

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

██████████ 2014
Signature Confirmation

Client ID # ██████████
Request # 553524

NOTICE OF DECISION

PARTY

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

In Re: ██████████

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 Power of Attorney, ██████████, 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:

██████████, Power of Attorney (granddaughter)
██████████, Appellant's Attorney
Christine Moffitt, Department's Representative
Sybil Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's Medicaid application for failure to provide information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED], 2013 the Department received an application for Medicaid Long Term Care Assistance for the Appellant. (Exhibit 2:)
2. The Appellant was admitted to Riverside Health and Rehabilitation Center, East Hartford, Connecticut in [REDACTED] 2011. (Hearing record)
3. On [REDACTED] 2013, the Department sent to the Appellant's attorney, [REDACTED], an application requirements list for verifications required to process the application. The bank statement included appeared to have no bank name, but list that it is a RockEZ checking account. The due date for the information was [REDACTED] 2013. (Exhibit 1: EMS Narrative screen, Exhibit 3: Application verification list, [REDACTED]/13)
4. The Appellant's Social Security benefits were direct deposited to the bank account provided by the Appellant. The bank statement is a RockEZ checking account. (Exhibit 5: RockEZ Electronic Checking Account, Acct# [REDACTED], [REDACTED]/12)
5. On [REDACTED], 2013 the Department received information that the Appellant was discharged from the nursing facility on [REDACTED], 2013 to the hospital and died on [REDACTED] 2013. (Exhibit 1)
6. The only information needed from the verification list to complete the application was the bank account information. (Hearing Record)
7. The Appellant's Power of Attorney attempted to call DSS for an extension of time to get the requested information. (Hearing Record)
8. 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. Uniform Policy Manual (“UPM”) § 1010.05(A)(1)(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.

The Assistance Unit must permit the Department to verify information independently whenever the unit is unable to provide the necessary information, whenever verification is required by law, or whenever the Department determines that verification is necessary.

3. UPM § 1015.10(A) 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.
4. The Department correctly sent the Appellant’s Representative Application Verification Requirements list requesting information needed to establish eligibility.
5. UPM § 1505.35(C) 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.
6. UPM § 1505.35(D)(2) 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.
7. UPM 1505.40(B)(4)(a) 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 Power of Attorney was hospitalized had circumstances beyond her control in obtaining all the necessary verifications by [REDACTED] 2013.
9. The Department incorrectly determined there was not enough bank information on the bank statement provided at the time of application. The statement is a RockEZ electronic checking. Since the appellant resided in the [REDACTED] and [REDACTED] area, it is possible that this bank statement comes from Rockville Bank.
10. The Department incorrectly denied the Appellant's application for failure to provide 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.

The Appellant's representative provided the Department a bank statement that had enough information to research possible local banks. The information on the bank statement contains a name, and an account number.

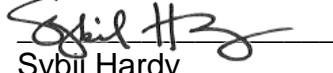
The Department can use this information to check if the account belongs to one of the area banks. It does not appear that the Department researched the bank information provided by the Appellant's representative or requested the Appellant's Representatives obtain the information. It is possible that the account may not be at the Rockville Bank, but there was enough information provided for the Department to pursue further action.

DECISION

The Appellant's appeal is **REMANDED** to the Department for further action.

ORDER

1. The Department will reopen the Appellant's Medicaid application effective [REDACTED] 2013. The Department will continue to process the application using eligibility verification and promptness standards.
2. The Department will assist the Appellant in getting the bank account information by researching the information provided on the bank statement.
3. Compliance with this order shall be submitted to the undersigned no later than [REDACTED] 2014.


Sybil Hardy
Hearing Officer

Pc: John Hesterberg, Operations Manager, DSS # 11, Manchester

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.