

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

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

Client ID # ██████████
Request # 603993

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2014, the Department of Social Services (the "Department") sent ██████████, (the "Appellant") a Notice of Action ("NOA") denying his application for Medicaid Long Term Care Assistance program.

On ██████████, 2014, the Appellant's representative, ██████████, 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, OLCRAH issued a notice rescheduling 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 Representative (daughter)/Power of Attorney
Mario Ponzio, Department's Representative
Veronica King, Hearing Officer

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED] 2014, the Department received an online application for the Medicaid Long Term Care Assistance Program. The Long Term Care application showed the Appellant living at "Apple Rehab Cromwell" (Nursing Home) and, listed [REDACTED] [REDACTED] as his authorized representative. (Department's Exhibit 9: Long Term Care Application Form)
2. On [REDACTED] 2014, the Department reviewed the Medicaid Long Term Care Assistance application and sent to the Appellant's authorized representative, [REDACTED], a W-1348LTC "We Need Verification From You", with a deadline of [REDACTED] 2014. (Department's Exhibit 2: W-1348LTC Form)
3. The Appellant's authorized representative did not respond to the request for verification. (Hearing Summary)
4. On [REDACTED], 2014, the Department denied the Appellant's Medicaid Long Term Care application for failure to provide information needed to determine eligibility. The denial notice was sent to the Appellant's authorized representative address. (Appellant's Exhibit A: Notice of Denial dated [REDACTED]/14 and Hearing Summary)
5. The Appellant's authorized representative received the Denial Notice, Hearing Schedule Notice, and Hearing Summary, that was sent to her address. (Appellant's authorized representative's testimony)
6. The Appellant's authorized representative did not provide any of the requested verifications or attempted to call DSS before the Department denied the application. (Department's Exhibit 5: Print out of Narrative Screens and Appellant's authorized representative testimony)

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) 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 § 1015.10(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.
4. The Department correctly sent to the Appellant’s authorized representative an application requirements list requesting information needed to establish eligibility.
5. The Department correctly sent the W-1348LTC application requirement list to the Appellant’s authorized representative correct address.
6. UPM § 1505.35(D)(2) 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)(5)(a) provides that for delays due to insufficient verification, 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.
8. 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.
9. The Appellant or the Appellant’s authorized representative did not submit any of the requested verifications or requested an extension.

10. Because the Appellant's representative did not submit the requested information or have good cause for failure to do so, the Department correctly 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 upheld.

Regulations provide that an application must remain pending as long as the Department receives one of the requested verifications before the deadline. In this case, the Appellant's daughter and authorized representative testified she had not received the W-1348LTC but received the denial notice, notice of administrative hearing, and the hearing summary. There is no evidence of contact from the Appellant or the Appellant's authorized representative prior to the deadline in the record. The Department was correct to deny the Applicant's request for Medicaid for failure to provide the necessary verification.

DECISION

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

Veronica King

Veronica King
Hearing Officer

Cc: Cathy Robinson-Patton, Operations Manager; DSS R.O. #50; Middletown.

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.