed and one of the following is true: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed. UPM § 1505.35(D)(2)
11. The Department did not receive any of the requested asset verifications from the Appellant.
12. The Department correctly discontinued the Appellant's assistance under the MAABD program because the Department did not receive the requested proof of assets.

### **DISCUSSION**

The Appellant is pursuing Medicaid eligibility through the individuals receiving Home and Community Based Services program and is also active on the Qualified Medicare Beneficiary program.

### **DECISION**

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



Thomas Monahan  
Hearing Officer

C: Brian Sexton, Operations Manager, Middletown Regional Office  
Eleana Toletti, Hearing Liaison

### **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 06105-3725.

### **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 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.