

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: # ██████████  
Hearing Id: # ██████████

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████, 2019, ██████████ (the “Appellant”) Power of Attorney (“POA”) for her son ██████████, (the “Applicant”) requested an administrative hearing because the Department was unable to activate medical assistance under the HUSKY C Medicaid Spenddown program.

On ██████████, 2019, 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:

██████████ the Appellant and POA for the Applicant  
Thomas Hume, Department’s Representative  
Marci Ostroski, Hearing Officer

**STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department’s delay in delivering benefits under the Appellant’s HUSKY C Spenddown is in accordance with regulations.

### **FINDINGS OF FACT**

1. The Applicant has been a recipient of the Medicaid HUSKY C Medically Needy Aged Blind Disabled Spenddown program as a disabled individual. (Hearing Record, Ex. 1: MA Spenddown Override Details)
2. On [REDACTED], 2018, the Applicant provided his HUSKY C Spenddown redetermination form to the Department. (Hearing Summary)
3. The Department processed the Applicant's HUSKY C redetermination and activated his spenddown based on his medical expenses effective [REDACTED] 2018. (Hearing Summary, Ex. 1: MA Spenddown Override Details, Ex. 4: MA EDG Summary)
4. The Department's eligibility system, ImpaCT, reflects that the Applicant's HUSKY C Spenddown was active for the new spenddown period effective [REDACTED] 2018. The Department's billing system, Medicaid Management Information System ("MMIS"), is reflecting that the Applicant's eligibility under the HUSKY C Spenddown ended on [REDACTED] 2018. (Department's testimony, Ex. 1: MA Spenddown Override Details, Ex. 3: MMIS Interchange System)
5. The Applicant has been unable to access his medical benefits since [REDACTED] 2018. He has been unable to receive medical coverage for any Medicaid services. (Appellant's testimony)
6. The Appellant has been working with the Department since [REDACTED] 2018 regarding the Applicant's inability to access his benefits. (Appellant's testimony)
7. The Department is in agreement that the Applicant is eligible for coverage under the HUSKY C Spenddown program but is unable to correct the MMIS system due to a "system issue". The Department has internally escalated the issue with no resolution as of the date of the hearing. (Department's testimony)
8. 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], 2019. Therefore, this decision was due no later than [REDACTED] 2019, and is therefore timely.

### **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. Uniform Policy Manual (“UPM”) § 2540.01 (A) provides in order to qualify for Medicaid; an individual must meet the conditions of a least one coverage group.
3. The Department determined that the Applicant meets the conditions of the HUSKY C Medically Needy Aged Blind Disabled Spenddown program.
4. UPM § 1545.40(1) provides for agency responsibilities in reference to the processing requirements during the redetermination process:
  - a. Eligibility is redetermined by the end of the current redetermination period in all cases where sufficient information exists to reach a decision.
  - b. Continued eligibility is either approved or denied, and the assistance unit notified of the Department's determination.
  - c. Eligible assistance units are entitled to receive benefits by the normal issuance date in the first month of the new redetermination period, provided that they meet all other program or monthly reporting requirements
5. The Department correctly redetermined the Applicant’s eligibility for the Medicaid program and approved the eligibility.
6. The Department was incorrect when it failed to deliver the benefits by the normal issuance date in the first month of the new redetermination period, [REDACTED] 2018.

### **DISCUSSION**

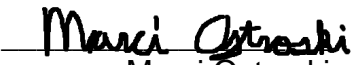
The Department reestablished eligibility for the Applicant and does not dispute that he is eligible for the Husky C Medicaid Spenddown program. Regulations provide that eligibility must be determined and benefits in place to eligible individuals as of the first day of their certification period. Eligibility has been established but benefits were not delivered within the regulatory time frame. The Department has explained that their failure to issue the benefits is due to a system error and they have made many attempts to rectify the situation however they have been unsuccessful.

### **DECISION**

The Appellant’s appeal is **GRANTED**.

**ORDER**

The Department is ordered to correct the system issue and deliver the Medicaid benefits to the Applicant within 10 days, [REDACTED], 2019.

  
Marci Ostroski,  
Hearing Officer

Cc Tyler Nardine, Cheryl Stuart, Operations Managers, Norwich  
Thomas Hume, DSS Fair Hearing Liaison, Norwich

### **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, law, and 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, if 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.