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

REQUEST #596718

CLIENT ID #

NOTICE OF DECISION

PARTY

PROCEDURAL BACKGROUND

On , 2014, the Department of Social Services (the “Department”; or “DSS”), sent (the “Appellant”) a Notice of Denial stating that his application for medical assistance had been denied because he did not return all of the required verifications requested.

On 2014, the Appellant’s representative, , requested an administrative hearing on behalf of the Appellant to contest the Department’s denial of the Appellant’s application for medical assistance.

On 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice of Administrative Hearing scheduling a hearing for 2014 @ to address the Department’s denial of the Appellant’s application for medical assistance.

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 to address the Department’s denial of the Appellant’s application for medical assistance.

The following individuals were present at the hearing:

, Representative for the Appellant
, Witness for the Appellant
Patricia Arrechea, Representative for the Department
Lea R. Chayes, Representative for the Department
Hernold C. Linton, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant failed, without good cause, to provide the Department with requested verification or information necessary to establish his eligibility for medical assistance under the Adult Long-Term Care (L01) program.

FINDINGS OF FACT

1. On 2013, the Department received the Appellant's application for medical assistance under Medicaid program. (Hearing Summary; Dept.'s Exhibit #2: /14 Notice of Denial)

2. On, 2013, the Department sent the Appellant's representative a We Need Verification from You (Form "W-1348LTC") requesting additional information or verifications needed to determine the Appellant's eligibility for medical assistance. (Hearing Summary; Dept.'s Exhibit #3: Narrative Screens)

3. The W-1348 LTC informed the Appellant and his representative of the outstanding verifications needed to process his application for medical assistance, and the due date of 2013, by which to provide the requested information, or else his application would be denied. (Hearing Summary; Dept.'s Exhibit #3)

4. On 2013, the Appellant's representative provided the Department with some of the requested information. (Dept.'s Exhibit #3)

5. On 2013, the Department sent the Appellant's representative another W-1348 LTC requesting additional information or verifications still needed to determine the Appellant's eligibility for medical assistance. (Dept.'s Exhibit #3)

6. The 2013 W-1348 LTC informed the Appellant and his representative of the outstanding verifications still needed to process his application for medical assistance, and the due date of, 2013, by which to provide the requested information, or else his application would be denied. (Dept.'s Exhibit #3)

7. On 2013, the Appellant's representative provided the Department with some of the requested information. (Dept.'s Exhibit #3)

8. On 2014, the Department sent the Appellant's representative another W-1348 LTC requesting additional information or verifications still needed to determine the Appellant's eligibility for medical assistance. (Dept.'s Exhibit #3)

9. The 2014 W-1348 LTC informed the Appellant and his representative of the outstanding verifications still needed to process his application for medical assistance, and the due date of, 2014, by which to provide the remaining information, or else his application would be denied. (Dept.'s Exhibit #3)

10. The Appellant's representative did not provide the Department with the remaining outstanding verifications still needed to process the Appellant's application for medical assistance. (See Facts # 1 to 9)

11. On [redacted], 2014, the Department denied the Appellant's application for medical assistance for failure to provide all of the required verifications requested. (See Facts # 1 to 10; Hearing Summary; Dept.'s Exhibit #3)

12. The Appellant's representative did not request an extension of the due date by which to provide the Department with the outstanding verifications still needed to process the Appellant's application for medical assistance. (See Facts # 1 to 11)

13. The Appellant's representative did not request the Department's assistance in securing the outstanding verifications still needed to process the Appellant's application for medical assistance. (See Facts # 1 to 12)

14. On [redacted] 2014, the Appellant reapplied for medical assistance, and the reapplication is still pending with the Department, as of the day of this hearing. (Dept.'s Exhibit #1: Assistance Unit Status Screen)

CONCLUSIONS OF LAW

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

2. Section 17b-260 of the Connecticut General Statutes authorizes the commissioner of social services to take advantage of the medical assistance programs provided in Title XIX, entitled "grants to States for Medical Assistance Programs," contained in the Social Security Amendments of 1965.

3. 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.

4. UPM § 1010.05(A)(2) provides that 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 (Cross reference: 1540).

5. UPM § 1010.05(B)(1) provides that the assistance unit must report to the Department, in an accurate and timely manner as defined by the Department, any changes which may affect the unit's eligibility or amount of benefits (cross reference 1555).

6. The Appellant's representatives did not provide the Department with remaining requested information by the specified due date.

7. UPM § 1015.05(C) provides 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.

8. UPM § 1015.10(A) 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.

9. UPM § 1505.40(A)(1) provides that prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits.

10. UPM § 1505.40(B)(4)(a) 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.

11. UPM § 1505.40(B)(5)(a) provides that regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred:

    1. the Department has requested verification; and

    2. 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.

12. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions 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.

13. The Department did send the Appellant's representative additional W-1348's where some of the information previously requested had been provided.

14. UPM § 1540.10 provides that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department.

15. UPM § 1540.10(A) provides that the assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.

16. The Appellant's representatives did not submit some of the requested information regarding the Appellant's financial status to the Department prior to the denial of the Appellant's [redacted] 2013, application for medical assistance.

17. The Department correctly denied the Appellant's application for medical assistance, for failure to provide requested information, as the Appellant's representatives did not submit all of the requested information regarding the Appellant's financial status to the Department within the specified time frame, or prior to the denial of his application.

DISCUSSION

As a result of the Alvarez vs. Aronson lawsuit the Department made revisions to policy and procedures concerning the process of verification, [See UP-90-26; UPM § P-1540.10(4); Verification and Documentation Guidelines, 10/90]. One of these changes was the requirement that a Verification We Need (W-1348) be used when requesting verifications from an applicant. This requirement was instituted to make sure that the applicant had a clear understanding of exactly what verification is needed, the due dates, and other acceptable forms of verification. The regulations also provide for the mailing of additional W1348 forms where some of the information previously requested has been provided. In the present case the Department did provide the Appellant's representatives with additional W-1348's, after receiving some the information that had been previously requested; thus giving proper notice to the Appellant of what he still needed to do in order to establish his eligibility.

The Appellant's representatives did not provide the Department with all of the requested information regarding the Appellant's financial status. The Department did provide the Appellant's representative with a written request for the additional verifications that were still needed regarding the Appellant's financial status. Consequently, the undersigned finds that the Department correctly denied the Appellant's application for medical assistance, for failure to provide requested verification regarding his financial status.

DECISION

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

Hernold C. Linton
Hearing Officer

Pc: **Albert Williams**, Social Service Operations Manager, DSS, R.O. # 10, Hartford

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.