

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

██████████ 2017  
Signature Confirmation

Client ID # ██████████  
Hearing ID # 796704

NOTICE OF DECISION

PARTY

██████████  
C/O ██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Applicant") a Notice of Action ("NOA") denying his Medicaid application for Long Term Care Medical benefits.

On ██████████ 2016, the Applicant's Representative requested an administrative hearing 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, 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:

██████████, Applicant's Spouse and Representative  
██████████ Applicant's Granddaughter  
Mario Ponzio, Department's Representative  
Shelley Starr, Hearing Officer

The Applicant, was not present at the hearing due to his recent passing.

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny the Applicant's Long Term Care Medical Assistance because he did not meet the eligibility requirements was correct.

## **FINDING OF FACTS**

1. On [REDACTED] 2016, the Applicant was admitted to Gladeview Healthcare Center of Old Saybrook, Connecticut. (Hearing Summary; Exhibit 1: Ascend Admission notice; Exhibit 3: Case Narrative)
2. The Applicant is married, 84 years old [DOB [REDACTED]/32] and is Medicare A & B enrolled. (Representative's Testimony; Hearing Record)
3. On [REDACTED] 2016, the Applicant applied for adult Medicaid under the long term care facility ("LTCF") Medicaid program to help with the cost of convalescent care. (Hearing Summary; Exhibit 4: [REDACTED] 2016 Notice of Action)
4. On [REDACTED], 2016, the Applicant was discharged from Gladeview Healthcare Center to Yale-New Haven Hospital. (Hearing Summary; Exhibit 1: Ascend Discharge Notice)
5. On [REDACTED], 2016 the Applicant passed at Yale-New Haven Hospital. (Hearing Summary; Exhibit 1: Ascend Discharge Notice; Representative Testimony)
6. The Applicant was not admitted to Gladeview Healthcare prior to his [REDACTED] 2016, admission date. (Hearing Summary; Department's Testimony)
7. The Applicant resided in a long term care facility a total of 26 days. The Applicant's stay at a long term care facility was less than thirty (30) consecutive days. (Hearing Summary; Exhibit 1: Ascend Admission and Discharge; Department's Testimony)
8. On [REDACTED] 2016, the Department determined that the Applicant did not have a qualifying 30 consecutive day stay at a long term care facility and denied the Applicant's LTCF application. (Hearing Summary; Exhibit 3: Case Narrative; Department's Testimony)
9. On [REDACTED] 2016, the Department sent the Applicant's Representative a notice indicating that the Long Term Care Medicaid application was denied. The notice stated "per program categorical requirements, clients must have qualifying 30 day stay in long term care facility before eligibility can begin. Client stay did not meet 30 day requirement. Please refer to Uniform Policy Manual 2540.88 Sections A and B for further clarification." (Exhibit 4: Notice of Action, dated [REDACTED] 2016)

### **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.
2. Uniform Policy Manual (“UPM”) § 2540.10(A) provides that in order to qualify for medical assistance the individual must meet the conditions of one coverage group.
3. UPM § 2540.01(B) provides individuals qualify as categorically needy if: their income and assets are within limits of the AFDC or AABD programs: or their categorical eligibility is protected by statute.
4. UPM § 2540.01 (C) provides that generally, individuals qualify for medical assistance as medically needy if: their income or assets exceed the limits of the AFDC or AABD programs; and their assets are within the medically needy asset limit.
5. UPM § 2540.01 (D) provides that unless otherwise stated in particular coverage group requirements, all individuals must meet the MA technical and procedural requirements to be eligible for Medicaid.
6. UPM § 2540.88 (A) provides that the Medicaid coverage group for a Long Term Care Facility (“LTCF”) includes residents of a LTCF who (1) meet the categorical requirements of age, blindness or disability, (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 individuals 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.

**The Applicant entered the long term care facility (LTCF) on [REDACTED] 2016 and discharged from the LTCF on [REDACTED], 2016.**

**The Applicant did not reside in the LTCF for at least thirty (30) consecutive days.**

**The Department correctly determined that the Applicant does not qualify for the LTCF coverage group as he does not meet the categorical eligibility requirements.**

The Department correctly denied the [REDACTED], 2016, LTCF application as the Applicant did not meet the criteria for program eligibility.

### DISCUSSION

Based on the testimony and evidence, the Department correctly denied the [REDACTED] [REDACTED] 2016, LTCF Medicaid application as the Applicant does not qualify for the LTCF coverage group. Policy clearly indicates that an individual must meet the categorical requirements of age, blindness or disability, have income below a special income level and reside in the LTCF for at least thirty consecutive days to be program eligible.

While it is unfortunate that the Applicant is shy of the 30 consecutive day requirement by four days, I find no provisions in policy that allow for an exception to the 30 day residency requirement. The evidence demonstrates that the Applicant was admitted to the nursing facility from his home on [REDACTED] 2016 and discharged to the hospital on [REDACTED] 2016. The Applicant passed on [REDACTED], 2016, while at the hospital. The Applicant had a total admission of 26 days at Gladeview Healthcare Center and therefore, did not meet the 30 day consecutive residency requirement in accordance with policy.

The Department was correct to deny the LTCF Medicaid application. It is noted that the Applicant is enrolled in Medicare A & B and may want to explore Medicare for possible help with the cost of the short term admission.

### DECISION

The Appellant's appeal is DENIED.

  
Shelley Starr  
Hearing Officer

cc: Lisa Wells , Operations Manager, New Haven DSS Regional Office  
Cheryl Stuart, Program Manager, New Haven DSS Regional Office  
Brian Sexton, Operations Manager, New Haven DSS 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, 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.