

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

██████████, 2023
Signature Confirmation

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

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2022, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a letter informing him that there was a delay in processing his HUSKY C Medicaid application.

On ██████████, 2022, the Appellant requested an administrative hearing to contest the Department’s delay in processing his HUSKY C Medicaid application.

On ██████████, 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2023.

On ██████████, 2022, the Department sent the Appellant a Notice of Action (“NOA”) stating that his HUSKY C benefits were denied because he “did not return all of the required proofs by the date we asked” and “does not meet program requirements.”

On ██████████, 2023, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, the Appellant's Representative
Matthew Bartolotta, Department's Representative
Joseph Davey, Administrative Hearing Officer

The Appellant did not attend the hearing; he was represented by his Authorized Representative.

The hearing record remained open to allow the Appellant and the Department time to submit additional information. All additional exhibits were received by ██████████, 2023, and the hearing record closed accordingly.

STATEMENT OF THE ISSUE

The original issue was process delay. During the hearing, it was determined that the issue is whether the Department correctly denied the Appellant's Husky C Medicaid application.

FINDINGS OF FACT

1. On ██████████, 2022, the Appellant submitted a W-1E Application for Benefits form to the Department requesting medical benefits for a household of one. (Exhibit 5: W-1E Application for Benefits date stamped ██████████.)
2. The Department received an application for the Supplemental Nutrition Assistance Program ("SNAP",) and medical benefits on ██████████, 2022. The Department used this application date for the Appellant's HUSKY C case. (Exhibit 7: Documents search results from ██████████, Department's testimony)
3. The hearing record does not reflect why the ██████████, 2022, application date for medical benefits was not honored. (Hearing Record)
4. The Appellant was █ years old at the time of application [DOB ██████████.] (Exhibit 5)
5. The Appellant receives \$582.00 per month in Social Security retirement benefits. (Exhibit 11: Unearned Income Summary screenshots)
6. The Appellant owns a savings account with ██████████ and reported a balance of \$1,382.97 on his ██████████, 2022, W-1E application. (Exhibit 5)
7. On ██████████, 2022, the Department issued a W-1348 Proofs We Need form ("W-1348") requesting the Appellant provide "3 months of your most current bank statements from ██████████." for the SNAP program only. The due date for the

information was listed as [REDACTED], 2022. The W-1348 failed to request this information for HUSKY C. (Exhibit 1A: W-1348 Request for Proofs form dated [REDACTED], Hearing Record)

8. On or about [REDACTED], 2022, the Appellant's Representative contacted the Department in response to a HUSKY C process delay letter and to inquire what verifications the Department required. The Department instructed the Appellant's Representative that three months of bank statements were required. (Appellant's Representative's testimony)
9. On or about [REDACTED], 2022, the Appellant dropped off three months of bank statements to the Department's regional office in [REDACTED], CT. The Department has no record of these bank statements being received. (Exhibit 7, Appellant's Representative's testimony)
10. On [REDACTED], 2022, the Appellant's Representative again contacted the Department to inquire about the status of the Appellant's Husky C case. The Department informed her that the case remained pending. (Exhibit 4: Case notes dated [REDACTED]-[REDACTED])
11. On [REDACTED], 2022, the Department issued a second W-1348 requesting the Appellant provide proof of identity for the pending Husky C application. The due date for the information was listed as [REDACTED], 2022. (Exhibit 1B: W-1348 Proofs We Need form dated [REDACTED])
12. On [REDACTED], 2022, the Appellant provided proof of identity as well as a bank statement printout. The Department deemed that the statement was not acceptable verification as it did not contain the Appellant's name, bank name, or date. (Exhibit 3: Bank Statement, Exhibit 4, Exhibit 7: Documents search results from [REDACTED]-[REDACTED], Hearing Record)
13. The Department did not inform the Appellant that the bank statement printout was not acceptable. (Hearing Record)
14. On [REDACTED], 2022, the Appellant requested an administrative hearing because the Department had not determined his eligibility for Husky C medical benefits. (Hearing Record)
15. On [REDACTED], 2022, the Department issued a third W-1348 requesting the Appellant provide "bank statements from [REDACTED] [REDACTED] for months [REDACTED] 2022" for HUSKY C. The due date for the information was listed as [REDACTED], 2022. (Exhibit 1C: W-1348 Proofs We Need form dated [REDACTED])
16. On [REDACTED], 2022, the Appellant mailed the requested bank statements from [REDACTED] via the United States Postal Service ("USPS") to the Department.

(Appellant's Exhibit 1: Picture of envelope date stamped [REDACTED] by the United States Postal Service, Appellant's Representative's testimony)

17. On [REDACTED], 2022, the Department received the [REDACTED] bank statements the Appellant mailed on [REDACTED], 2022. (Exhibit 7, Exhibit 10: [REDACTED] Bank statements from [REDACTED] - [REDACTED] and current balance)
18. On [REDACTED], 2022, the Department issued a NOA denying the Appellant's application for HUSKY C benefits because he "did not return all of the required proofs by the date we asked" and "does not meet program requirements." (Exhibit 2B: NOA dated [REDACTED], Department's testimony)

The issuance of this decision is timely under Connecticut General Statutes ("Conn. Gen. Stat.") §17b-61(a), which requires that a decision be issued within [REDACTED] days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2022. The record was held open for [REDACTED] ([REDACTED]) days to allow the Appellant and the Department to submit additional information. The decision is, therefore, due no later than [REDACTED], 2023. (Hearing Record)

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 the HUSKY C Medicaid program in Connecticut.

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 § 1505.10 (D) provides for *date of Application*. 1. For AFDC, AABD and MA applications, except for the Medicaid coverage groups noted below in 1510.10 D.2, the date of application is considered to be the date that a signed application form is received by any office of the Department.

The Appellant submitted his signed W-1E application for HUSKY C to the Department on [REDACTED], 2022. The Dept incorrectly established a HUSKY C application date of [REDACTED], 2022.

4. 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.

5. UPM § 4005.05(A) provides that 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.

6. 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 erred by requesting asset verification for the SNAP instead of HUSKY C on the W-1348 issued to the Appellant on [REDACTED], 2022.

The Department erred when it failed to request asset verification for HUSKY C on the W-1348 issued to the Appellant on [REDACTED], 2022.

The Department correctly requested asset verification on the W-1348 issued to the Appellant on [REDACTED], 2022.

7. 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 § 1505.35(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.

The Department failed to process the Appellant's Husky C application within the standard of promptness.

8. 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.

UPM § 1555.10(A)(B) provides for Basic Provisions 1. Under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable. 2. If good cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period. 3. In good cause situations, the Department may delay taking action, but reserves the right to take corrective action to prevent possible benefit errors. B. AFDC, AABD, MA Requirements_1. PA assistance units may establish good cause for: a. failing to report timely; or b. failing to provide required verification timely. 2. Good cause may include, but is not limited to: a. illness; b. severe weather; c. death in the immediate family; d. other circumstances beyond the unit's control.

The Appellant established good cause for not providing the requested asset verification by the due date.

DISCUSSION

After reviewing the testimony and evidence submitted, the Appellant has established good cause for failing to provide the requested asset verification timely. The Department sent a W-1348 requesting asset verification for HUSKY C on [REDACTED], 2022, and provided a [REDACTED], 2022, due date. The Appellant provided proof that the requested verification was mailed via the USPS from [REDACTED], Connecticut on [REDACTED], 2022. The Appellant has established that circumstances beyond his control prevented the verifications from being delivered to the Department until [REDACTED], 2022. Under normal circumstances, it is reasonable to expect that mail sent in-state would be delivered within 7 days. It is further found that the Department incorrectly recorded the Appellant's HUSKY C application date. The hearing record fails

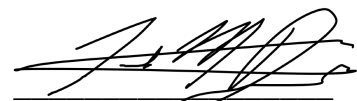
to establish why the Department determined an application date of [REDACTED], 2022. The evidence submitted after the hearing displays the Appellant submitted a completed W-1E requesting medical assistance on [REDACTED], 2022. For reasons not clear from the hearing record, the Department used the Appellant's [REDACTED], 2022, application for the date of receipt instead of the earlier application submitted on [REDACTED], 2022.

DECISION

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

ORDER

1. The Department will reopen the Appellant's [REDACTED], 2022, HUSKY C application.
2. If any information is deemed necessary to complete the application, the Department will issue a W-1348 Request for Proofs form and allow the Appellant (10) days to provide verification.
3. The Department will complete the processing of the Appellant's application and issue a Notice of Action.
4. The Department shall demonstrate compliance with this order no later than (14) days from the date of this decision. Verification of compliance shall be sent to the undersigned via email confirmation.



Joseph Davey
Administrative Hearing Officer

Cc: Matthew Bartolotta, Department Representative, Middletown Regional Office
Brian Sexton, Operations Manager, Middletown 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.