

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

██████████
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # 192966

NOTICE OF DECISION

PARTY

██████████
████████████████████
██████████

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a notice of action denying her HUSKY C Medicaid application.

On ██████████, the Appellant requested an administrative hearing to contest the Department's denial of her HUSKY C Medicaid application.

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

On ██████████, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing via audio connection to the Manchester Regional office.

The following individuals called into the hearing:

██████████, the Appellant
Javier Rivera, Department's Representative
Sara Hart, Hearing Officer

A separate decision was issued regarding the Department's denial of the Appellant's SNAP benefits.

STATEMENT OF THE ISSUE

The issue is whether the Department's correctly denied the Appellant's HUSKY C Medicaid application.

FINDINGS OF FACT

1. On [REDACTED], the Appellant submitted an online application ("ONAP") to the Department requesting medical and SNAP benefits for a household of one. (*Exhibit 1: Online Application*)
2. The Appellant reported a home address of [REDACTED], and telephone number of [REDACTED] on her ONAP. The Appellant has resided at this address for the last thirty years and does not have a separate mailing address. (*Exhibit 1, Appellant's Testimony*)
3. The Appellant owns a checking account at [REDACTED] and reported a balance of \$17.80 on her [REDACTED], ONAP. (*Exhibit 1*)
4. The Appellant receives financial assistance from her father to help cover the cost of her \$1150.00 monthly rent. (*Exhibit 1, Appellant's Testimony*)
5. On [REDACTED], the Department issued the Appellant a Proofs We Need form ("W1348") requesting the following information: proof of checking account balance, proof of shelter expenses, and proof of money received from others. The notice provided examples of acceptable documentation and gave a due date of [REDACTED], [REDACTED]. The notice stated "If you need help getting the proof or need more time, call the Benefit Center at 1-855-626-6632." (*Exhibit 2: W1348 [REDACTED]*)
6. On [REDACTED], the Department received the W1348 (issued on [REDACTED], [REDACTED]) as RPO from the USPS. The document was marked as "Return To Sender, Not Deliverable As Addressed, Unable to Forward". (*Exhibit 8B: RPO [REDACTED]*)
7. The Appellant has an online account with the Department that she accesses through her telephone. (*Appellant's Testimony*)
8. The Department did not receive any of the verifications requested on the [REDACTED], [REDACTED], W1348. (*Department's Testimony, Exhibit 9: Document Search Results*)
9. On [REDACTED], the Department issued the Appellant a NOA denying her HUSKY C application because she did not return all the required proofs by the due date and does not meet program requirements. (*Exhibit 4: NOA [REDACTED]*)
10. The Appellant did not attempt to contact the Department upon receipt of the [REDACTED], [REDACTED], NOA. (*Appellant's Testimony*)

11. On [REDACTED], the Department contacted the Appellant via telephone. The Appellant advised the Department representative that she was unable to speak and ended the call. (*Exhibit 17: Case Note [REDACTED]*)
12. As of [REDACTED], the Appellant had not submitted the requested verifications to the Department. (*Hearing Record*)
13. The issuance of this decision is timely under Section 17b-61(a) of the Connecticut General Statutes, which requires the agency to issue a decision within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED]; therefore, this decision is due no later than [REDACTED]

CONCLUSIONS OF LAW

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

The Department has the authority to administer and determine eligibility for the HUSKY C Medicaid program.

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, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. UPM § 5005(A) provides in relevant part that in consideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded. Income is considered available if it is received directly by the assistance unit.

The Department correctly considered the Appellant's reported income sources in the determination of HUSKY C eligibility.

4. UPM § 4005 provides for every program administered by the Department, there is a definite asset limit.

UPM § 4005.05(B)(1) provides for assets counted toward the asset limit. The Department counts the assistance unit's equity in an asset toward the asset limit if the asset is not excluded by state or federal law and is either:

- a. available to the unit; or
- b. deemed available to the unit.

UPM § 4005.10(A)(2) provides in relevant part that for AABD and MAABD – Categorically and Medically Needy:

- a. The asset limit is \$1,600 for a needs group of one.

The Department correctly considered the Appellant's assets in the determination of HUSKY C eligibility.

5. 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 that the Department requires to determine eligibility and calculate the amount of benefits (cross reference: 1555).

UPM § 1015.05(C) provides that the Department must tell the assistance unit what the unit must do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.

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.

The Department correctly sent a W1348 Proofs We Need form to the Appellant on [REDACTED], requesting verifications necessary to determine HUSKY C eligibility.

6. UPM § 1505.40(A)(1) provides for processing applications and states that prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to the eligibility and amount of benefits.

UPM 1505.40(C)(1)(c) provides that the applicant is considered responsible for incomplete applications if the Department has taken the following actions: offered assistance in completing applications materials or procuring difficult to obtain verification; or with the exception of (3) below, has allowed at least ten days from the date it notifies the applicant of a required action for the applicant to complete the action, including requests to provide verification.

UPM § 1505.35(C) provides that the following promptness standards be established as maximum times for processing applications: forty-five calendar days for AABD or MA applicants applying based on age or blindness.

UPM 1505.40(B) provides for incomplete applications. (1) Applicant Failure. 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.

The Appellant failed to provide the verifications required to establish HUSKY C

eligibility. The Department correctly denied the Appellant's HUSKY C application on [REDACTED].

DECISION

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


Sara Hart
Hearing Officer

Cc: Javier Rivera, Department Representative, Manchester Regional Office
Christine Faucher, Department Representative, Manchester Regional Office
Angelica Branfalt, Operations Manager, Manchester 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, law, and 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 requested 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 the Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to the 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 if 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 to 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 following §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.