

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

[REDACTED], 2019
Signature Confirmation

Client ID # [REDACTED]
Request # 144085

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2019, Department of Social Services (the "Department") sent [REDACTED] [REDACTED] (the "Appellant") a Notice of Action ("NOA) discontinuing his Husky D Long Term Care Assistance (LTSS) benefits.

On [REDACTED], 2019, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On [REDACTED], 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED], 2019.

On [REDACTED], 2019, in accordance with sections 17b-60, 17-61 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], Conservator of Person/Estate, Appellant's
Representative

[REDACTED], Administrator, [REDACTED], Appellant's
Representative

Marta Karwowski, Department's Representative via telephone

Miklos Mencseli, Hearing Officer

The Appellant was not present

The hearing record closed on [REDACTED], 2019.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's Husky C Long Term Care Assistance (LTSS) benefits.

FINDINGS OF FACT

1. On [REDACTED], 2017, the Department sent a W-1ERL Notice of Renewal of Eligibility form sent to the Appellant at the facility. (Summary, Exhibit 1: W-1ERL dated [REDACTED]-17)
2. The Department has the facility as the Appellant's Authorized Representative. (Department Testimony)
3. On [REDACTED], 2018, the Department received a completed W-1ERS (Spanish) renewal form. (Summary, Exhibit 2: W-1ERS signed and dated [REDACTED]-18)
4. On [REDACTED], 2019, the renewal was processed. (Summary)
5. The Department received a Social Security mismatch alert, the Appellant name and Social Security number provided did not match. (Department Testimony)
6. On [REDACTED], 2019, the Department sent the Appellant a W-1348 Proofs We Need Form requesting the following: copy of birth certificate or US passport, copy of Social Security card and proof of identity (current or expired US passport, driver's license, Certificate of Naturalization, US Citizenship, government issued photo ID, school ID). The information was due by [REDACTED], 2019. (Exhibit 3: W-1348 Proofs We Need dated [REDACTED]-19)
7. A copy of the W-1348 document sent to the facility at [REDACTED] Business Office Staff. (Exhibit 9: Historical Correspondence Detail printout)
8. On [REDACTED], 2019, the Department reviewed the file. The Department had not received any of the requested verifications. (Summary, Department Testimony)
9. On [REDACTED] 2019, the Department, having received no verifications or other response from the Appellant's Representatives, discontinued the Appellant's medical assistance for failure to provide information necessary to determine eligibility. (Exhibit 4: NOA dated [REDACTED]-19)

10. A copy of the NOA document sent to the facility at [REDACTED] Business Office Staff. (Exhibit 7: Historical Correspondence Detail printout)
11. On [REDACTED], 2019, the Department received a copy of a [REDACTED] driver's license. (Exhibit 8: Department Case Notes, Document Details)
12. 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 is due not later than [REDACTED], 2019.

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.

“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 Maintenance*, 214 Conn. 601, 573 A.2d (1990)).

2. Uniform Policy Manual (“UPM”) § 1545.05(B)(1) provides the purpose of the redetermination is to review and for FS units, to recertify all circumstances relating to:
 - a. need,
 - b. eligibility
 - c. benefit level.
3. The Department correctly sent the Appellant a renewal form.
4. UPM § 7005.05 provides for the discovery of a benefit error. The Department becomes aware of a benefit error in many different ways, including but not limited to the following: Motor Vehicle Match, Bank Match, **Social Security Match**, Other Collateral Contacts, Assistance Unit's Statement, Department's Internal Control, Quality Control Report, Fair Hearing Decision, Court Decision.
5. UPM § 3505.10 Provides for Disclosure of a Social Security Number.
 - D. Eligibility determinations are not delayed pending this confirmation unless:
 1. there is a discrepancy between a Social Security Number given for an assistance unit member and information from a

source used by the Department which raises a question of identity; and

2. the assistance unit member fails to cooperate in resolving the discrepancy
6. The Department received a Social Security mismatch for the Appellant.
 7. UPM § 1540.05 (D)(2) provides if the eligibility of an individual assistance unit member depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for that individual member. Factors on which individual assistance unit member eligibility depends directly include, but are not limited to, the following:
 - a. citizenship;
 - b. cooperation with the Employment Services program;
 - c. non-citizen status.
 8. 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 which the Department requires to determine eligibility and calculate the amount of benefits.
 9. 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.
 10. The Department correctly sent the Appellant’s AREP verification request form requesting information needed to determine eligibility.
 11. The Appellant’s AREP’s did not provide the information the Department requested.
 12. UPM §1540.10 A provides that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
 13. UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred:

1. the Department has requested verification; and
 2. at least one item of verification has been submitted by the assistance unit within a time period designated by the Department but more is needed.
14. The Department did not receive at least one item of verification it requested by the due date of [REDACTED], 2019.
15. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.
16. The Department correctly did not provide the Appellant's AREP's an additional 10 day extensions as it did not receive at least one item of verification.
17. UPM Section 1555.10 (A)(1)(2) provides that under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable. If good cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period.
18. The Appellant's AREP's did not establish good cause as to why the requested information was not submitted by the due date.
19. The Appellant's AREP's did not provide the Department with the requested verifications.
20. The Department correctly discontinued the Appellant's medical assistance on [REDACTED], 2019 for failure to provide information necessary to establish eligibility.

DECISION

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


Miklos Mencseli
Hearing Officer

C: Musa Mohamud, Operations Manager, Hartford DSS R.O. # 10
[REDACTED], Administrator, [REDACTED]

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.

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.