

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
25 SIGOURNEY STREET
HARTFORD, CT 06106-5033

██████████ 2014
Signature Confirmation

Client ID # ██████████
Hearing Request # 595392

NOTICE OF DECISION

PARTY

██████████
██████████
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██████████

PROCEDURAL BACKGROUND

On ██████████ 2014, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ Power of Attorney for ██████████ (the "Appellant"). The Notice stated that the Appellant's ██████████, 2013 Medicaid assistance application is being denied for failure to return requested verification to the Department.

On ██████████ 2014, the Appellant's Power of Attorney requested an administrative hearing because he disagreed with the denial.

On ██████████ 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2014. This hearing needed to be rescheduled as the Department was not prepared to go forward on ██████████ 2015.

On ██████████ 2014, OLCRAH issued a Notice of Rescheduled Administrative Hearing, rescheduling the hearing to ██████████ 2014.

On ██████████, 2014, 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:

██████████, Appellant's Power of Attorney
Kristen S. Harris, Attorney for Westside Care Center, LLC
Diane Wood, Department's Representative

Andrea Boardman, Hearing Officer

The hearing record was held open for the Department and the Appellant to provide additional documentation and to allow both sides to review and comment on that documentation. On [REDACTED] 2014 the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's [REDACTED] 2013 Medicaid application.

FINDINGS OF FACT

1. On [REDACTED] 2013, the Appellant was admitted to Westside Care Center LLC. (Exhibit 2: Long Term Care Application completed by the Appellant's Power of Attorney on [REDACTED] 2013)
2. On [REDACTED] 2013, the Appellant's Power of Attorney applied for Medicaid Long Term Care assistance for the Appellant. (Hearing Summary)
3. On [REDACTED] 2013, the Department issued a "Verification We Need" document to the Appellant's Power of Attorney. The Department requested additional documentation regarding income and assets. The deadline for submitting the requested documentation was by [REDACTED], 2014. (Hearing Summary, Exhibit 7: Case Narrative screen and Department's Testimony)
4. On [REDACTED] [REDACTED], 2014 the Department received some of the requested verifications from the [REDACTED], 2014 "Verification We Need" document. (Hearing Summary, Exhibit 7 and Department's Testimony)
5. There is no evidence that the Department requested any additional documentation from the Appellant after receiving some of the requested documentation on [REDACTED] 2014. (Hearing Record)
6. On [REDACTED] [REDACTED] 2014, the Department denied the Appellant's Medicaid application for failure to return requested verification. (Exhibit 5: NOA dated [REDACTED] 2014)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes, authorizes the Commissioner of the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual 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 which the Department requires to determine eligibility and calculate the amount of benefits.

3. On [REDACTED], 2013, the Department was correct to request verification regarding income and assets from the Appellant.
4. UPM 1505.40 B 5. The Application Process provides: Delays Due to Insufficient Verification (AFDC, AABD, MA only) 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.
5. The Appellant was correct in providing some verifications in response to the Department's [REDACTED], 2013 "Verification We Need" document.
6. The Department's denial of the Appellant's Medicaid is incorrect as there is no evidence that shows that they issued a subsequent "Verification We Need" document after receiving at least some of the requested documentation on [REDACTED] 2014.

DECISION

The Appellant's appeal is granted.

ORDER

The Department must reopen the Appellant's [REDACTED], 2013, application for Long Term Medicaid assistance, and continue to process eligibility after requesting any necessary documentation that may be needed. Compliance is due by [REDACTED] 2014, and must consist of verification showing that the Appellant's [REDACTED] 2013 application is open.

Andrea Boardman
Andrea Boardman
Hearing Officer

CC: J. Hesterberg, Manager, DSS R.O. # 11, Manchester Regional Office
A. Williams, Field Operations Manager DSS R.O. # 10, Hartford 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 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, 25 Sigourney Street, Hartford, CT 06106-5033.

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, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 25 Sigourney Street, Hartford, CT 06106. 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.