

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 # ██████████  
Request #618414

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2014, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) with the amount of applied income that she must pay toward her cost of long term care for ██████████ of 2011, and ██████████ of 2012.

On ██████████ 2014, the Power of Attorney (“POA”) for the Appellant requested an administrative hearing to contest the Department’s calculation of the applied income amount.

On ██████████, 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 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 Representative and POA  
Saya Miyakoshi, Eligibility Services Worker, Department’s Representative  
Roberta Gould, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue is whether or not the Department has correctly calculated of the amount of applied income that the Appellant is responsible to pay toward the cost of her long-term care for █████ of 2011 and █████ of 2012.

## **FINDINGS OF FACT**

1. The Appellant was residing at in a long-term care facility in Connecticut. (Hearing record)
2. On █████ 2014, Healthcare Management Solutions (“HMS”), the Department’s contractor for auditing Medicaid accounts, determined that the Appellant’s applied income that needed to be paid to the long-term care facility was \$1,003.68 for █████ of 2011 and \$2,039.78 for █████ of 2012, due to applied income overpayments that were collected by the facility. (Exhibit 2: EMS Financial Eligibility screen, Exhibit 4: EMS Financial Eligibility screen, Exhibit 5: Case Narrative and Department’s summary)
3. On █████, 2014, HMS determined that the Authorized Representative for the Appellant, or POA, does not owe anything further to the long-term care facility because the overpayments identified during the audit were on the provider’s records. (Exhibit 7: Email from John McCormick to Sayaka Miyakoshi dated █████ 2014)
4. On █████, 2014, HMS determined that the Authorized Representative for the Appellant, or POA, does not owe anything further to the long-term care facility because the overpayments identified during the audit were on the provider’s records.

## **CONCLUSIONS OF LAW**

1. Sections 17b-260 to 17b-264 of the Connecticut General Statutes authorizes the Commissioner of Social Services to administer the Title XIX Medical Assistance Program to provide medical assistance to eligible persons in Connecticut.
2. Uniform Policy Manual (“UPM”) § 1570.25(c)(2)(k) provides that the Fair Hearing Official renders a Fair Hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute.
3. UPM § 1570.25(F)(1) provides that the Department considers the following issues: an action by the Department or failure by the Department to act, within the appropriate time limits described in this section, on the application for benefits, including: undue delay in reaching a decision on eligibility or in providing benefits; and refusal to consider a request for or undue delay in making an adjustment in the amount of
4. benefits; and c. discontinuance, termination, or reduction of benefits.

Since the Appellant is not required to pay additional funds to the LTCF, a reduction of benefits did not occur.

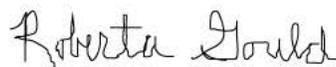
Since there was not a reduction of benefits there is no issue on which to rule.

**DISCUSSION**

HMS completed an internal audit. The record reflects that the overpayments were on the provider's record and that the Appellant's benefits were not reduced.

**DECISION**

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



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Roberta Gould  
Hearing Officer

Pc: John Hesterberg, Field 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 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 Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Ave, 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, 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 his 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.