

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

██████████ ████ 2024
Signature Confirmation

Client ID ██████████
Case ID ██████████
Request # 239654

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ ████ 2024, the Appellant submitted an application for Medicaid under the MED-Connect Medicaid for Employees with Disabilities ("MED-Connect") program.

On ██████████ ████ 2024, the Appellant requested an administrative hearing to contest the Department's failure to make an eligibility determination on her ██████████ ████ 2024 application MED-Connect program.

On ██████████ ████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ ████ 2024.

On ██████████ ████ 2024, the Appellant requested a continuance which OLCRAH granted.

On ██████████ ████ 2024, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ ████ 2024.

On ██████████ ████ 2024, the Appellant requested a second continuance which OLCRAH granted.

On ██████████ ████ 2024, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ ████ 2024.

On [REDACTED] 2024, the Appellant requested a third continuance which OLCRAH granted.

On [REDACTED] 2024, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2024.

On [REDACTED] 2024, 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:

[REDACTED] Appellant
Carmelo Merritt, Department Representative
Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's delay in processing the Appellant [REDACTED] 2024 application for Medicaid under the MED-Connect program is in accordance with department policies.

FINDINGS OF FACT

1. The Appellant is married to [REDACTED] ("Spouse"). The Appellant is age [REDACTED] and disabled. The Spouse is age [REDACTED] and disabled. (Exhibit 4: Application)
2. The Appellant is self-employed and owns her own business in [REDACTED] (Exhibit 4: Application)
3. The spouse is self-employed and owns [REDACTED]. (Exhibit 4: Application)
4. On [REDACTED] 2024, the Appellant submitted an online application to the Department requesting medical benefits/healthcare coverage for herself after the Department erroneously closed her Medicaid coverage under the Husky C program. The Appellant included a completed W-38 Self-Employment Income Verification form ("W-38") for herself and a completed W38 for the Spouse along with asset information mortgage information. (Exhibit 4: Application and Exhibit 5: Case Notes)

5. On [REDACTED] [REDACTED] 2024, the Department issued the Appellant a notice requesting proof of her checking account balance, proof of motor vehicle ownership, and proof of monies received from others. The Department listed the information due date as [REDACTED] [REDACTED] 2024. (Exhibit 7: Proofs We Need)
6. On [REDACTED] [REDACTED] 2024, the Department determined the Appellant's eligibility for Husky C Medicaid coverage should be reviewed under the MED-Connect program once verifications are received. (Exhibit 5: Case Notes)
7. On [REDACTED] [REDACTED] 2024, the Appellant submitted a statement from the Spouse that he is not working, proof of auto insurance, and letter confirming income received by the Appellant from her sons. (Exhibit 5: Case Notes)
8. On [REDACTED] [REDACTED] 2024, the Appellant submitted a request for an administrative hearing because the Department failed to make an eligibility determination on her [REDACTED] [REDACTED] 2024 application for Medicaid. (Hearing Record)
9. On [REDACTED] [REDACTED] 2024, the Department reviewed the Appellant's [REDACTED] [REDACTED] 2024 application for medical coverage and determined the agency failed to make an eligibility determination for the MED-Connect program. (Exhibit 5: Case Notes)
10. On [REDACTED] [REDACTED] 2024, the Department issued the Appellant a notice requesting she provide the following items of verification:
 - Proof of Spouse's gross earnings
 - Proof of Spouse's self-employment expenses
 - Proof of Spouse's self-employment income
 - Proof of Spouse's motor vehicle ownership
 - Proof of Appellant checking account balances
 - Proof of monies the Appellant receives from others
 - Proof of Appellant's savings account balance
 - Proof of Appellant's self-employment expenses
 - Proof of Appellant's self-employment income

The Department enclosed W-38 Self-Employment Income Verification forms ("W-38") for the Appellant and the Spouse to complete. The Department listed the due date for the verifications as [REDACTED] [REDACTED] 2024. (Exhibit 7: Proofs We Need)

11. On [REDACTED] [REDACTED] 2024, the Department issued the Appellant a notice requesting the Appellant provide the following information by [REDACTED] [REDACTED] 2024: verification of the Appellant's self-employment income and expenses. In addition, the Department writes, "Please provide verification of income and expenses as discussed from self-employment with [REDACTED]"

██████████ with ██████████ and ██████████ and ██████████
 ██████████ with ██████████ ██████████ and for [the Spouse] with ██████████ ██████████
 ██████████.” (Exhibit 9: Worker Generated Request for Proofs)

12. The Appellant received the ██████████ ██████████ 2024 notice but did not send in the requested documentation listed on the notice. (Appellant Testimony)
13. The Appellant and her Spouse have not filed taxes since 2008. (Appellant Testimony)
14. At the administrative hearing, the Appellant requested additional time to submit the requested verification due to recent surgery. (Appellant Testimony)
15. 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 ██████████ ██████████ 2024. However, the hearing which was originally scheduled for ██████████ ██████████ 2024 was rescheduled on three separate occasions at the request of the Appellant causing a ██████████-day delay. Because this ██████████-day delay resulted from the Appellant’s request, this decision is not due until ██████████ ██████████ 2024, and therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes (“Conn. Gen. Stat.”) provides as follows:

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.

“The Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said Department.” Conn. Gen. Stat. § 17b-261b(a)
2. “The department’s uniform policy manual 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. “Individuals who desire to obtain aid must file a formal request for assistance.” Uniform Policy Manual (“UPM”) § 1505.10(B)(1)

“The formal request must be made in writing on the application form.”
UPM § 1505.10(B)(2)

Department policy provides as follows:

At minimum, the following information must be presented:

- a. The full name and address of the applicant; and
- b. The signature of the applicant, caretaker relative or other individual who is requesting assistance on behalf of the applicant.

UPM § 1505.10(B)(3)

On [REDACTED] [REDACTED] 2024, the Appellant correctly submitted an application with the Department requesting medical benefits/healthcare coverage for herself and her spouse.

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

“The date of application is protected retroactively to the original filing date as long as the applicant informs the Department of the programs for which he or she is applying for the appropriate date noted above in 1510.10D.5.”
UPM § 1505.10(D)(6)

Department policy provides as follows:

The applicant must indicate the programs for which he or she is applying;

- a. At the time of the application interview; or
- b. When contacted by the Department for that purpose.

UPM § 1510.10(D)(5)

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

“In order to qualify for MA, an individual must meet the conditions of at least one coverage group.” UPM § 2540.01(A)

5. **On [REDACTED] [REDACTED] 2023, after a review of the Appellant’s benefits, application, documents, and case notes, the Department correctly**

determined the application date for medical coverage as [REDACTED] 2024 and determined the medical coverage group as MED-Connect.

6. “The Department must determine the assistance unit’s eligibility within the time limits specified in Section 1500.” UPM § 1015.05(B)

“Prompt action is taken to determine eligibility on each application filed with the Department.” UPM § 1505.35(A)(1)

“Reasonable processing standards are established to assure prompt action on applications.” UPM § 1505.35(A)(2)

“The following promptness standards are established as maximum time periods for processing applications: ninety calendar days for AABD or MA applicants applying on the basis of disability.” UPM § 1505.35(C)(1)(d)

“The first day of the processing period begins on the day following the date of application.” UPM § 1505.35(C)(2)

Department policy provides as follows:

The Department determines eligibility within the standard of promptness for the AFDC, AABD, and MA programs except when verification needed to establish eligibility is delayed and one of the following is true:

- a. The client has good cause for not submitting verification by the deadline; or
- b. The client has been granted a 10 day extension submit verification which has not elapsed; or
- c. The Department has assumed responsibility for obtaining verification and has had less than 10 days; or
- d. The Department has assumed responsibility for obtaining verification and is waiting for material from a third party.

UPM § 1505.35(D)(2)

Department policy provides as follows:

The standard of promptness has been met if by the last day of the processing standard the Department has:

- a. Issued a notice of denial the applicant, except that for FS cases, the Department has an additional seven days to issue the notice of denial; or

- b. Issued benefits to the assistance unit either in check form or by deposit into a financial institution by the thirtieth day following the date of application.

UPM § 1505.35(C)(3)(a)

The Department incorrectly delayed the processing of the Appellant's [REDACTED] 2024 application for medical coverage under the MED-Connect program.

The Department failed to meet department policy requirements when it failed to make an eligibility determination on the Appellant's [REDACTED] 2024 application for medical coverage within the 90 day standard of promptness or by [REDACTED] 2024.

DECISION

The Appellant's appeal is granted.

ORDER

1. The Department must continue to process the Appellant's [REDACTED] 2024 application for Medicaid under the MED-Connect program in order to make an eligibility determination. Processing should include a review of documents provided by the Appellant, department policy with regards to application processing, and a review of good cause for any additional delays.
2. Compliance is due 14 days from the date of this hearing decision.

Lisa A. Nyren

Lisa A. Nyren
Fair Hearing Officer

CC: Carmelo Merritt, DSS RO #20
Randalynn Muzzio, SSOM, DSS RO #20
Ralph Filek, DSS RO #20

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.