

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

██████████ 2019
SIGNATURE CONFIRMATION

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

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2018, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying her application for Medicaid benefits.

On ██████████ 2018, the Appellant’s Conservator, ██████████ (the “Conservator”) requested an administrative hearing to contest the Department’s decision to deny the Appellant’s application for Medicaid.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2018.

On ██████████, 2018, the Conservator requested to reschedule the administrative hearing.

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On [REDACTED] 2018, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2018.

On [REDACTED] 2018, 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:

[REDACTED], Conservator for Appellant
[REDACTED], Eligibility Services Worker, Department's Representative
Roberta Gould, Hearing Officer

At the Department's request, the hearing record remained open for the submission of additional evidence. The Department did not submit the information requested. On [REDACTED] 2018, the hearing 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 due to failure to provide information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED], 2018, the Appellant's Conservator applied for Long Term Care Medicaid assistance for her. (Exhibit 1: W-1LTC Application Form and Hearing summary)
2. On [REDACTED], 2018, the Department sent a *W-1348 Verification We Need* form to the Appellant's Conservator requesting documentation of the Appellant's medical insurance information, proof of gross pension amount, bank account balances and transactions, and proof of her [REDACTED] cash surrender and face value. The due date for the information was [REDACTED] 2018. (Exhibit 2: W-1348 form dated [REDACTED] and Hearing summary)
3. The Department received some of the requested information. (Exhibit 3: Verifications with letter and Hearing summary)
4. On [REDACTED], 2018, the Department sent a *W-1348 Verification We Need* form to the Appellant's Conservator requesting more information. The due date for the information was [REDACTED], 2018. (Exhibit 4: W-1348 form dated [REDACTED] and Hearing summary)
5. The Department received some of the requested information. (Hearing summary)
6. On [REDACTED] 2018, the Department sent a *W-1348 Verification We Need* form to the Appellant's Conservator requesting documentation of the Appellant's [REDACTED]

account and [REDACTED] account. The due date for the information was [REDACTED] 2018. (Exhibit 6: W-1348 form dated [REDACTED] and Hearing summary)

7. On [REDACTED] 2018, the Appellant's Conservator telephoned the Department's regional office to request an extension for the Appellant's application for assistance because he was having difficulty obtaining the required information. There was no Department fax number provided to the Conservator. (Conservator's testimony)
8. On [REDACTED], 2018, the Appellant's Conservator sent the Department a letter requesting assistance from the Department in obtaining the Appellant's information from [REDACTED] and [REDACTED]. (Conservator's testimony)
9. On [REDACTED], 2018, the Conservator sent the Department information regarding the Appellant's annuity accounts. (Conservator's testimony)
10. On [REDACTED], 2018, the Department sent the Appellant a notice of denial for HUSKY C Long Term Care Medicaid assistance for failure to provide the required proofs by the due date. (Exhibit 7: Notice of action dated [REDACTED] and Hearing summary)
11. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Conservator requested an administrative hearing on [REDACTED] 2018. Therefore, this decision is not due later than [REDACTED] 2018. However, the Conservator requested to reschedule the administrative hearing on several occasions and the close of the hearing record was further extended through [REDACTED] 2018, to allow for the submission of additional evidence by the Appellant's Conservator. Because the delay in the close of the hearing record arose from the Conservator's requests, this final decision was not due until [REDACTED], 2019, and is therefore timely.

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.

The Department correctly sent the Appellant's Conservator W-1348 requests for verifications requesting information needed to establish eligibility.

4. 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:
 - a. the client has good cause for not submitting verification by the deadline; or
 - b. the client has been granted a 10 day extension to submit verification which has not elapsed.; or
 - c. the Department has assumed responsibility for obtaining verification and has had less than 10 days; or
 - d. the Department has assumed responsibility for obtaining verification and is waiting for material from a third party.
5. 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.
6. 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.

The Department correctly delayed an eligibility determination for the Appellant's Medicaid application when it received some of the requested verifications from the Appellant's Conservator and provided the Appellant with 10 day extensions when it received some of the requested information.

7. UPM § 1505.40(B)(4) provides for delays in the application process due to good cause and states that the eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions

exists:

- (1) eligibility cannot be determined; or
 - (2) determining eligibility without the necessary information would cause the application to be denied.
8. UPM § P-1505.40(9) provides that the Department should consider making a follow-up contact to check on the applicant's progress and offer assistance if any of the following conditions exist:
- the applicant has expressed difficulty in obtaining verification and has indicated that the information may be provided late; or
 - the applicant is having difficulty complying because of age or disability; or
 - the missing information is reasonably available through some other means.

The Appellant's Conservator did show good cause or circumstances beyond his control in regards to his failure to submit the verification within the required time frame because he was unable to obtain information that was requested by the Department. The Conservator correctly contacted the Department because he was having difficulty obtaining the required information and requested assistance from the Department in obtaining that information.

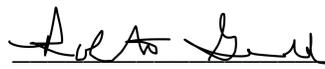
On [REDACTED], 2018, the Department incorrectly denied the Appellant's application for failure to submit information needed to establish eligibility because the Appellant's Conservator had good cause due to circumstances beyond the Appellant's control and did request assistance from the Department in obtaining the required information.

DECISION

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

ORDER

1. The Department is ordered to reopen the Applicant's application for Long Term care Medicaid assistance effective [REDACTED] 2018, and continue the eligibility process.
2. No later than [REDACTED] 2019, the Department will submit to OLCRAH proof of compliance with this order.



Roberta Gould
Hearing Officer

Pc Rachel Anderson, Social Services Operations Manager, DSS New Haven
Cheryl Stuart, Social Services Operations Manager, DSS New Haven
Lisa Wells, Social Services Operations Manager, DSS New Haven
Dorothea Kelson, Eligibility Services Worker, DSS New Haven
[REDACTED], Conservator

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 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. 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 his/her 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.