

STATE OF NEW YORK
DEPARTMENT OF HEALTH

REQUEST: August 1, 2011
CASE #:
CENTER #: MAP/CCM/OHC
FH #: 5864983K

In the Matter of the Appeal of
[REDACTED]
from a determination by the New York City
Department of Social Services

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**DECISION
AFTER
FAIR
HEARING**

JURISDICTION

Pursuant to Section 22 of the New York State Social Services Law (hereinafter Social Services Law) and Part 358 of Title 18 NYCRR, (hereinafter Regulations), a fair hearing was held on August 24, 2011 and September 8, 2011, in New York City, before Robert Swiderski, Administrative Law Judge. The following persons appeared at the hearing on both dates:

For the Appellant

[REDACTED], Appellant
[REDACTED], Witness

For the Social Services Agency

Silvia Kalvin, Representative
Theresa Sandoval, Representative

ISSUE

Was the Agency's determination to discontinue the Appellant's Personal Care Services correct?

FACT FINDING

An opportunity to be heard having been afforded to all interested parties and evidence having been taken and due deliberation having been had, it is hereby found that:

1. The Appellant, who is 82 years old, has been in receipt of Medical Assistance, including Personal Care Services.
2. By notice dated July 6, 2011, the Agency sent the Appellant a notice informing the Appellant that the Appellant's application for Personal Care Services was denied.
3. On August 1, 2011, this hearing was requested.

APPLICABLE LAW

In general, a recipient of Public Assistance, Medical Assistance or Services (including child care and supportive services) has a right to a timely and adequate notice when the Agency proposes to discontinue, suspend, reduce or change the manner of payment of such benefits. An adequate, though not timely, notice is required where the Agency has accepted or denied an application for Public Assistance, Medical Assistance or Services; or has increased the Public Assistance grant; or has determined to change the amount of one of the items used in the calculation of a Public Assistance grant or Medical Assistance spenddown; or has determined that an individual is not eligible for an exemption from work requirements. 18 NYCRR 358-3.3(a). In addition, pursuant to 18 NYCRR 358-3.3(d), an adequate, though not timely, notice is required for a Public Assistance or Medical Assistance recipient when, for example, the Agency has factual information confirming the death of the recipient; the Agency has received a clear written statement from the recipient that he or she no longer wishes to receive Public Assistance or Medical Assistance; the Agency has reliable information that the recipient has been admitted to an institution or prison; the recipient's whereabouts are unknown and mail has been returned to the Agency; or the recipient has been accepted for Public Assistance or Medical Assistance in another district.

A timely notice means a notice which is mailed at least 10 days before the date upon which the proposed action is to become effective. 18 NYCRR 358-2.23.

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The social services district must send a notice of discontinuance on a State-prescribed form to a Medical Assistance recipient if it determines that the recipient has become ineligible for Medical Assistance. 18 NYCRR 360-2.7(b). Recipient means a person who is, or has been, receiving a covered program or service. 18 NYCRR 358-2.18.

An adequate notice is a notice of action, an adverse action notice or an action taken notice which sets forth the action that the Agency proposes to take or is taking, and if a single notice is used for all affected assistance, benefits or services, the effect of such action, if any, on a recipient's other assistance, benefits or services. In addition, the notice must contain:

for reductions, the previous and new amounts of assistance or benefits provided;

the effective date of the action;

the specific reasons for the action;

the specific laws and/or regulations upon which the action is based;

the recipient's right to request an agency conference and fair hearing;

the procedure for requesting an agency conference or fair hearing, including an address and telephone number where a request for a fair hearing may be made and the time limits within which the request for a fair hearing must be made;

an explanation that a request for a conference is not a request for a fair hearing and that a separate request for a fair hearing must be made;

a statement that a request for a conference does not entitle one to aid continuing and that a right to aid continuing only arises pursuant to a request for a fair hearing;

the circumstances under which public assistance, medical assistance, food stamp benefits or services will be continued or reinstated until the fair hearing decision is issued;

a statement that a fair hearing must be requested separately from a conference;

a statement that when only an agency conference is requested and there is no specific request for a fair hearing, there is no right to continued public assistance, medical assistance, food stamp benefits or services;

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a statement that participation in an agency conference does not affect the right to request a fair hearing;

the right of the recipient to review the case record and to obtain copies of documents which the agency will present into evidence at the hearing and other documents necessary for the recipient to prepare for the fair hearing at no cost;

an address and telephone number where the recipient can obtain additional information about the recipient's case, how to request a fair hearing, access to the case file, and/or obtaining copies of documents;

the right to representation by legal counsel, a relative, friend or other person or to represent oneself, and the right to bring witnesses to the fair hearing and to question witnesses at the hearing;

the right to present written and oral evidence at the hearing;

the liability, if any, to repay continued or reinstated assistance and benefits, if the recipient loses the fair hearing;

information concerning the availability of community legal services to assist a recipient at the conference and fair hearing; and

a copy of the budget or the basis for the computation, in instances where the social services agency's determination is based upon a budget computation.

18 NYCRR 358-2.2.

DISCUSSION

By notice dated July 6, 2011, the Agency sent the Appellant a notice informing the Appellant that the Appellant's application for Personal Care Services was denied. The Appellant, however, has been in receipt of Medical Assistance, including Personal Care Services. If the Agency's notice meant to take any action it was a discontinuance action, not a denial action.

The Agency's July 6, 2011, notice is void. The Agency's notice in this case, among other things, contained blank spaces where information was to be written, was not timely, misidentified the Agency's discontinuance action as a denial action, provided a citation for its action that lacks even a minimum of detail such that it is meaningless, and, based upon Agency exhibit #1, provided no information regarding any of the Appellant's fair hearing rights.

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DECISION AND ORDER

The Agency's determination to discontinue the Appellant's Personal Care Services is not correct and is reversed.

1. The Agency is directed to restore, subject to other Agency actions or hearing decisions, the Personal Care Services lost by the Appellant as a direct result of the July 6, 2011, notice.

As required by 18 NYCRR 358-6.4, the Agency must comply immediately with the directives set forth above.

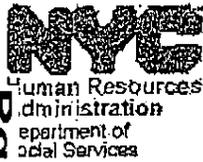
DATED: Albany, New York
11/04/2011

NEW YORK STATE
DEPARTMENT OF HEALTH

By

A handwritten signature in black ink that reads "Kenneth Luciano". The signature is written in a cursive, slightly slanted style.

Commissioner's Designee



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NOTICE OF DECISION OF INITIAL AUTHORIZATION/REAUTHORIZATION/OR DENIAL PERSONAL CARE SERVICES

NOTICE DATE: <u>7-6-11</u>	EFFECTIVE DATE: <u>7-6-11</u>	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION MEDICAL AND COMMUNITY SERVICES ADMINISTRATION HOME CARE SERVICES PROGRAM Bureau of Medical and Professional Review 253 Schermerhorn St., 4 th Floor Brooklyn, N.Y. 11201
CASE NUMBER	CIN:	
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP
		OR Agency Conference <u>Regina Caracter</u>
		Fair Hearing Information and Assistance <u>718-923-7687</u>
		Record Access _____
		Legal Assistance Information _____

OFFICE NO. <u>BMLR</u>	UNIT NO. <u>CCU</u>	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO. <u>718-923-6560</u>
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This is to inform you of the following action taken on your request for personal care services effective _____ (Please read carefully)

- INITIALLY AUTHORIZED**
Personal Care Services have been initially authorized for _____ hours per day, _____ days per week. The Personal Care Services has been determined to be:
 - Level I (Environmental and Nutritional Functions)
 - Level II (Personal Care, Environmental and Nutritional Functions)
 Your authorization period is from _____ to _____
- REAUTHORIZED**
Personal Care Services have been reauthorized for _____ hours per day, _____ days per week. The Personal Care Services have been determined to be:
 - Level I (Environmental and Nutritional Functions)
 - Level II (Personal Care, Environmental and Nutritional Functions)
 Your authorization period is from _____ to _____

DENIED
We intend to take this action because: The Home Attendant agency to which HRA assigned your case reported that you have refused the available home attendant services.

The law and/or regulation(s) which allow us to do this are 18 NYCRR 505.14.

SIGNATURE OF WORKER
X [Signature]

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS.
YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION.

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CONFERENCE AND FAIR HEARING INFORMATION

CONFERENCE: (Informal meeting with us): If you think our decision was wrong or if you do not understand our decision, please call us at 718-923-7687, or write to us at Medical Assistance Programs, Conference Unit, 253 Schermerhorn Street, Brooklyn New York 11201, to arrange a meeting. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you ask for a fair hearing. This is not the way to request a fair hearing. If you ask for a conference, you are still entitled to a fair hearing.

STATE FAIR HEARING - Deadline for Request: If you want the State to review our decision about your Medical Assistance you must ask for a fair hearing within 60 days from the date of this notice.

How to Request a Fair Hearing: You can ask for a fair hearing in writing, by telephone, in person, or over the Internet.

Write: Send a copy of this notice completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

Telephone: (800) 342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

Fax: Send a copy of this notice to fax number (518) 473-6735.

Walk-in: Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at: 14 Boerum Place, 1st Floor, Brooklyn, or 330 West 34th Street, 3rd Floor, Manhattan

On-Line: Complete and send the online request form at: http://www.otda.state.ny.us/oah/forms.asp

If you cannot reach the State by phone or the Internet, please write to request a fair hearing before the deadline for requesting a fair hearing.

REQUEST FOR A FAIR HEARING

I want a fair hearing. This agency's action was wrong because: I don't need 24 Hour Sleep in services. I haven't Fallen after the aide leaves. I am able to get around in my room.

Print Name: [Redacted] Case Number: [Redacted]

Address: [Redacted] Telephone: [Redacted]

Signature of Client: [Redacted] Date: 5/22/11

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, hearing bills, medical verification, letters, etc. that may be helpful in presenting your case. If you need an interpreter, please advise the State when you request the hearing.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society, other legal advocate group, or by checking your Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front page of this notice or write us at the address printed at the top of the front page of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at 212-630-0996.

ATTENTION: Children under 19 years of age who are not eligible for Child Health Plus A or other health insurance may be eligible for the Child Health Plus B Insurance Plan (Child Health Plus B). The plan provides health care insurance for children. Call 1-800-522-5006 for information.