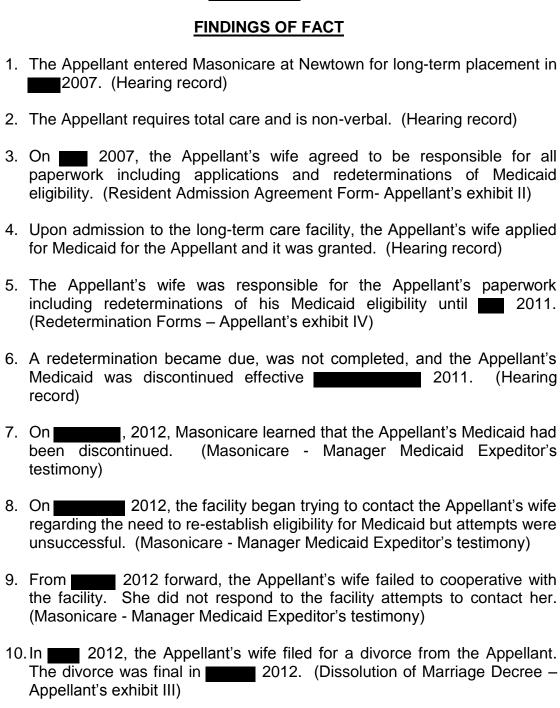
# STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS 25 SIGOURNEY STREET HARTFORD, CT 06106-5033

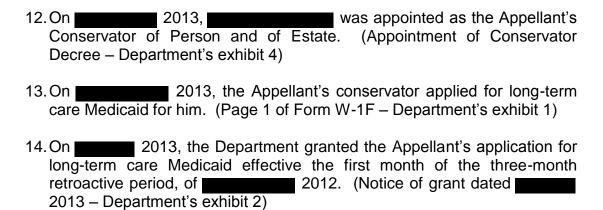
2013 Signature Confirmation Client ID # Request # 557520 NOTICE OF DECISION **PARTY** PROCEDURAL BACKGROUND On 2013, the Department of Social Services (the "Department") issued a , ("the Appellant") granting his notice to application for Medicaid Long Term Care benefits effective 2012. 2013, the Appellant requested an administrative hearing to contest the Department's decision to deny certain months of benefits and requested that the Department grant benefits back to 2012. On I 2013, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling administrative hearing for 2013. 2013, 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: , Appellant's Conservator Debbie Smeriglio, Social Worker Masonic Care at Newtown Donna Rousome, Manager Medicaid Expeditor, Masonicare at Newtown Barbara Brunner, Department's Representative Pamela J. Gonzalez, Hearing Officer

# STATEMENT OF THE ISSUE

The issue is whether the Department correctly granted the Applicant's long term care Medicaid benefits effective 2012.



11. The process to have a conservator appointed by the Probate Court took until 2013 to complete. (Masonicare - Manager Medicaid Expeditor's testimony)



## **CONCLUSIONS OF LAW**

- Connecticut General Statutes §17b-2 provides in part that the Commissioner is authorized to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
- 2. Uniform Policy Manual ("UPM") § 1505.10(B) provides in part, that individuals who desire to obtain aid must file a formal request for assistance. The formal request must be made in writing on the application form. At a minimum, the following information must be presented: the full name and address of the applicant and the signature of the applicant, caretaker relative or other individual who is requesting assistance on behalf of the applicant. The application may be submitted in person or by mail.
- 3. UPM § 1505.10(D)(1) states, For AFDC and AABD, and MA applications, except for the Medicaid Coverage Groups noted below in 1510.10D2, the date of application is considered to be the date that a signed application form is received by any office of the Department.
- 4. The Department correctly determined that the Appellant applied for Medicaid on 2013.
- 5. UPM § 1560.10 provides the beginning date of assistance for Medicaid may be one of the following:
  - A. 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 services are received at any time during that particular month; or
  - B. the first day of the month of application when all non-procedural eligibility requirements are met during that month; or
  - C. the actual date in a spend-down period when al non-procedural eligibility requirements are met. For the determination of income eligibility

in spend-down, refer to Income Eligibility Section 5520; or D. the first calendar month following the month in which an individual is determined eligible when granted assistance as a Qualified Medicare Beneficiary (Cross Reference: 2540.94). The month of eligibility determination is considered to be the month that the Department received all information and verifications necessary to reach a decision regarding eligibility.

6. The Department correctly determined that the Appellant is eligible for Medicaid effective the first day of the third month preceding the application month of 2013, or 2012.

#### DISCUSSION

The Appellant requests that his Medicaid application be granted retroactive to 2012. He asks that an administrative exception be made for him due to the unfortunate set of circumstances involved.

I have reviewed the facts of this case and the pertinent regulations and I find no provision that allows Medicaid to be granted prior to the first day of the third month preceding the application date.

I have no authority to grant an exception to the regulations and I find that the Department properly granted Medicaid effective 2012.

## **DECISION**

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

Pamela J. Gonzalez

Pamela J. Gonzalez Hearing Officer

Copy: Alexis Kiss, Operations Manager, DSS R.O. # 31, Danbury

## 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.