

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

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the “Department”) sent ██████████ ██████████ (the “Appellant”) a notice of action discontinuing her HUSKY C for the Working Disabled Medicaid benefits.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue her Medicaid assistance.

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:

██████████, Appellant
Marybeth Mark, Eligibility Services Worker, Department’s Representative
Roberta Gould, Hearing Officer

At the request of the Department the hearing record remained open for the submission of additional evidence. The hearing record closed on ██████████ 2019.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's HUSKY C for the Working Disabled Medicaid benefits due to a failure to provide information needed to establish eligibility was correct.

FINDINGS OF FACT

1. In [REDACTED] of 2019, the Appellant sent a Renewal of Eligibility form to the Department in order to recertify her eligibility for HUSKY C for the Working Disabled Medicaid assistance. (Exhibit 1: W-1ER Renewal of eligibility form and Hearing summary)
2. On [REDACTED] 2019, the Department sent a *W-1348 Proofs We Need* form to the Appellant requesting documentation of the Appellant's bank account information, verification of her earnings from self-employment, verification of her alimony and her pension amounts, and proof of motor vehicle ownership(s). The due date for the information was [REDACTED] 2019. (Exhibit 2: W-1348 form dated [REDACTED] and Hearing summary)
3. On [REDACTED] 2019, the Department sent the Appellant a notice of action proposing to discontinue her HUSKY C for the Working Disabled Medicaid assistance effective [REDACTED] 2019, because she did not provide all of the information required to determine ongoing eligibility. (Exhibit 3: Notice of action dated [REDACTED] and Hearing summary)
4. On [REDACTED] 2019, the Department received some of the requested information. (Exhibit 5: Case notes and Hearing summary)
5. On [REDACTED] 2019, the Appellant phoned the Department to inquire about her medical assistance. She provided more information to the Department, but verification of her alimony, pension, self-employment income, and closure of her Bank of America account were still outstanding. (Exhibit 5)
6. On [REDACTED] 2019, the Appellant phoned the Department regarding the information required for asset verifications and the asset limit for the HUSKY C for the Working Disabled Medicaid assistance program. (Exhibit 5)
7. On [REDACTED] 2019, the Department sent the Appellant another copy of the *W-1348 Proofs We Need* form at her request. (Exhibit 5 and Hearing summary)
8. On [REDACTED], 2019, the Appellant provided the Department with a Bank of America statement dated [REDACTED] 2019. (Exhibit 9: Bank of America statement provided at Administrative Hearing)
9. On [REDACTED], 2019, the Department reinstated the Appellant's HUSKY C for the Working Disabled Medicaid assistance program effective [REDACTED] 2019.

(Exhibit 10: Email dated [REDACTED])

10. 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. However, the close of the hearing record was further extended through [REDACTED] 2019, to allow the Department to review additional evidence submitted by the Appellant at the hearing. Therefore, this decision is not due later than [REDACTED] 2019.

CONCLUSIONS OF LAW

1. Section 17b-2 and § 17b-260 of the Connecticut General Statutes, authorizes the Department of Social Services to administer 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 Connecticut Supp. 175,178 (1994) (citing Connecticut General Statutes § 17b-10; Richard v. Commissioner of Income Maintenance, 214 Connecticut 601, 573 A.2d 712 (1990))]
3. 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."
4. 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 a W-1348 requests for verifications requesting information needed to establish eligibility.

5. UPM § 1540.05(D)(1) provides that:

If the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to:

- a. income amounts;
- b. asset amounts.

6. UPM § 1545.35(D) provides that regarding the redetermination process, “Required verification has been timely submitted if it is provided to the appropriate district office by the later of the following dates:
- (1) the deadline for filing the redetermination form; or
 - (2) ten days following the date the verification is initially requested by the Department.”

The Department correctly discontinued HUSKY C for the Working Disabled Medicaid assistance because the Appellant failed to provide the required verifications within ten days following the date verification was initially requested.

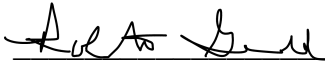
On [REDACTED] 2019, the Department correctly discontinued the Appellant’s HUSKY C for the Working Disabled Medicaid assistance for failure to submit information needed to establish eligibility.

DISCUSSION

After reviewing the evidence and testimony presented at the hearing, I find that the Department’s action to discontinue HUSKY C for the Working Disabled Medicaid assistance is upheld. Regulations provide that the Department must inform the assistance unit regarding the eligibility requirements of the program and that the assistance unit must supply the Department with this information in an accurate and timely manner. The Department did correctly notify the Appellant in a timely manner of the verification required to determine her ongoing eligibility for Medicaid assistance. The Appellant did not provide the requested documentations within ten days from the initial date of request. Ultimately, the Department did reinstate the Appellant’s HUSKY C for the Working Disabled Medicaid assistance retroactively to September 1, 2019, so that there was no loss of coverage.

DECISION

The Appellant’s appeal is **DENIED**.


Roberta Gould
Hearing Officer

Pc Tyler Nardine, Social Services Operations Manager, DSS Norwich
Cheryl Stuart, Social Services Operations Manager, DSS Norwich
Marybeth Mark, Eligibility Services Worker, DSS 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 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.

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. 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/her 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.