

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

██████████
Hearing # 164938

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2020, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") discontinuing his HUSKY C Medicaid benefits under the Medical Aid for the Aged, Blind, or Disabled ("MAABD") program.

On ██████████, 2020, the Appellant requested an administrative hearing to contest the discontinuance of the medical benefits.

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 participated in the hearing:

██████████ Appellant
Rose Montinant, Department's Representative
Carla Hardy, Hearing Officer

Due to the COVID-19 Pandemic, the hearing was held as a telephonic hearing.

The hearing record remained open in order for the Department to submit additional evidence. The Department submitted a Document Search Inquiry. The hearing record closed on [REDACTED] 2020.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's medical assistance under the MAABD program.

The issue regarding the discontinuance of the State Supplement cash benefits under the Aid to the Aged, Blind, or Disabled ("AABD") program will be addressed in a separate hearing decision.

FINDINGS OF FACT

1. On [REDACTED] 2020, the Department mailed the Appellant a renewal form for the MAABD program. (Hearing Record)
2. On [REDACTED], 2020, the Department issued a notice to the Appellant informing him that they had not received his renewal form and in order to continue receiving benefits without interruption, he must return the form by [REDACTED] 2020. (Exhibit 2: Warning Notice, [REDACTED]/20)
3. The Appellant mailed the renewal form to the Department sometime in [REDACTED] 2020. (Appellant's Testimony)
4. The Department did not receive the Appellant's renewal form. (Department's Testimony)
5. On [REDACTED], 2020, the Department discontinued the MAABD benefits effective [REDACTED] 2020, for failure to complete the renewal process. (Exhibit 3: NOA, [REDACTED]/20)
6. On the date of the hearing, the Department checked its computer system for the Appellant's renewal form. The Department did not locate the Appellant's documents. The last documents received from the Appellant were received in 2019. (Exhibit 5: Document Search Inquiry; Department's Testimony)
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. Therefore, this decision is due no later than [REDACTED] 2020. (Hearing Record)

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.
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") §1545.05(A)(1) provides that eligibility is redetermined:
 - a. regularly on a scheduled basis; and
 - b. as required on an unscheduled basis because of known, questionable or anticipated changes in assistance unit circumstances.
4. UPM §1545.15(A)(1) provides for notification requirements. The Department is required to provide assistance units with timely notification of the scheduled redetermination.

The Department correctly mailed the Appellant a redetermination notice.

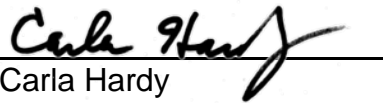
5. UPM § 1545.35(B)(2) provides that the assistance unit is considered to have timely filed if by the filing deadline the redetermination form is:
 - a. Delivered in person or by mail to the appropriate district office, or for SSI assistance units being redetermined for food stamps, to an SSA office, and
 - b. Completed to the extent that a legible name and address appear on the form; and
 - c. Signed by the applicant or other disqualified individual.
6. UPM § 1545.40(A)(1) provides for processing requirements.
 - a. Eligibility is redetermined by the end of the current redetermination period in all cases when sufficient information exists to reach a decision.
 - b. Continued eligibility is either approved or denied, and the assistance unit notified of the Department's determination.
 - c. Eligible assistance units are entitled to receive benefits by the normal issuance date in the first month of the new redetermination period, provided that they meet all other program or monthly reporting requirements.
7. UPM § 1545.40(A)(2) provides unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.
8. UPM § 1545.05(D)(3) provides that units are timely notified of the results of the redetermination.

The Appellant failed to reestablish eligibility because the Department did not receive the Appellant's renewal form.

On [REDACTED] 2020, the Department correctly discontinued the MAABD benefits effective [REDACTED] 2020, for failure to complete the renewal process.

DECISION

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


Carla Hardy
Hearing Officer

Pc: Musa Mohamud, Judy Williams, Jessica Carroll, Jay Bartolomei, Rose Montinant,
Department of Social Services Hartford Regional Office

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 06105-3725.

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 06105-3725. 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 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.