

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

██████████, 2020
SIGNATURE CONFIRMATION

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

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a notice of action discontinuing her HUSKY C Long Term Care Facility Medicaid benefits.

On ██████ ██████, 2020, the Appellant’s Conservator, ██████████ ██████ ██████ (the “Conservator”), requested an administrative hearing to contest the Department’s decision to discontinue her Medicaid assistance.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████, 2020, 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’s Conservator
Brandy Chambers, Eligibility Services Worker, Department’s Representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. The Appellant is a resident of [REDACTED] licensed boarding home. (Hearing summary)
2. The Appellant was receiving Supplemental Security Income ("SSI"), but it had been suspended because she was institutionalized at [REDACTED] for about one year. (Exhibit 3: Case notes and Conservator's testimony)
3. In [REDACTED] of 2020, the Appellant's Conservator reapplied for SSI benefits for her. (Exhibit 3: Case notes)
4. On [REDACTED], 2020, the Appellant's Conservator applied for State Supplement and HUSKY C Long Term Care Facility Medicaid assistance. (Exhibit 1: Online application form and Hearing summary)
5. On [REDACTED], 2020, the Department sent a *W-1348 Proofs We Need* form to the Appellant requesting documentation of the Appellant's disability and Social Security income. The due date for the information was [REDACTED] 2020. (Exhibit 2: W-1348 form dated [REDACTED] and Hearing summary)
6. The Appellant's Conservator received the request for information. (Conservator's testimony)
7. The Appellant's conservator did not have any staff available to assist him in obtaining the necessary documentation to complete the application for assistance. (Conservator's testimony)
8. The Appellant's Conservator did not contact the Department to request assistance with obtaining the requested information. (Department's testimony)
9. The Appellant is not currently receiving SSI. (Conservator's testimony)
10. On [REDACTED], 2020, the Department issued a notice discontinuing her HUSKY C Long Term Care Facility Medicaid assistance effective [REDACTED], 2020, because she did not return the requested proofs by the due date. (Exhibit 4: Notice of action dated [REDACTED] and Hearing summary)
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's Conservator requested an administrative hearing on [REDACTED], 2020. Therefore, this decision is not due later than [REDACTED] 2020.

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 § 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.

The Department did not receive any of the requested verifications and, therefore, was not required to provide an additional 10 day extension.

The Department correctly discontinued HUSKY C Long Term Care Facility Medicaid assistance because the Appellant's Conservator failed to provide the required verifications within ten days following the date verification was initially requested.

On [REDACTED], 2020, the Department correctly discontinued the Appellant's HUSKY C Long Term Care Facility Medicaid assistance for failure to submit information needed to establish eligibility.

DECISION

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


Roberta Gould
Hearing Officer

Pc Tricia Morelli, Social Services Operations Manager, DSS Manchester
Brandy Chambers, Eligibility Services Worker, 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 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.