

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

██████████ 2014  
Certified Mail

Client ID # ██████████  
Request # 596520

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2014, the Department of Social Services (the "Department") sent ██████████ ██████████ (the "Appellant") a Notice of Action ("NOA") denying the Appellant's application for Long Term Care ("LTC") Medicaid benefits.

On ██████████ 2014, the Appellant requested an administrative hearing to contest the Department's decision to deny the Appellant's application for Medicaid.

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, 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 son and conservator  
████████████████████, for the Appellant  
████████████████████, Maple View Manor, for the Appellant  
████████████████████, Maple View Manor, for the Appellant  
Connie Estanislau, Department's Representative  
Liza Perez, 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 LTC Medicaid due to failure to submit information needed to establish eligibility was correct.

### **FINDINGS OF FACT**

1. On [REDACTED] 2013, the Department received an application for Medicaid LTC Assistance for the Appellant. (Exhibit 11: Application form)
2. The Appellant was admitted to Maple View Manor on [REDACTED] 2013. (Hearing record)
3. On [REDACTED] 2013, the Department denied the Appellant's application for LTC assistance for failure to return the information requested to determine eligibility. (Ex. 12: [REDACTED] 13 Notice of Denial)
4. On [REDACTED] 2013, the Department received an application for Medicaid LTC assistance for the Appellant. (Hearing record)
5. On [REDACTED] 2013, the Department sent the Appellant a verification We Need form requesting explanations of large deposit and withdrawal bank transactions. (Ex. 1: Verification We Need form, [REDACTED]/14)
6. On [REDACTED] 2013, the Department discovered on an Appellant bank statement, payments to Monumental Life insurance. The Department sent the Appellant a W-1348 LTC Addendum requesting face and cash value of any Monumental Life Insurance accounts with a due date of [REDACTED] 2013. (Ex. 2: LTC Addendum)
7. On [REDACTED] 2013, the Department denied the Appellant's application for LTC assistance for failure to return the information requested to determine eligibility. (Ex. 12: Notice of Denial, [REDACTED]/13)
8. On [REDACTED] 2013, [REDACTED] of Maple View Manor requested that the Department reopen the Appellant's application. (Appellant's Ex. B: Email from [REDACTED] to C. Estanislau)
9. On [REDACTED] [REDACTED] 2013, the Department notified Maple View Manor Representatives that the Appellant's application would be reopened as of the original application date. (Appellant's Ex. B: Email from Tammy Barraza to [REDACTED] and [REDACTED])
10. The Appellant has a diagnosis of dementia. She has memory deficits and episodes of confusion. She has severe cognitive difficulties. (Ex. C: Medical records)

11. On [REDACTED] 2013, Maple View Manor representative [REDACTED] requested an extension of the due date for providing information regarding the Monumental Life Insurance policy. She also asked the Department to assist in obtaining the life insurance information. (Ex. 4: Email to Department, [REDACTED]/13)
12. On [REDACTED] 2013, the Department sent an Insurance Verification form to Monumental Insurance. (Ex. 6: Insurance Verification form)
13. On [REDACTED] [REDACTED] 2013, the Department received a response from Monumental Insurance regarding the Appellant's policy. The response stated that in order to process the Department's inquiry an authorization from the insured is required. It also stated that if the insured is unable to sign; a copy of POA, Guardianship or Conservatorship papers is required. (Ex. 8: Fax to Department from Monumental Insurance, [REDACTED] 13)
14. On [REDACTED] 2013, the Department notified Maple View Manor Representatives that they were unable to obtain the required verification from Monumental Life Insurance. The email indicated that the Appellant does not need a POA to obtain the insurance verification; the information can be requested by the Appellant. (Appellant's Ex. B: Email, [REDACTED]/13)
15. On [REDACTED] 2013, the Department sent the Appellant a LTC addendum requesting verification of face and cash surrender value of all Monumental Insurance policies in the Appellant's name. The due date of the verifications was [REDACTED], 2014. (Ex. 10: LTC Addendum)
16. On [REDACTED], 2014, Maple View Manor representative [REDACTED] emailed the Department requesting an extension. Her email stated that the Appellant's son contacted the insurance company attempting to get the required verifications for the Appellant's insurance policy but was denied because he was not the POA or owner of the policy. (Appellant's Ex. B: Email dated [REDACTED]/14)
17. On [REDACTED] [REDACTED] 2014, the Department denied the request for the extension. (Appellant's Ex. B: Email dated [REDACTED]/14)
18. On [REDACTED] [REDACTED] 2014, Maple View Manor filed an application for conservatorship for the Appellant. (Ex. D: Conservator Appointment Application)
19. On [REDACTED] 2014, Maple View Manor's [REDACTED] notified the Department that conservator papers were filed the previous week. (Ex. B: Email dated [REDACTED]/14)

20. On [REDACTED] 2014, the Department denied the Appellant's LTC Medicaid application for failure to provide the required verifications to determine eligibility. (Ex. 12: Notice of Denial, [REDACTED]/14)
21. The Appellant's son was able to obtain the insurance verifications after becoming the conservator. (Hearing record)

### **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 multiple Application Verification Requirements lists 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 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:

1. Eligibility cannot be determined; or
2. Determining eligibility without the necessary information would cause the application to be denied.

UPM § 1505.40(B)(4)(a)

8. Regulations provides that if the application is delayed, the Department continues to process the application until

1. The application is complete; or
2. Good cause no longer exists.

UPM § 1505.40(B)(4)(b)

9. The Appellant' representatives made multiple attempts to provide the requested insurance documentation.

10. The Appellant's representatives requested an additional extension on [REDACTED] 2014 after credible attempts to obtain the insurance documentation failed.

11. The Appellant representatives demonstrated good cause in not supplying the requested insurance asset verifications.

12. 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 the client has good cause for not submitting verification by the deadline. The Appellant's medical condition prevented her from supplying the needed verifications. The Appellant's representatives made multiple attempts to obtain the information. The Appellant's representatives notified the Department that conservatorship papers were filed with the court while the application remained pending. The Appellant demonstrated good cause for not supplying the information by the deadline and her son has since become conservator and now has the required insurance verifications.

### **DECISION**

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

### **ORDER**

1. The Department will reopen the LTC Medicaid application to the original application date of [REDACTED] 2013.
2. The Department will request any outstanding verifications and determine eligibility.
3. No later than twenty days of the date of this decision, the Department will submit to the undersigned verification of compliance with this order.

*Thomas Monahan*

Thomas Monahan  
Hearing Officer

Pc: Albert Williams, Operations Manager, Hartford Regional Office  
Musa Mohamud, Operations Manager, Hartford Regional Office

### **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.