

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
25 SIGOURNEY STREET
HARTFORD, CT 06106-5033

██████████ 2013
Signature Confirmation

Client ID # ██████████
Request # 529701

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2013, the Department of Social Services (the "Department") sent ██████████ ██████████ (the "Appellant") a Notice of Action ("NOA") denying the Appellant's application for Medicaid benefits.

On ██████████ 2013, the Appellant's Conservator requested an administrative hearing to contest the Department's decision to deny the Appellant's application for Medicaid.

On ██████████ 2013, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2013.

On ██████████, 2013, 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:

████████████████████, Appellant's Conservator
Joseph Jack, Department's Representative
Thomas Monahan, Hearing Officer

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 submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] 2012, the Department received an application for Medicaid Long Term Care Assistance for the Appellant. (Hearing record)
2. The Appellant was admitted to Avery Heights in [REDACTED] on [REDACTED] 2012. (Hearing record)
3. The Appellant's spouse resided in the community at the time of application. (Hearing record)
4. On [REDACTED] 2012, the Department sent to the Appellant's Conservator, an application requirements list for verifications required to process the application. The due date for the information was [REDACTED] 2012. (Exhibit 3: Application verification list, [REDACTED]/12)
5. On [REDACTED] 2012, the Department received some of the verifications requested on the [REDACTED] 2012 request letter. (Ex. 4: Conservator's letter, [REDACTED]/12)
6. On [REDACTED] 2012, the Department sent to the Appellant's Conservator an application requirements list which included a request for additional verifications. The Verifications requested included marital status, spouse's income, bank accounts, spousal assessment, and other assets. The due date for the verifications was [REDACTED] 2013. (Ex. 5: Verification list, [REDACTED]/12)
7. On [REDACTED] 2012, the Department received a letter from the Appellant's Conservator with questions about some of the verifications requested. The Conservator also requested more time to provide the information needed for the application due to difficulty in obtaining the necessary verifications from the Appellant's spouse who was recently admitted to a nursing home for rehabilitation. (Ex. 6: Conservator's letter [REDACTED]/12)
8. On [REDACTED], 2013, the Department left a voice mail message for the Appellant's Conservator explaining the verifications needed to process the application. The Department did not give the Appellant's Conservator a new due date for the requested verifications. (Department's testimony, Ex. 2: Case Narrative)
9. On [REDACTED] 2013, the Department denied the Appellant's application for failure to provide the information necessary to complete the application process. (Ex.2: Case narrative)

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. Regulation 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. Uniform Policy Manual ("UPM") § 1010.05(A)(1)
3. Regulation 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. UPM § 1015.10(A)
4. The Department correctly sent the Appellant's Conservator Application Verification Requirements list requesting information needed to establish eligibility.
5. Regulation provides that the following promptness standards are established as maximum time periods for processing applications: forty-five calendar days for AFDC applicants and AABD or MA applicants applying on the basis of age or blindness. UPM § 1505.35(c)
6. Regulation 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. UPM § 1505.35(D)(2)
7. Regulation provides 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: eligibility cannot be determined; or determining eligibility without the necessary information would cause the application to be denied. If the eligibility determination is delayed, the Department continues to process the application until: the application is complete or good cause no longer exists.
8. The Appellant's Conservator had circumstances beyond his control in obtaining all the necessary verifications by ██████████ 2013.

9. The Department incorrectly did not give the Appellant's Conservator good cause for not submitting the requested verifications by the [REDACTED] 2013.
10. The Department incorrectly did not notify the Appellant's Conservator of a new due date for the necessary verifications.
11. 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, the Department's action to deny the Appellant's request for Medicaid is not upheld.

Regulations provide that an application must remain pending as long as good cause exists for failing to provide the required verifications for determination of eligibility. The Appellant's conservator requested an extension because of the difficulty in obtaining information from the Appellant's wife. I find that good cause does exist in the Appellant's Conservator's delay in providing the eligibility verifications required. There is no evidence that the Department made a determination of whether good cause existed for the Appellant. The Department was incorrect to deny the Appellant's application for Medicaid for failure to provide the required verifications.

DECISION

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

ORDER

1. The Department will reopen the Appellant's Medicaid application effective [REDACTED] 2012.
2. The Department will continue to process the application using eligibility verification and promptness standards.
3. Compliance with this order is due to the undersigned by [REDACTED] 2013.

Thomas Monahan
Thomas Monahan
Hearing Officer

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, 25 Sigourney Street, Hartford, CT 06106-5033.

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, 25 Sigourney Street, Hartford, CT 06106. 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.