

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

██████████ 2021
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT ID # ██████████
REQUEST# ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") regarding the denial of Husky C-Home and Community Based Services ("W01").

On ██████████, 2021, the Appellant requested an administrative hearing to appeal the denial.

On ██████████, 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative Hearing for ██████████, 2021.

On ██████████ 2021, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The hearing was held with the Norwich regional office acting as a host for the Appellant and via telephone with a Long-Term Support Services representative from the Hartford regional office.

The following individuals participated in the hearing:

██████████, Appellant
██████████, Appellant's Spouse
Brenda Arrington, Department's Representative
Joseph Alexander, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied Husky W01 coverage for failing to provide information needed to establish eligibility.

FINDINGS OF FACT

1. On ██████████, 2021, the Department received a W-1LTC Long-Term Care/Waiver application on which the Appellant requested home care assistance. (Department's Exhibit 4: Case Notes)
2. On ██████████ 2021, the Department sent the Appellant a W-1348LTC "Verification We Need" form requesting the Appellant provide the following to the Department by ██████████, 2021: (Department's Exhibit 6: W-1348LTC)
 - a. Proof of Gross Pension Amount
 - b. Statements for Bank of America accounts ending in ██████████ and ██████████ for the months of ██████████ 2016, ██████████ 2017, ██████████ 2018, and ██████████ 2019 through present/closure, if applicable
 - c. Statement for People's United Bank accounts ending in ██████████, ██████████, ██████████ and ██████████ for the months of ██████████ 2016, ██████████ 2017, ██████████ 2018, and ██████████ 2019 through present/closure if applicable
 - d. Statements for Dime Bank accounts ending in ██████████, and ██████████ for the months of ██████████r 2016, ██████████ 2016, ██████████ 2018 and ██████████ 2019 through present/closure is applicable
 - e. Verification as to what Banking institution/account the Appellant's Social Security benefits are deposited into
3. On ██████████, 2021, the Department received a W-1685 "Medical Insurance Information" form which had not been requested by the Department. (Department's Exhibit 7: W-1685 Form)

4. On [REDACTED] 2021, the Department reviewed both the Ascend and ImpaCT systems for receipt of the information requested on [REDACTED] 2021. The following documents had been submitted to the Department: (Hearing Record, Department's Exhibit 8: Documents reviewed from Ascend system)
 - a. W-850 "Legally Liable Relative" form
 - b. W-889 "Informed Consent" form
 - c. W-298 "Authorization of Disclosure of Information" form
 - d. Earnings statements from Appellant's spouse's employer "[REDACTED]"
5. On [REDACTED] 2021, the Department denied the Appellant's application as the information needed to establish eligibility for HUSKY C W01 coverage had not been received. (Department's Exhibit 9: NOA dated [REDACTED])
6. The issuance of this decision is timely under the Code of Federal Regulations § 273.15 which requires that a decision must be reached, and the household notified within [REDACTED] days of receipt of a requested fair hearing. The Appellant requested an administrative hearing on [REDACTED], 2021, making this decision due no later than [REDACTED], 2022. (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 ("UPM") "is the equivalent of the state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A. 2d 712 (1990)).
3. 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.
4. 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.

The Department correctly sent a W-1348LTC verification request form requesting information needed to establish eligibility on [REDACTED] 2021.

5. 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 with each extension period.

The Department correctly determined no additional W-1348LTC “Verification We Need” form(s) should be issued following the W-1348LTC issued on [REDACTED] 2021, as no items from the [REDACTED] 2021, W-1348LTC had been submitted to the Department for review.

6. 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
7. UPM § 1505.35 (C) provides that the standard of promptness for processing applications shall be ninety calendar days for:
 1. AABD or MA applicants applying on the basis of disability

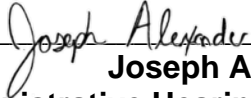
The standard of promptness has been met if by the last day of processing standard, the Department has:

- a. Issued a notice of denial to the applicant, except that for FS cases, the Department has as additional seven days to issue the notice of denial; or
- b. Issued benefits to the assistance unit either in check form or by deposit into a financial institution by the thirtieth day following the date of application

The Department correctly denied the Appellant’s application for failing to submit information needed to establish eligibility within the ninety-calendar day standard of promptness.

DECISION

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



Joseph Alexander
Administrative Hearing Officer

CC: Musa Mohamud, Operations Manager, DSS, Hartford Regional Office
Judy Williams, Operations Manager, DSS, Hartford Regional Office
Jessica Carroll, Operations Manager, DSS, Hartford Regional Office
Jay Bartolomei, Fair Hearing Liaison Supervisor, DSS, Hartford Regional Office
Brenda Arrington, Long Term Support Services, DSS, 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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 with 45 days of the mailing of this decision, or 45 days after the agency denies 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, 165 Capitol Avenue, 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 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.