

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

[REDACTED], 2019
Signature Confirmation

Case ID # [REDACTED]
Client ID # [REDACTED]
Request # 148070

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2019, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") denying his application for medical benefits under the Husky C Working Disabled Program ("Husky C S05").

On [REDACTED] 2019, the Appellant requested an administrative hearing to contest the Department's decision to deny 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, 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:

[REDACTED], Appellant
[REDACTED], Appellant's sister
Garfield White, Department Representative
Swati Sehgal, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for medical benefits under the Husky C S05 program was correct.

FINDINGS OF FACT

1. On [REDACTED] 2019, the Appellant submitted an application for medical benefits under the Husky C- Working Disabled program. (Department's Summary, Exhibit 1: W-1E application, [REDACTED])
2. The Appellant is employed by [REDACTED] and his gross monthly income is \$1517.33 (Department's Summary, Appellant's Testimony)
3. The Appellant is disabled and receives Supplemental Security Income in the amount of \$78.50 per month from Social Security Administration. (Exhibit 6: Notice Of Action; [REDACTED] and Appellant's Testimony)
4. On [REDACTED] 2019, the Department mailed W-1348, Proofs We Need form ("W1348") requesting the most recent bank statement. Information was due on [REDACTED] 2019. (Exhibit 3: W1348)
5. The Appellant did not provide the information requested by the Department. (Department's Testimony)
6. On [REDACTED] 2019, the Department denied the Appellant's application for medical benefits under the Husky C-Working Disabled program and issued a Notice of Action informing the Appellant that medical benefits under Husky C-Working Disabled program were denied because he did not return all of the required proofs by the due date. (Exhibit 6: Notice of Action; [REDACTED])
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], 2019. Therefore, this decision is due not later than [REDACTED] 2020.

CONCLUSIONS OF LAW

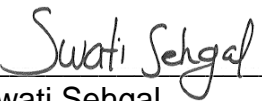
1. Section 17b-2(6) of the Connecticut General Statutes provides that the Department of Social Services is designated as the state agency for the

administration of 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") § 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.
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.
5. The Department correctly sent the Appellant W-1348, Proof We Need Form requesting information needed to establish eligibility.
6. The Department correctly denied the Appellant's S05 application for failure to submit information needed to establish eligibility since the requested information was not returned by the due date.

DECISION

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



Swati Sehgal
Fair Hearing Officer

CC: Musa Mohamud, Operations Manager, DSS, R.O. #10
Judy Williams, Operations Manager, DSS, R.O. #10
Jessica Carroll, Operations Manager, DSS, R.O. #10
Garfield White, Fair Hearing Liaison, DSS, R.O. #10

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.

