

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

██████████ 2022
SIGNATURE CONFIRMATION

CLIENT ID #: ██████████
HEARING ID #: 188769

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the “Department”) issued a notice of action (“NOA”) to ██████████ (the “Appellant”) denying his application for Medicaid because he did not return all of the required proofs by the date the Department asked.

On ██████████ 2022, the Appellant’s conservator, ██████████ (his “conservator”), requested an administrative hearing to appeal the Department’s denial of the Appellant’s Medicaid application.

On ██████████ 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2022. The hearing was scheduled to be held telephonically, at the Appellant’s request, due to the COVID-19 pandemic

On ██████████ 2022, 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
Jenna Phillips, Hearing Liaison for the Department

James Hinckley, Hearing Officer

STATEMENT OF THE ISSUE

Whether the Department was correct when it denied the Appellant's application based on not returning all of the required proofs by the date the Department asked.

FINDINGS OF FACT

1. On [REDACTED] 2021, the Appellant's conservator filed an online application for Medicaid for Home and Community Based Services on behalf of the Appellant. (Ex. 2: Online Application Form)
2. The conservator failed to report the Appellant's social security number ("SSN") on the application form. (Ex. 2)
3. After reviewing the information reported on the application form, the Department identified several factors of eligibility that required verification. (Hearing Record)
4. On [REDACTED] 2021, the Department requested several items of information and verification from the Appellant. The requested items included proof of identity, proof of social security number, proof of marital status, proof of residency and proof of U.S. citizenship. The due date to provide the information was [REDACTED] 2021. (Ex. 4: W-1348 *Proofs We Need* form)
5. On [REDACTED] 2021, the eligibility worker spoke with the conservator by telephone and the conservator was unable to provide the Appellant's social security number at that time. (Ex. 5: Case Notes)
6. As of [REDACTED] 2021, the conservator had not provided any of the items the Department requested on [REDACTED] 2021. (Ms. Phillips' testimony, Hearing Record)
7. On [REDACTED] 2021, the Department issued an NOA to the Appellant denying his application for HUSKY C – *Home and Community Cased Services* for the reason that he did not return all of the required proofs by the date the Department asked. (Ex. 6: W-0001N NOA)

CONCLUSIONS OF LAW

1. The Department is the state agency that administers the Medicaid program pursuant to Title XIX of the Social Security Act. The Department may make such regulations as are necessary to administer the medical assistance program. Conn. Gen. Stat. §§ 17b-2 and 17b-262

2. 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 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. "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." UPM § 1015.10(A)
4. "The Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination". UPM § 1015.05(C)
5. "Prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits." UPM § 1505.40(A)(1)
6. "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 (Cross reference: 1555)." UPM § 1010.05(A)(1)
7. "In order to receive benefits from any assistance program an individual must be either a citizen or an eligible non-citizen." UPM § 3005.05
8. "Except for those individuals listed in section 3099.04 N. who are exempt, or for individuals listed in 3099.04 A, 2 and A. 3, to be eligible for MA [medical assistance], U.S. citizens applying for MA shall verify their citizenship by having a successful SSA match or by submitting to the Department one of the documents listed in section 3099.04 B. (Primary Level Documents), or section 3099.04 C. (Secondary Level Documents), or section 3099.04 D. (Third Level Documents) or section 3099.04 E. (Fourth Level Documents). These documents shall be supplied to, and shall be accepted by the Department, only in sequential order, starting with the Primary Level and progressing through the Fourth Level. The availability of documents in one level shall be exhausted prior to a request for, and submission of, a document in the next level. Such verification shall be required only one time, unless later evidence raises a question about the person's citizenship or the Department's prior record is no longer available to the Department." UPM § 3099.04 (A)(1)
9. "Individuals are required to provide information to the Department that allows the Department to verify their U.S. citizenship through a match with Social Security Administration (SSA) records, as requested by the

Department for this purpose. Verification of U.S. citizenship through this SSA match verifies an individual's U.S. citizenship for purposes of eligibility for MA." UPM § 3099.04 (A)(2)

10. "An assistance unit member who has a Social Security Number is required to disclose the number to the Department. Disclosure may be from any of the following sources: 1. a number which has been committed to memory; or 2. A written document..." UPM § 3505.10(A)
11. The penalty for failure to comply with the eligibility requirement regarding Social Security Numbers is ineligibility of the individual, or the ineligibility of the assistance unit, in accordance with the provisions of this subject." UPM § 3505.20(A)
12. For MAABD, "An individual is ineligible who fails or refuses to either" a. disclose a Social Security Number; or b. apply for a Social Security Number." UPM § 3505.20(B)(2)
13. The maximum time period for processing an application, known as the promptness standard, is forty-five calendar days for MA applicants applying on the basis of age. UPM § 1505.35 (C)(1)(c)(2)
14. "The following provisions apply if the applicant failed to complete the application without good cause:...(b) If assistance cannot be granted: (1) AFDC, AABD and MA cases are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application..." UPM § 1505.40(B)(1)(b)(1)
15. **Forty-five days after the Appellant submitted his application for medical assistance on [REDACTED] 2021, was [REDACTED] 2021. This was the standard of promptness that the Department was required to adhere to under its regulations.**
16. **Thirty days after the Appellant submitted his application on [REDACTED] [REDACTED] 2021, was [REDACTED] 2021. This was the earliest date the Department was permitted to deny the application under its regulations.**
17. **When the Department denied the Appellant's application on [REDACTED] 2021, the action was in accordance with its regulations. The denial was after the thirtieth day and before the forty-five day standard of promptness had been reached, and was correct because the Appellant failed to provide information, including his social security number, that was necessary to determine his eligibility.**

DECISION

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

James Hinckley

James Hinckley
Hearing Officer

cc: Jamel Hilliard
Randalynn Muzzio
Jenna Phillips

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, 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.