

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

██████████, 2022
Signature Confirmation

Client ID # ██████████
Hearing ID # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2021, the Department of Social Services (the “Department”) issued ██████████ (the “Appellant”) a Notice of Action stating that she was being denied HUSKY C Medicaid assistance for the Aged, Blind, and Disabled because she did not meet the program requirements.

On ██████████ 2021, the Appellant requested an administrative hearing to contest the Department’s action to deny her HUSKY C Medicaid assistance.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████████ 2021.

On ██████████ 2021, 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
Lauren Hilliker, Eligibility Services Specialist, Department’s Representative
Roberta Gould, Hearing Officer

STATEMENTS OF THE ISSUE

The issue to be decided is whether the Department's action to deny the Appellant Husky C Medicaid Assistance for the Aged, Blind, and Disabled because the Department has determined that she did not meet the program requirements is correct.

FINDINGS OF FACT

1. On [REDACTED] 2021, the Appellant applied for Medicaid assistance for herself. (Exhibit 3: Case notes and Hearing summary)
2. The Appellant receives self-employment earnings of \$22,000.00 per year from [REDACTED]. (Exhibit 1 and Hearing summary)
3. The Appellant is sixty-two (62) years old. (Appellant's testimony)
4. The Appellant is not blind or disabled. (Exhibit 3 and Appellant's testimony)
5. On [REDACTED], 2021, the Department issued a notice to the Appellant that she was being denied Husky C Medicaid Assistance for the Aged, Blind, and Disabled because she did not meet the program requirements. (Exhibit 1: Notice of action dated [REDACTED] and Hearing summary)
6. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that the decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2021. Therefore, the decision is due not later than [REDACTED], 2022.

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. Title 20 of the Code of Federal Regulations ("CFR") § 416.905 defines disability as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last a continuous period of not less than 12 months. It requires that, in order to meet this definition, an individual must have a severe impairment, which makes the individual unable to do previous work or any other substantial gainful activity which exists in the national economy. To determine if the individual can do any other work, consideration is given to residual functional capacity and to age, education and work experience.
3. "The Department's Uniform Policy Manual ("UPM") 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)).

4. UPM § 2525.15 provides for categorical eligibility requirements for State Supplement and related Medicaid:
 - A. To meet the age requirement for State Supplement and related Medicaid based on disability, the individual must be eighteen (18) years of age through Sixty-five (65) years of age.
 - B. To meet the age requirement for State Supplement and related Medicaid based on old age, the individual must be sixty-five (65) years of age or older.
 - C. There is no age requirement for an individual qualifying for State Supplement benefits as a resident of a long term care facility.
5. UPM § 2530.05 provides that:
 - A. To qualify for the State Supplement or related Medical Assistance programs on the basis of disability, the individual must be disabled as determined by SSA or the Department. The individual must be found to have an impairment which:
 1. is medically determinable; and
 2. is severe in nature; and
 3. can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months; and
 4. except as provided in paragraph C below, prevents the performance of previous work or any other substantial gainful activity which exists in the national economy.
 - B. Except as provided in paragraph C below, the medical criteria the Department uses for determining disability are the same as those used for evaluating disability under SSI in accordance with 20 CFR Chapter III Appendices 1 and 2.
 - C. Under the Medicaid coverage group “Working Individuals with Disabilities”, the individual must have a medically determinable impairment. However, the individual’s ability to perform substantial gainful activity has no effect on the disability determination (Cross reference: 2540.85)

The Department correctly determined that the Appellant does not meet the criteria for Medicaid assistance to the aged, blind, and disabled programs because she has not been determined to be blind or disabled, and is has not yet turned age 65 years of age.

On [REDACTED] 2021, the Department correctly denied the Appellant Husky C Medicaid Assistance for the Aged, Blind and Disabled because she did not meet the categorical eligibility requirements.

DECISION

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

Roberta Gould
Hearing Officer

Cc: Brian Sexton, Social Services Operations Manager, DSS Middletown
Lauren Hilliker, Eligibility Services Specialist, DSS Middletown

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, 165 Capitol Avenue, 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.