

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 # ██████████

NOTICE OF DECISION

PARTY

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██████████
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PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") issued a notice of action ("NOA") to ██████████ (the "Appellant") advising her that her benefits from the HUSKY C Aged Blind Disabled program will be closed effective ██████████ 2019, because she did not complete the renewal process.

On ██████████ 2019, the Appellant requested an administrative hearing because she disagrees with the Department's decision to discontinue HUSKY C benefits.

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

On ██████████ 2019, prior to her scheduled date, 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 daughter
Jacqueline Taft, Department's Representative
Marci Ostroski, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department was correct to close the Appellant's HUSKY C benefits effective [REDACTED] 2019.

FINDINGS OF FACT

1. The Appellant was receiving HUSKY C benefits for herself as a household of one. Her benefits were most recently certified for the period from [REDACTED] 2018 through [REDACTED] 2019. (Appellant's daughter's testimony, Ex. 1: Notice of Renewal of Eligibility, [REDACTED]/18)
2. In [REDACTED] 2018 the Appellant and her daughter moved. The Appellant did not notify the Department of her change in address. (Appellant's daughter's testimony)
3. On [REDACTED], 2018, the Department sent the Appellant a Notice of Renewal to the address they had on record stating that if the renewal form was not submitted by [REDACTED] 2019, the renewal process may be delayed. The letter further stated the renewal form must be submitted by [REDACTED], 2019, to prevent uninterrupted benefits and that she must complete the form and submit all required proofs by [REDACTED], 2019, or the benefits may stop. (Ex. 1: Notice of Renewal of Eligibility, [REDACTED]/18)
4. On [REDACTED], 2019, the Department sent the Appellant a Warning Notice to the address they had on record stating that the renewal form had not been received and to keep getting benefits without interruption she must return the form by [REDACTED], 2019. It further stated that if she did not return the form, complete and interview and send in all proofs the Department would discontinue benefits by [REDACTED], 2019. (Ex. 2: Warning Notice, [REDACTED]/19)
5. On [REDACTED], 2019, the Department determined that the Appellant had not provided the renewal form. (Ex. 4: Connect Document Search, Ex. 5: Impact Document Search, Ex. 3: Notice of Action, [REDACTED]/19)
6. On [REDACTED], 2019, the Department issued a notice to the Appellant closing her HUSKY C benefits effective [REDACTED] 2019, for failure to complete the renewal process. (Ex. 3: Notice of Action, [REDACTED]/19)
7. 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] [REDACTED], 2019. This decision is due no later than [REDACTED], 2019 and is therefore timely.

CONCLUSIONS OF LAW


1. Section 17b-2 of the Connecticut General Statutes (“Conn.Gen.Stats”) authorizes the Commissioner to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual (“UPM”) § 1545.15 (A) (1) provides in part that the Department is required to provide assistance units with timely notification of the required redetermination.
3. The Department correctly notified the Appellant she must complete the renewal by [REDACTED] 2019.
4. UPM § 1545.35 (A)(1) provides that assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions of the redetermination process.
5. UPM § 1545.35 (A)(2) provides that the following actions must be timely completed in order to receive uninterrupted benefits:
 - a. The redetermination form must be filed and completed; and
 - b. The office interview must be completed, unless exempt from the requirement; and
 - c. Required verification of factors that are conditions of eligibility must be provided.
6. UPM § 1545.35(B)(2) provides that the assistance unit is considered to have timely filed if by the filing deadline the redetermination form is:
 - a. delivered in person or by mail to the appropriate district office, or for SSI assistance units being redetermined for food stamps, to an SSA office; and
 - b. complete to the extent that a legible name and address appear on the form; and
 - c. signed by the applicant or other qualified individual.
7. UPM § 1545.40 (A)(2) provides that unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.
8. The Department correctly discontinued the Appellant’s Medicaid benefits on [REDACTED] 2019, because the Appellant did not provide the renewal form and required verifications by the due date of [REDACTED], 2019.

DISCUSSION

The Appellant's daughter testified that they did not receive the notices informing the Appellant of the need to recertify sent by the Department however they failed to notify the Department of their change in address. The regulations are clear that the household may not continue to receive benefits when eligibility has not been established. The Appellant did not provide the recertification form or necessary documentation to the Department to establish eligibility before the expiration of her certification period. The Department's action to discontinue the HUSKY C benefits is upheld. The Appellant is encouraged to reapply.

DECISION

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


Marci Ostroski
Hearing Officer

CC: Rachel Anderson, Cheryl Stuart, Lisa Wells, Operations Managers, New Haven
Jacqueline Taft, Fair Hearing Liaison, 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 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.