

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

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

NOTICE OF DECISION
PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

██████████ 2019, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a notice denying his application for Medical Assistance for the Aged, Blind or Disabled (“MAABD”).

On ██████████ 2019, the Appellant requested an administrative hearing to contest the Department’s decision to deny his Medicaid application.

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 4-184, inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████ the Appellant
Ferris Clare, Department’s Representative
MaryAnn Matthews, Department’s Representative
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's action to deny the Appellant's application for MAABD benefits due to failure to provide information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] 2019, the Department received the Appellant's application for MAABD benefits. (Hearing summary)
2. On [REDACTED] 2019, a Department representative sent the Appellant a "Proofs We Need" form ("W-1348") requesting a Wells Fargo Bank statement. A [REDACTED]19 due date was given for return of the bank statement. The 1348 noted the date the Department will take action by to be [REDACTED]19. (Exhibit 1: W1348; Hearing summary)
3. On [REDACTED] 2019, the Department denied the Appellant's MAABD for failure to provide information requested to determine eligibility. (Exhibit 2: Notice of action; Hearing summary)
4. The Appellant is [REDACTED] years old [REDACTED] (Record; Testimony)
5. As of the hearing date, the Appellant's application remains in denial status. (Department's testimony; AREP's testimony)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (6) the Medicaid program pursuant to Title XIX of the Social Security Act.
2. "The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. Uniform Policy Manual ("UPM") § 2525.15 (B) provides that to meet the age requirement for State Supplement and related Medicaid based on old age, the individual must be sixty-five (65) years of age or older.

UPM § 2540.01 (A) provides for coverage group rules. In order to qualify for MA, an individual must meet the conditions of a least one coverage group.

UPM § 2540.96 (A) provides for the MAABD coverage group to include individuals who: 1. meet the MAABD categorical eligibility requirements of age, blindness, or disability; and 2. are not eligible as categorically needy; and 3. meet the medically needy income and asset criteria.

The Department correctly determined the Appellant is considered aged under the MAABD program.

4. Uniform Policy Manual (“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 that the Department requires to determine eligibility and calculate the amount of benefits.

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.

The Department correctly sent the Appellant an Application Verification Requirements lists requesting information needed to establish eligibility.

5. UPM § 1505.35 (C) provides the standard of promptness for processing applications. 1. The following promptness standards are established as maximum time periods for processing applications: c. forty-five calendar days for AABD or MA applicants applying based on age or blindness.

UPM § 1505.35 (C) (3) provides the standard of promptness has been met if by the last day of the processing standard the Department has: a. issued a notice of denial to the applicant, except that for FS cases, the Department has an additional seven days to issue the notice of denial.

The Department incorrectly denied the Appellant’s application before forty-five calendar days; the forty-fifth day was [REDACTED] 2019.

DISCUSSION


The Department incorrectly denied the Appellant's application for failure to submit information needed to establish eligibility since the Appellant was not afforded forty-five days to submit requested information. This decision does not confer eligibility for the Appellant but permits the application process to resume.

DECISION

The Appellant's appeal is granted.

ORDER

The Department is instructed to reopen the Appellant's MAABD application back to [REDACTED] 2019 and continue the eligibility process. Proof of compliance is due within 10 days of the date of this decision and will consist of a copy of the Appellant's application status screen or similar document.


Christopher Turner
Hearing Officer

Cc: Rachel Anderson, Operations Manager New Haven
Cheryl Stuart, Operations Manager New Haven
Lisa Wells, Operations Manager New Haven
Ferris Clare, DSS New Haven

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 requested 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 the Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 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, 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. 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.