

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 # ██████████  
Case ID # ██████████  
Request # 158924

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2020, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing the HUSKY C Medicaid for the Aged Blind and Disabled program.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department's decision to discontinue Medicaid.

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

On ██████████, 2020, the Appellant requested to reschedule the administrative hearing.

On ██████████, 2020, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2020.

On ██████████ 2020, the Appellant requested a second reschedule of the administrative hearing.

On ██████████ ██████████, 2020, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2020.

On [REDACTED] 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 by telephone.

The following individuals were present at the hearing:

[REDACTED], Appellant  
 Jerrett Wyant, Department's Representative  
 Marci Ostroski, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the Appellant's Medicaid due to failure to submit information needed to establish eligibility was correct.

A separate decision will be issued on the discontinuance of the State Supplement, Aid to Aged Blind Disabled program.

### **FINDINGS OF FACT**

1. The Appellant was a recipient of the HUSKY C Medicaid for the Aged Blind Disabled as a household of one. (Hearing Record)
2. On [REDACTED] 2020, the Department received the Appellant's renewal form for the HUSKY C Medicaid. (Hearing Summary; Ex. 6: Case Notes)
3. On [REDACTED] 2020, the Department reviewed the renewal form and determined that it required additional information to complete the renewal. The Department sent the Appellant a W-1348, Proofs We Need form, requesting information needed to determine eligibility. The form requested a recent bank statement. The due date for the requested information was [REDACTED], 2020. (Ex. 6: Case Notes; Ex. 4: 1348 Proof We Need form, [REDACTED]/20)
4. On [REDACTED], 2020, the Appellant provided her [REDACTED] statement to the Department. (Hearing Summary; Ex. 6: Case Notes)
5. On [REDACTED] [REDACTED], 2020, the Department reviewed the Appellant's bank statement. The Department determined that it needed more information from the Appellant regarding a \$250 deposit in the month of [REDACTED] 2020. The Department sent the Appellant a second 1348 Proofs We Need form requesting a recent bank statement, a completed 1408 Landlord Verification Request form, and the source of the \$250 deposit from [REDACTED]

- , 2020. The due date for the requested verifications was ■ 2020. (Ex. 6: Case Notes; Ex. 4: 1348 Proof We Need form, ■/20)
6. On ■ 2020, the Appellant provided a copy of a money order listing “rent + elec + paint supplies”, and a bank receipt showing her current balance. (Ex. 6: Case Notes)
  7. On ■ 2020, the Department reviewed the verifications submitted on ■ 2020. The Department determined that it needed additional verifications. The Department sent the Appellant a third 1348 Proofs We Need form requesting a recent bank statement, a completed 1408 Landlord Verification Request form, and the source of the \$250 deposit from ■, 2020. The due date for the requested verifications was ■ ■, 2020. (Ex. 6: Case Notes; Ex. 4: 1348 Proof We Need form, ■/20)
  8. On ■ 2020, the Appellant provided the completed 1408 Landlord Verification Request form which reflected that the Appellant paid \$970 in rent and that she has a personal care attendant that periodically pays her \$125 a week. The Department did not take action on the verifications submitted. (Hearing Summary; Ex. 5: 1408 Landlord Verification Request Form)
  9. On ■, 2020, the Department closed the Appellant’s Medicaid effective ■ 2020, and sent her a Notice of Action with the reason for the discontinuance as: “You did not return all of the required proofs by the date we asked.” (Hearing Summary; Ex. 3: Notice of Action dated ■/20)
  10. The issuance of this decision is timely under section 17b-61(a) of Connecticut General Statutes, which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on ■, 2020. This decision, therefore, was due no later than ■, 2020. The hearing, however, which was originally scheduled for ■ 2020, was rescheduled for ■ 2020, at the request of the Appellant, which caused a 26-day delay. The hearing, which was rescheduled to ■, 2020, was rescheduled to ■ 2020, at the request of the Appellant which caused an additional 27-day delay. Because this 53-day delay resulted from the Appellant’s requests, this decision is not due until ■ 2020, and is therefore timely. (Hearing Record)

## **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 (“UPM”) is the equivalent of 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 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.
5. The Department correctly sent to the Appellant Proofs We Need forms requesting information needed to establish eligibility.
6. The Department was incorrect when it failed to issue a subsequent Proof We Need list with extended deadlines upon receipt of the requested items before the deadline.
7. UPM § 1505.35(D)(2) provides that the Department determines eligibility within the standard of promptness for the AFDC, AABD, and MA programs except when verification needed to establish eligibility is delayed and one of the following is true: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10-day extension to submit verification which has not elapsed.
8. 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.
9. 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.

10. The Department incorrectly did not provide a 10-day extension of time for submitting additional verifications once it had received the Appellant's submission of verifications.
11. The Department incorrectly discontinued the Appellant's Medicaid for failure to submit information needed to establish eligibility.

### **DISCUSSION**

Regulations provide that an application must remain pending as long as the Department receives one of the requested verifications before the deadline. The Appellant provided the Landlord Verification Request that the Department's ██████████ 2020, 1348 requested. She did not provide the requested information on the ██████████ 2020, deposit, however, for the Medicaid program, the Department is required to send an additional request for any outstanding information. The Department failed to send a fourth request for information after the Appellant's ██████████ 2020, submission of requested verifications.

### **DECISION**

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

### **ORDER**

1. The Department will reopen the Appellant's Medicaid application as of ██████████ 2020.
2. The Department will continue to process the redetermination and if necessary, issue a W-1348 Proofs We Need List requesting any information needed to determine ongoing eligibility.
3. The Department will allow a minimum of 10 (ten) calendar days for the Appellant to provide any requested verifications.

4. The Department will submit to the undersigned verification of compliance with this order within 10 (ten) calendar days or [REDACTED] 2020.

  
\_\_\_\_\_  
Marci Ostroski  
Hearing Officer

Cc: Patricia Ostroski, Social Services Operations Manager, New Britain RO 52  
Jerrett Wyant, Fair Hearing Liaison, New Britain RO 52

### **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.