

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

██████████ 2016
Signature Confirmation

Client ID # ██████████
Request # 751416

NOTICE OF DECISION

PARTY

██████████
For: ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ ██████████, ("AREP") the Authorized Representative for ██████████ ██████████ (the "Appellant") a Notice of Action ("NOA) denying his application for Medicaid under the Long Term Care ("LTC") program effective ██████████ 2016.

On ██████████ 2016, the AREP requested an administrative hearing on behalf of the Appellant to contest the Department's decision to deny such benefits.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17-61 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:

██████████, Authorized Representative for the Appellant
Victor Robles, Department Representative
Lisa Nyren, Fair Hearing Officer

The record remained open for the submission of additional evidence. On [REDACTED] 2016, the record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for Medicaid under the LTC program was correct.

FINDINGS OF FACT

1. The Appellant was a resident of Maefair Health Care Center ("nursing facility"), a skilled nursing facility, until his discharge on [REDACTED] 2015. (Department Representative's Testimony and Exhibit 1: Case Narrative)
2. The Appellant passed away on [REDACTED] 2015. (Exhibit 1: Case Narrative and Exhibit 5: Notice of Action)
3. On [REDACTED] 2016, the Department received a W-1LTC application for Medicaid under the LTC program on behalf of the Appellant. (Exhibit 1: Case Narrative, Exhibit 5: Notice of Action, and AREP's Testimony)
4. The Department denied the Appellant's application for Medicaid under the LTC program effective [REDACTED] 2016. The Department determined no eligible person in the household because the Appellant no longer resided in a nursing home and passed away in [REDACTED] 2015. (Department Representative's Testimony, Exhibit 1: Case Narrative, Exhibit 2: Assistance Status Screenprint, and Exhibit 5: Notice of Action)
5. On [REDACTED] 2016, the Department reviewed Medicaid eligibility three months prior to the [REDACTED] 2016 application date and determined the Appellant ineligible for Medicaid under the LTC program but eligible under the Medicaid for the Aged, Blind, or Disabled ("MAABD") program effective [REDACTED] 2015 under a spenddown. (Exhibit 1: Case Narrative)
6. The AREP is seeking LTC Medicaid coverage for the Appellant's stay at the nursing facility. (AREP's Testimony)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2(6) provides that 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.

2. Uniform Policy Manual (“UPM”) § 1505.10(D)(1) provides that for AFDC, AABD and medical applications, except for the Medicaid coverage groups noted below in 1505.10(D)(2), the date of application is considered to be the date that a signed application form is received by any office of the Department.
3. The Department correctly determined the LTC Medicaid application date as [REDACTED] 2016.
4. UPM § 2540.01(A) provides that in order to qualify for MA, an individual must meet the conditions of at least one coverage group.

UPM § 2540.88(A) provides this group includes residents of long term care facilities (“LTCF”), who:

1. Meet the categorical requirements of age, blindness or disability, and
2. Reside in the LTCF for at least thirty (30) consecutive days; and
3. Have income below a special income level.

UPM § 2540.88(B) provides that individual qualify as categorically needy under this coverage group beginning with the first day of the thirty (30) continuous days of residence, for so long as the conditions above are met.

5. UPM § 1505.40(A)(4)(d) provides that the Department may complete the eligibility determination at any time during the application process when adequate information exists to determine ineligibility because one or more eligibility requirements are not satisfied.
6. On [REDACTED] 2016, the Department determined the Appellant discharged from the nursing facility on [REDACTED] [REDACTED] 2015 and correctly completed the application process.
7. On [REDACTED] 2016, the Department correctly determined the Appellant ineligible for LTC Medicaid benefits effective [REDACTED] 2016 because the Appellant did not reside in a long-term care nursing facility.
8. UPM § 1560.10(A) provides that the beginning date of assistance for Medicaid may be one of the following: the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month.
9. The Department correctly reviewed eligibility for the LTC Medicaid program three months prior to the application date of [REDACTED] 2016 and determined the Appellant ineligible for benefits under the LTC Medicaid program effective October 2015 because the nursing home discharged the Appellant in September 2015.

10. UPM § 1505.10(E)(2)(b) provides that a determination of eligibility for assistance under other Medicaid coverage groups is done without requiring a separate application when: Medicaid is denied or discontinued in regard to a particular coverage group.
11. The Department correctly reviewed the Appellant's eligibility under the MAABD program as [REDACTED] 2015.

DISCUSSION

The AREP testified she filed an application for LTC Medicaid prior to [REDACTED] 2016 that the Department denied in [REDACTED] 2015. She made ongoing efforts to contact the Department regarding her father's application for benefits but was not successful. The AREP and the Appellant failed to request a fair hearing upon notification of the denial of Appellant's Medicaid application within the sixty-day period as outlined by Departmental regulations. Therefore, good cause is not reviewable.

DECISION

The Appellant's appeal is DENIED.

Lisa A. Nyren

Lisa A. Nyren
Fair Hearing Officer

CC: Poonam Sharma, Social Services Operations Manager
Fred Presnick Social Services Operations Manager
Yecenia Acosta, Social Services Program Manager
Cheryl Stuart, Social Services Program Manager
Victor Robles, Eligibility Services Worker RO #10

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, 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.