

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

██████████ 2015
Signature Confirmation

Client ID # ██████████
Request # 679494

NOTICE OF DECISION

PARTY

██████████
C/O Atty. ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the “Department”) sent ██████████, (the “Appellant”) a Notice of Action (“NOA”) denying the application for Medicaid Long Term Care Assistance program.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department’s decision to deny the Appellant’s application for Medicaid.

On ██████████ 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2015.

On ██████████ 2015, 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:

Attorney ██████████
Teresa Barone, Administrative Director, Kimberly Hall
Connie Estanislau, Department’s Representative
Swati Sehgal, Hearing Officer

The hearing record remained open for the submission of additional evidence. On ██████████ 2016, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Applicant's application for Medicaid due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Department received an application for Long Term Care Medicaid assistance for the Applicant from Attorney [REDACTED] (Exhibit 7: Case Narrative)
2. On [REDACTED] 2014, the Department sent the Attorney [REDACTED] a W-1348LTC, We Need Verification from You form, requesting information needed to determine eligibility. Among the items requested were income and asset information. The due date for the requested information was [REDACTED] 2014. (Exhibit 7)
3. The Department received some of the requested verifications from Attorney [REDACTED] on [REDACTED] 2014, [REDACTED] 2014, [REDACTED] 2014, [REDACTED] 2014, [REDACTED] 2014, [REDACTED] 2014, [REDACTED] 2014, [REDACTED] 2014 and [REDACTED] 2014 (Exhibit 7)
4. On [REDACTED] [REDACTED] 2014, the Department reviewed the submitted verifications and issued another W-1348LTC and sent it to Attorney [REDACTED] for additional verifications to determine eligibility. Among the items requested were proof of life cash surrender value and face value of Appellant's Life Insurance and bank statement. The due date for the requested information was [REDACTED] 2014. (Exhibit 7)
5. On [REDACTED] 2014, the Department received Email from Attorney [REDACTED] including letter from Life insurance company verifying face and cash value. (Exhibit 7)
6. on the [REDACTED] 2014, the Department determined that additional information was still needed and sent a another W-1348LTC with a due date of [REDACTED] 2015 (Exhibit 7)
7. The Department received some of additional information requested from the Attorney [REDACTED] on [REDACTED] 2015, [REDACTED] 2015 and from Ms. Barone on [REDACTED] 2015 .(Exhibit 7)
8. On [REDACTED] 2015 The Department reviewed the submitted verifications and determined that additional information was needed. The Department sent a seventh W-1348LTC to Attorney [REDACTED] and [REDACTED] requesting

- proof of premium amount for Appellant's medical insurance, bank statement, verification of bank transactions completed on [REDACTED]/14 for \$2,050.00, [REDACTED]/14 for \$4,252.00, [REDACTED]/14 for \$13,313.11 and [REDACTED]/14 for \$26,210.24, and verification of face and cash surrender value of Appellant's life insurance policy with a due date of [REDACTED] 2015. (Exhibit 2: W-1348LTC; Verification We Need form and Exhibit)
9. On [REDACTED] 2015, the Department denied the Appellant's Long Term Care Medicaid Application for the reason, "You did not return all of the required verification we asked for". (Hearing Summary, Exhibit 4: Narrative, Exhibit 3: Notice of Action dated [REDACTED]/15)
 10. On [REDACTED] 2015, Attorney [REDACTED] contacted and informed the Department via Email that she is sending some of requested information. She also questioned the Department what else was needed in terms of life insurance policy as she has already submitted information regarding that. (Exhibit 5: copy of Attorney [REDACTED] email)
 11. On [REDACTED] 2015, Attorney [REDACTED] was informed that the Application was denied on [REDACTED] 2015. (Department's summary and Exhibit 4)

CONCLUSIONS OF LAW

1. Section 17b-2 and § 17b-260 of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual ("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 which the Department requires to determine eligibility and calculate the amount of benefits.
3. 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.
4. The Department correctly sent to the Appellant multiple application requirements lists requesting information needed to establish eligibility.
5. UPM §1505.35(D)(2) provides that 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: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed.

6. UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, 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.
7. UPM § 1505.40(B)(5)(b) provides that 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.
8. Verification of face and cash surrender value of the Appellant's life insurance policy was provided, which was one of the items requested by the Department to determine the Appellant's eligibility on the W1348LTC sent on [REDACTED]/15.
9. The Department failed to grant Attorney [REDACTED] additional 10 day extension to submit additional verification.
10. The Department incorrectly denied the Appellant's application for failure to submit information needed to establish eligibility.

DISCUSSION

After reviewing the evidence and testimony presented by the Department and the Appellant's Attorney, it was determined that the Department's action to deny the Appellant's request for Medicaid was incorrect.

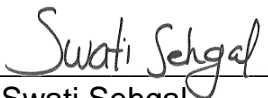
Regulations provide that an application must remain pending as long as the Department receives one of the requested verifications before the deadline. The Department sent W1348 on [REDACTED] 2015, and requested "information" on bank transactions, medical insurance premium and proof of face and cash surrender value of life insurance policy. The Appellant had already provided information on the requested verification of life insurance policy on [REDACTED] 2014.

DECISION

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

ORDER

- a. The Department will reopen the Appellant's LTC application as of [REDACTED] 2014.
- b. The Department will continue to process the application and if necessary issue a W-1348 Verification We Need List requesting missing information needed to determine eligibility.
- c. The Department will submit to the undersigned verification of compliance with this order no later than [REDACTED] 2015.



Swati Sehgal
Hearing Officer

Cc: Musa Mohamud, Social Services Operations Manager, Hartford
Elizabeth Thomas, Social Services Operations Manager, Hartford
Connie Estanislau, Eligibility Services Worker, Hartford

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 06105-3725.

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, 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.