

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

PROGRAM INFORMATION BULLETIN

Immediately

Date


Janel S. Simpson, Deputy Commissioner

INFORMATION BULLETIN NO: 15-05

PROGRAM: Medicaid, State Supplement

Subject: Reopening Denied Applications; Processing Applications with Excess Assets

Overview	This Program Information Bulletin provides guidance on reopening denied Medicaid and State Supplement applications to ensure consistency across offices. It also provides guidance on how to process applications while applicants reduce assets.
Reopening Denied Applications	<p>Every office should use the same procedures when applicants submit information after their Medicaid or State Supplement applications are denied for failure to provide information.</p> <p>UPM 1505.45 provides for reopening denied applications only when applicants are denied for failing to meet disability criteria but are subsequently determined to be disabled after a successful SSI appeal. Medicaid and State Supplement applications denied for other reasons, including those denied for failure to provide information, cannot be reopened, even when outstanding verifications are subsequently provided. Workers should not reopen applications back to the original date except under the limited circumstance provided for in UPM 1505.45. Reopening a denied application back to the original date of application extends benefits inappropriately. It also causes the application to be incorrectly reported as an overdue, untimely processed application.</p> <p>Effective Immediately:</p> <ol style="list-style-type: none">1) Other than applicants who successfully appeal SSI denials as described above, a denied application should only be reopened back to the original application date if the denial was done in error. An example of a denial done in error is when the denial was made for failing to submit required verification and the verification had, in fact, been provided timely.2) The applicant or the applicant's representative may reapply by submitting an application after the denial. The application date will be the date the Department receives the application. Applicants should be encouraged to reapply online, which will

	<p>allow the applicant to preserve the earliest possible reapplication date. The original, previously-submitted application and supporting materials can be used in conjunction with the new application to determine eligibility.</p> <p>3) For Long Term Services and Supports (LTSS) applications, workers should evaluate at sixty (60) days whether the denied application should be sent to scanning or held in the office longer because the worker expects that the applicant will likely reapply in the near future. Retaining the application in the office when the worker expects that the applicant will reapply in the near future will reduce the need to request the previous supporting materials from the scanning center.</p>
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<p>Applicants with Assets Exceeding the Asset Limit</p>	<p>Some LTSS Medicaid, HUSKY C and State Supplement applications are left pending only because the applicant needs to reduce their assets to within the \$1600 asset limit. Applicants who do not reduce assets are ineligible for assistance in any month in which their assets exceed the \$1600 limit for the entire month. Allowing applications to remain pending when assets exceed the allowable limit delays the adjudication of applications. Applicants who have not reduced assets within the standard of promptness should be denied and encouraged to reapply. When denying the application, staff should add the following text to the notice:</p> <p>“You are not eligible for benefits when your counted assets exceed the asset limit for the program you are requesting. Policy reference UPM 4005.05 and 4005.10. You may reapply at any time. If you reapply, we may be able to use information you already provided to process your application more quickly. If you reapply, you will need to prove that your counted assets do not exceed the asset limit.”</p> <p>The applicant or the applicant’s representative has the right to reapply at any time after the denial. The application date will be the date the Department receives the application. Applicants should be encouraged to reapply online, which will allow the applicant to preserve the earliest possible reapplication date. Applicants must indicate the program for which they are applying, and include their full name, address and signature on the form. When a reapplication is received, staff should review eligibility for Medicaid in the three months preceding the month of application.</p>
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