

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 # 588759

NOTICE OF DECISION

PARTY

██████████
██
██████████
██

PROCEDURAL BACKGROUND

On ██████████ 2014, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA) denying benefits to ██████████ (the "Applicant") under the Medicaid for Long Term Care program.

On ██████████ 2014, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On ██████████ 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2014

On ██████████, 2014, 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:

██████████, the Appellant and conservator for the Applicant, ██████████
██████████
██████████, paralegal for ██████████
Linda Comen, Department's representative
Maureen Foley-Roy, Hearing Officer

The hearing officer held the record open for the submission of additional evidence. On [REDACTED] 2014, the record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for medical assistance for failing to provide information was correct.

FINDINGS OF FACT

1. On [REDACTED], 2013, the Appellant submitted an application for Medicaid for Long Term Care assistance to the Department on behalf of the Applicant. (Exhibit 1: Application)
2. On [REDACTED] 2013, the Department sent a Verification We Need form with a due date of [REDACTED] 2013 requesting a copy of the Applicant's marriage certificate, verification of the face and cash value of the Applicant's life insurance, copies of mortgage, property tax and insurance bills, copy of deed, verification of medical insurance premiums, a spousal assessment form, copies of all bank statements from [REDACTED] of 2011 through the present, one bank statement each from [REDACTED] of 2008, [REDACTED] of 2009 and [REDACTED] of 2010 and verification of the Applicant's gross income, specifically verification of rental income by either the 2012 tax return or copy of lease and all rental expenses. Exhibit 3: Request #1)
3. On [REDACTED] 2013, the Applicant passed away at the facility. (Exhibit H: death certificate)
4. On [REDACTED] 2013, the Appellant submitted the Spousal assessment form, the 2010 tax return and a letter to the Department stating that he would need additional time to obtain the marriage certificate, copies of mortgage, deed and bills and bank statements. (Exhibit A: Letter of [REDACTED] 2013)
5. On [REDACTED] 2013, the Department sent another Verification We Need form with a due date of [REDACTED] 2013. (Exhibit 4: Request #2)
6. The Department reissued request #2, with handwritten notes, extending the deadline to [REDACTED] 2013 at the Appellant's request. (Exhibit 5: Request #2 with new deadline and Exhibit 9: case narrative)
7. On [REDACTED] 2013, the Appellant provided a letter to the Department indicating that he had provided the spousal assessment form, copies of marriage certificate, death certificate, bills, inventory, funeral home

expense, TPQ report and inventory. The letter also stated that the life insurance was through Social Security Advantage, that there were no 2011 or 2012 tax returns but he had enclosed the 2010 return and requested additional time to obtain the bank statements and copies of the deed and mortgage. (Exhibit C: Letter of ██████████ 2013)

8. On ██████████ 2014, the Department sent a Verification We Need form with a due date of ██████████, 2014 requesting verification of rental income with either the 2012 tax return or copy of lease and all rental related expenses, verification of face and cash value of life insurance, copy of deed, burial contract, verification of shelter expenses, spousal assessment and bank statements. (Exhibit 6: request # 3)
9. At some point in ██████████, after receiving request #3, the Appellant's paralegal hand delivered a packet of information to the Department. There was no cover letter with this packet. (Paralegal's testimony)
10. The packet that was dropped off in ██████████ did not contain the information that the Department had requested regarding the property and rental income. (Appellant's testimony)
11. The Department did not receive any response to the ██████████ 2014 Verification We Need list by the deadline of ██████████ 2014. (Department representative's testimony)
12. On ██████████, 2014, the Department denied the application for Medicaid for Long Term Care for failing to provide the required verification. (Exhibit 7: Notice of Denial)
13. On ██████████ 2014, the Department received correspondence from the Appellant which contained duplicates of information already received and in the file. (Department's summary and Exhibit 9: case narrative)
14. On ██████████ 2014, the Department received the requested bank statements. (Department representative's testimony)
15. As of the date of the hearing, the Applicant's spouse has not cooperated and the Appellant is still attempting to obtain the information regarding the rental property and income. (Appellant's testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.

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 § 1015.05 C states that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.
4. The Department was correct when it issued to the Appellant a W1348-Verification We Need list with a listing of outstanding information needed to determine eligibility.
5. UPM § 1505.40 B 5 provides for delays in application processing due to insufficient verification in the AFDC, AABD and MA programs.
6. UPM § 1505.40 B 5 a (1) and (2) provide that regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the Department has requested verification and 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.
7. UPM § 1505.40 B 5 b provides that an additional 10 day extension 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.
8. The Department was correct when it issued a subsequent Verification We Need lists with extended deadlines upon receipt of any of the requested items prior to the deadline.
9. UPM § 1505.35 C1 c(2) provides that a standard of promptness is established as the maximum time period for processing applications. For applicants for Medical Assistance on the basis of age; that standard is forty-five calendar days.
10. UPM § 1505.40 B.1 (b) (1) provides that if the applicant failed to complete the application without good cause, cases are denied between the thirtieth day and the last day of the appropriate standard for processing the application.
11. The Department was correct when it denied the ██████████ 2013 application on ██████████ 2014 because the Appellant had failed to complete the application without good when he did not provide any of outstanding information requested on the Verification We Need form that the Department had issued on

██████████ 2014.

DISCUSSION

The testimony and evidence clearly establishes that prior to the Department denying this application, the Appellant provided requested information on two separate occasions. A packet of outstanding information was received on ██████████ 2013 and another packet was received on ██████████ 2013. Both of these packets were accompanied by cover letters detailing the contents of the packet, and requesting additional time to obtain the remaining outstanding items. The Appellant's letter of ██████████ 2013 specifically requests additional time to obtain the bank statements and copy of deed and mortgage. The evidence also clearly indicates that the Department received a packet of information at the end of ██████████, after the application had been denied. That packet did not contain the bank statements or the rental property information. The matter is complicated by the fact that the Appellant was sending information that was not requested (2010 tax returns) and the Department's subsequent Verification We Need Lists were not amended to note that some of the requested information had been received. This resulted in the Appellant's sending duplicate information. However, per the Appellant's ██████████ correspondence, he was aware that the Department still needed the bank statements and property information. On ██████████ 2014, the Department sent another request for the bank statements and property information (along with other items which had already been received) with a due date of ██████████ 2014. The affidavit presented states only that requested information was mailed to the regional office on one occasion and hand delivered on two other occasions. It does not contain references as to what specifically was delivered and when. There is no cover letter, other evidence or testimony to indicate that the Appellant responded in any way to ██████████ 2014 request prior to the due date. The paralegal testified that after receiving the Verification We Need list dated ██████████ 2014, he dropped a packet of information at the office in January. The Department's evidence indicates that information was received in ██████████, but it was after the application had been denied and it did not contain either the bank statements or the property information. In the end, the action that the Department took on ██████████ 2014 to deny the application was correct because it did not have the information required to determine eligibility and had not received a response to its request for information dated ██████████ 2014 by the requested deadline.

DECISION

The Appellant's appeal is DENIED.

Maureen Foley-Roy
Maureen Foley-Roy,
Hearing Officer

CC: Peter Bucknall, Operations Manager
DSS R.O. #20, New Haven

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.

