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

[redacted], 2022
Signature Confirmation

Client ID [redacted]
Case ID [redacted]
Request # 192667

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2022, the Department of Social Services (the "Department") sent [redacted] (the "Appellant") a Notice of Action ("NOA") closing her Medicaid benefits under the Husky C – Aged, Blind, Disabled not eligible for State Supplement Cash ("Husky C") program effective [redacted] 2022.

On [redacted] 2022, the Appellant requested an Administrative Hearing to contest the Department's decision to close such benefits.

On [redacted] 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the Administrative Hearing for [redacted] 2022.

On [redacted] 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 via teleconference.

The following individuals participated in the hearing:

[redacted], Appellant
Bradley Wheeler, Department Representative
Jessica Gulianello, Fair Hearing Officer

STATEMENT OF THE ISSUE

The Administrative Hearing was scheduled for State Supplement Cash denial due to a scheduling error. The issue to be decided as confirmed by the Appellant during the hearing proceedings is whether the Department's [redacted] 2022, decision to close the Appellant's Medicaid benefits under the Husky C program effective [redacted] 2022, for failure to provide information was correct.

FINDINGS OF FACT

1. The Appellant is [redacted] and she was determined disabled by the [redacted]. (Appellant's Testimony)

2. The Appellant received medical coverage under the Husky C – Medicaid coverage group for a household of one, herself. (Exhibit 6: Renewal Notice, Hearing Record)

3. On [redacted], 2021, the Department issued the Appellant a Notice of Renewal of Eligibility with a Renewal Form enclosed for Husky C Medicaid coverage. The notice stated the following, "We must get the completed and signed electronic or paper renewal form. If we do not get the signed form by [redacted]/2021, the renewal process may be delayed. You must submit the renewal by [redacted]/2021 to receive uninterrupted benefits. You must complete your form and submit all required proofs by [redacted]/2021 or your benefits may stop." (Exhibit 6: Renewal Notice, Hearing Record)

4. On [redacted], 2021, the Department received the completed W-1ER: Renewal of Eligibility form (signed by the Appellant on [redacted], 2021) as confirmed by the online eligibility management system ("ImpaCT") document searches. (Exhibit 1: Renewal form, Exhibit 5: Case Notes, Exhibit 9: Document Search, Department's Testimony)

5. On or about [redacted] 2021 the Husky C benefit period auto extended from [redacted] 2021, to [redacted] 2022, because of the Public Health Emergency ("PHE"). (Department's Testimony)

6. On [redacted] 2022, the Department reviewed the completed renewal form that had been received more than [redacted] days prior on [redacted] 2021. (Exhibit 5: Case Notes, Hearing Summary, Department's Testimony)

7. The Appellant was receiving [redacted] Income [redacted] and [redacted] Income [redacted] from the [redacted]. The [redacted] income auto adjusted to [redacted] income when the Appellant reached [redacted] age. (Appellant's Testimony)

8. On [redacted], 2022, the Department verified the Appellant is now receiving $107 per month [redacted] and $754 per month [redacted]. (Exhibit 5: Case Notes, Hearing Record)

9. On [redacted] 2022, the Department [redacted] verified the Appellant is a [redacted] owner of a [redacted] account with [redacted] Bank. The account had a balance of $3,710.53 as of [redacted] 2022. (Exhibit 4: [redacted], Hearing Record)

10. On [redacted] 2022, the Department issued the Appellant a W-1348: Proofs We Need notice ("W-1348") requesting recent bank statement(s) from [redacted] and [redacted] Bank due by [redacted] 2022. (Exhibit 2: W-1348, Hearing Record)

11. On [redacted] 2022, the Department received the W-1348: Proofs we Need notice with handwritten notes from the Appellant attesting to her income being [redacted] into a [redacted] account and [redacted] bank statements. (Exhibit 7: Letter from Appellant, Hearing Record)

12. On [redacted] 2022, the Department reviewed the documents received on [redacted] 2022, and deemed them to be insufficient proof of the Appellant's assets. (Exhibit 5: Case Notes, Department's Testimony)

13. On [redacted] 2022, the Department issued the Appellant a W-1348M: Worker Generated Request for Proofs notice ("W-1348M") requesting the following due by [redacted] 2022: "Please provide proof of [redacted] date OR [redacted] statements from [redacted] and [redacted] as well as contact [redacted] to have most current statement be provided within [redacted] days." (Exhibit 3: Manual W-1348, Department's Testimony, Hearing Record)

14. On [redacted] 2022, the Department issued the Appellant a Notice of Action ("NOA") advising Husky C – Aged, Blind, Disabled Medicaid coverage was closing as of [redacted] 2022, for the following reasons, "You did not return all of the required proofs by the date we asked" and "Does not meet program requirements". (Exhibit 8: NOA, Hearing Record)

15. On [redacted] 2022, the Department received the Appellant's request for an Administrative Hearing. On the Hearing Request, the Appellant reported the following: non-receipt of [redacted] income, non-receipt of statements from [redacted], no account with [redacted], and forgetting about [redacted] bank account with [redacted] Bank. The Appellant reported her name was added to [redacted] account with [redacted] Bank [redacted]. The Appellant reported she does not deposit any of her funds into

the account, she has not accessed the account and she does not receive statements for the account. (Exhibit A: Hearing Request, Appellant's Testimony)

16. The Appellant reported several medical conditions on her Hearing Request including [redacted]. (Exhibit A: Hearing Request, Appellant's Testimony)

17. The Appellant and the Department later realized [redacted] and [redacted] are [redacted]. (Hearing Record)

18. 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. The Appellant requested an Administrative Hearing on [redacted], 2022. Therefore, this decision is due no later than [redacted], 2022. (Hearing Record)

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes ("Conn. Gen. Stat.") provides the following: The Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act."

2. Conn. Gen. Stat. § 17b-261b(a) provides the following: The Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by the Department.

3. *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)) provides the following: The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law.

The Department has the authority to administer the Medicaid program.

4. UPM § 1545 provides the following: The eligibility of an assistance unit is periodically redetermined by the Department. During the redetermination, all factors relating to eligibility and benefit level are subject to review. This chapter discusses the requirements of the redetermination process, its purpose, and how the Department conducts a redetermination of eligibility.

   UPM § 1545.05(A) provides the following: (1) 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. (2) A redetermination constitutes: (a) a complete review of AFDC, AABD or MA certification. (b) a reapplication for the FS program. (3) In general,

eligibility is redetermined through the same methods by which eligibility is initially determined at the time of application.

UPM § 1545.10(A)(1)(d) provides the following: The final month of the redetermination period is considered to be the redetermination month, even if the review is conducted in the prior month.

UPM § 1545.15(A)(1) provides the following: The Department is required to provide assistance units with timely notification of the scheduled redetermination.

UPM § 1545.15(B)(1)(b) provides the following: Upon implementation of the EMS system, notice of the redetermination must be issued no earlier than the first day, or later than the last day of the month preceding the redetermination month.

UPM § 1545.25(C) provides the following: The Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination.

The Department annually conducts a redetermination process to ensure recipients of Medicaid continue to meet the eligibility criteria for the program. The Husky C renewal was due in [redacted] 2021.

The Department correctly issued the Appellant a Renewal Notice with a Renewal Form enclosed on [redacted] 2021, requesting completion.

5. UPM § 1545.25(A) provides the following: Assistance units are required to complete a redetermination form at each redetermination.

   UPM § 1545.30(B)(1) provides the following: The AFDC, AABD, or MA redetermination must be completed by the appropriate individual listed below. The AABD or MA recipient.

   UPM § 1545.35(B)(1) provides the following: An assistance unit must submit the redetermination form by the following date in order to be considered timely filed. (b) All other PA and FS non-monthly reporting assistance units must file by the fifteenth day of the redetermination month.

   UPM § 1545.35(B)(2) provides the following: 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) complete to the extent that a legible name and address appear on the form; and (c) signed by the applicant or other qualified individual.

   The Department received the completed Renewal Form from the Appellant on [redacted] 2021.

6. UPM § 1545.35(A)(1) provides the following: Assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions of the redetermination process.

   UPM § 1545.35(A)(2) provides the following: The following actions must be timely completed in order to receive uninterrupted benefits: (a) The redetermination form must be filed and completed; and (b) The office interview must be completed, unless exempt from the requirement; and (c) Required verification of factors that are conditions of eligibility must be provided.

   UPM § 1545.40(B)(1)(a) provides the following: If eligibility has not been reestablished by the end of the redetermination period, the department continues to provide assistance under the following conditions if it appears that the assistance unit will remain eligible: (1) when the agency is responsible for not completing the redetermination; or (2) when the assistance unit fails to act timely but completes the redetermination form and any required interview by the last day of the redetermination month; or (3) when the assistance unit demonstrates good cause for failing to complete the redetermination process.

   The Husky C certification cycle was auto extended [redacted] days from [redacted] 2021, to [redacted] 2022, due to the Public Health Emergency (PHE).

   The Department correctly provided continuous medical coverage uninterrupted.

7. UPM § 1545.20(A)(1) provides the following: Except for the following rules, the redetermination interview requirements are the same as the requirement established for the application process. (Cross reference: 1505)

   UPM § 1545.20(A)(2) provides the following: In-office interview are required for AFDC assistance units at least once every twelve months, but no for SNAP, AABD, and MA assistance units.

   UPM § 1505.30(A)(3) provides the following: Office interviews are not required for AABD or MA applicants. The application process may be completed entirely through mail correspondence and telephone contact.

   The Department correctly determined an interview with the Appellant was not a requirement of the Husky C redetermination process.

8. UPM § 1500.01 provides the following: Verification is the act of confirming a fact, circumstance or condition through direct evidence or other reliable documentation or collateral contact.

UPM § 1555.15(B) provides the following: Changes affecting eligibility or benefits level include, but are not limited to the following: (1) changes in the source of income; (2) changes in the amount of income or resources, regardless of whether or not the income is countable.

UPM § 5099.05 provides the following: Department policy provides in pertinent part: All income must be verified as an eligibility requirement at the time of application, at each redetermination of eligibility, and whenever the income changes.

The Department correctly used the [redacted] to verify the Appellant's [redacted] and [redacted] income received from [redacted].

9. UPM § 1545.05(B)(3) provides the following: Circumstances subject to change, or which are unclear or questionable are investigated and verified.

UPM § 1545.05(C)(3) provides the following: Prompt action is taken to effect any interim actions necessitated by changes in circumstances that are discovered during the redetermination process.

UPM § 1555.30(A)(2) provides the following: Prior to taking corrective action the Department: a. determines the accuracy of the information upon which it is acting; and b. may require verification of any reported information which is questionable.

UPM § 4099.30(A)(3) provides the following: The assistance unit must verify the following for the Department to evaluate each asset held by the assistance unit. This list is not necessarily all-inclusive. The amount of equity the assistance unit has in the asset.

The Department correctly determined the value of the Appellant's bank accounts as an eligibility requirement at the time of renewal under the Husky C Medicaid program.

ImpaCT reflected the Appellant was an owner of a [redacted] account with [redacted].

[redacted] revealed the Appellant as a [redacted]owner of a [redacted] account with [redacted].

On [redacted] 2022, the Department correctly issued the Appellant a W-1348 requesting current bank statements from [redacted] and [redacted] Bank to verify the balances of both [redacted] accounts in question. The due date of [redacted] 2022, afforded the Appellant [redacted] days to provide the requested documents.

10. UPM § 1015.05(c) provides the following: 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 § 1015.10(A) provides the following: 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.

    The Department correctly determined the letter received from the Appellant on [redacted] 2022, did not sufficiently verify her assets.

    On [redacted] 2022, the Department issued the Appellant a W-1348M requesting proof of the closure date or the most recent bank statements from [redacted] and [redacted] as well as a current statement from [redacted] due by [redacted] 2022.

    The Department incorrectly informed the Appellant she needed to provide proof of [redacted] bank accounts when only [redacted] existed [redacted].

11. UPM § 1505.40(B)(4)(a) provides the following: (a) The eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions exists: (1) eligibility cannot be determined; or (2) determining eligibility without the necessary information would cause the application to be denied. (b) If the eligibility determination is delayed, the Department continues to process the application until: (1) the application is complete; or (2) good cause no longer exists.

    UPM § 1505.40(5) provides the following: (a) 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. (b) 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.

    UPM § 1545.40(B)(1)(a) provides the following: If eligibility has not been reestablished by the end of the redetermination period, the Department continues to provide assistance under the following conditions if it appears the assistance unit will remain eligible: (1) when the agency is responsible for not completing the redetermination; or (2) when the assistance unit fails to act timely but completes the redetermination form and any required interview by the last day of the

redetermination month; or (3) when the assistance unit demonstrates good cause for failing to complete the redetermination process.

UPM § 1545.40(B)(1)(b) provides the following: If eligibility is continued, the assistance unit must complete the redetermination process by the end of the month following the redetermination month, unless circumstances beyond the units control continue to delay the process.

UPM § 1545.40(B)(1)(c) provides the following: Eligibility may be continued, and the redetermination held pending, as long as: (1) circumstances beyond the control of the assistance unit delay the completion of the redetermination process; and (2) the assistance unit appears to be eligible for assistance.

UPM § 1545.40(B)(1)(d) provides the following: Good cause may include but is not limited to the following hardships. (1) illness; (2) severe weather; (3) death in the immediate family; (4) other circumstances beyond the control of the assistance unit.

UPM § 4000.01 provides the following: "A counted asset is an asset which is not excluded and either available or deemed available to the assistance unit." "An available asset is cash or any item of value which is actually available to the individual or which the individual has the legal right, authority or power to obtain, or to have applied for, his or her general or medical support." "The record owner of an asset is the person who has apparent ownership interest as shown on a title, registration, or other documentation." "The legal owner of an asset is the person who is legally entitled to enjoy the benefit and use of the asset."

UPM § 4005.05(D) provides the following: The Department compares the assistance unit's equity in counted assets with the program asset limit when determining whether the unit is eligible for benefits.

UPM § 4099.10(A)(1) provides the following: The assistance unit must verify that it is not the legal owner of an asset if the unit claims to be merely the record owner of the asset.

UPM § 4099.10(A)(2) provides the following: If the unit is unable to verify that it is merely the record owner, and not the legal owner of an asset, the Department counts the asset as owned by the assistance unit.

The Department determined there was insufficient asset verification to establish the Appellant's continued eligibility for Husky C Medical coverage.

The W-1348M issued by the Department on [redacted] 2022, extended the verification due date to [redacted] 2022.

On [redacted] 2022, the Department prematurely issued a NOA to the Appellant closing the Husky C Medical coverage effective [redacted] 2022, citing, "You did not return all of the required proofs by the date we asked" and "Does not meet program requirements".

The redetermination should have been held pending to allow the Appellant the ten days to respond to the Department's W-1348M.

DISCUSSION

As previously stated, the Department extended the verification due date to [redacted] 2022, by issuing a W-1348M on [redacted] 2022.

The Appellant's Hearing Request was received timely within the [redacted] extension period on [redacted] 2022, that spoke to each of the [redacted] bank accounts in question.

The Record reflects there are only [redacted] bank accounts [redacted]. The Department did not clearly inform the Appellant what information was needed to establish continued Husky C eligibility [redacted]. No additional documentation is required to settle this dispute.

On [redacted] 2022, the Appellant reported she did not receive bank statements from [redacted]. The Appellant testified she has since contacted the financial institution, she has requested monthly mailings, and she is awaiting receipt.

On [redacted] 2022, the Appellant reported that she did not fund, have access to, or receive statements for the [redacted] account with [redacted] Bank. The Department advised the Appellant during the Hearing proceedings to have her name removed from the account [redacted] if she is not a legal owner of the account in question.

The record reflects there was a [redacted] *day delay* by the Department in processing the Appellant's renewal paperwork due to the unusual circumstances of Covid-19 and the Public Health Emergency ("PHE"). The Appellant timely responded to the Department on [redacted] 2022, before the verification due date of [redacted] 2022. I find the Department should have accepted the Appellant's response and provided her with a good cause delay for not providing sufficient verification of her countable assets. There are several factors that contribute to my findings including consideration of the Appellant's disability status, her medical impairments, she is reliant on financial institutions for documentation, and the current circumstances of the PHE that are beyond her control resulting in unusually longer than normal delays in obtaining information.

DECISION

The Appellant's appeal is GRANTED.

ORDER

1). The Department must reopen the Appellant's Husky C medical benefits effective [redacted] 2022, and continue to process the redetermination until a determination of eligibility or ineligibility for the Husky C program can be made or good cause for the delays no longer exists.

2). As per Departmental policy, eligibility may be continued, and the redetermination held pending if the circumstances beyond the control of the assistance unit delay completion of the redetermination process and the assistance unit appears to be eligible for assistance.

3). Compliance is due within 14 days of the date of this hearing decision.

Jessica Gulianello

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Jessica Gulianello
Fair Hearing Officer

CC: Cheryl Stuart- SSOM, Kristin Haggan: ESS, Bradley Wheeler RO #40

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.