

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 # 605733

NOTICE OF DECISION

PARTY

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██████████

PROCEDURAL BACKGROUND

On ██████████ 2014, Department of Social Services (the "Department") sent ██████████ ██████████ (the "Appellant") a Notice of Action ("NOA) denying his application for medical assistance.

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:

████████████████████, Appellant's Authorized Representative ("AREP"),
Conservator
Judith Home, Chelsea Place Care Center, Business Office Manager
Diane Wood, Department's Representative
Miklos Mencseli, Hearing Officer

The Appellant was not present at the hearing.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's medical assistance application because of failure to submit information needed to establish eligibility.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Department received the Appellant's W-1F application for medical assistance. (Summary)
2. The Appellant's Conservator, [REDACTED] [REDACTED] [REDACTED], is the Authorized Representative ("AREP") for the Appellant. (Summary, Testimony)
3. [REDACTED] 2014, the Department sent the Appellant's AREP W-1348LTC verification form requesting information needed to process the Appellant's application. The information was due by [REDACTED] [REDACTED], 2014. (Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-14)
4. On [REDACTED] 2014, the Department, having received no verifications or other response from the Appellant's AREP, denied the Appellant's application for medical assistance for failure to provide information necessary to establish eligibility. (Summary, Department's Exhibit A: NOA dated [REDACTED]-14, Testimony)
5. The Department did not receive return mail. (Testimony)
6. The Department has the Appellant's AREP correct address. (Testimony)
7. The Appellant's AREP claims not to have received the Department's W-1348 LTC. (Testimony)
8. The Appellant's AREP did receive the NOA denial. (Testimony)
9. On [REDACTED] 2014, the Appellant's AREP contacted the Department by email regarding the denial notice. (Summary, Testimony)
10. The Appellant's Attorney was advised that a new application would need to be submitted for the Appellant. (Summary)
11. The Appellant's AREP did not complete or submit a new application form for the Appellant as of the hearing date. (Testimony)
12. The Appellant's current AREP was court appointed by Probate Court. (Testimony)

13. The Appellant has submitted prior applications with his niece as power of attorney. (Testimony)
14. The niece has been uncooperative in the process and is the reason of the current AREP's appointment as conservator. (Appellant Exhibit 2: letter dated [REDACTED]-14 report to Probate Court, Testimony)
15. The Appellant's AREP has been trying to verify the Appellant's pension amounts and bank account information. (Appellant's Exhibit 4: letter dated [REDACTED] [REDACTED] 14 regarding Appellant's pension information, Testimony)
16. The Appellant's AREP has subpoenaed the Appellant's nieces to obtain information regarding the Appellant's bank accounts. (Testimony)
17. The Appellant has a Probate Court date of [REDACTED] 2014 at which time the Appellant's AREP hopes to obtain additional information. (Appellant's Exhibit 1 & 3: Probate Court documents)
18. The Appellant's AREP could not have provided the Department the request verifications by the due date on the W-1348LTC as a result of the Appellant's dementia and lack of cooperation from family members. (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 § 1015.10(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 the Appellant's AREP verification request form requesting information needed to establish eligibility.
5. The Authorized Representative did not provide the information the Department needed to establish eligibility for the medical assistance program.

6. UPM §1540.10 A 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. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
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. The Department did not receive at least one item of verification it requested.
9. 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.
10. The Department correctly did not provide the Appellant an additional 10 day extensions as it did not receive at least one item of verification.
11. UPM Section 1555.10 (A)(1)(2) provides that under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable. If good cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period.
12. The Appellant did not establish good cause as to why the requested information was not submitted by the due date.
13. UPM Section 1545.05(D)(1) provides that if the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to:
 - a. income amounts;
 - b. asset amounts.

14. The Department correctly denied the Appellant's [REDACTED] 2014 medical assistance application on [REDACTED] 2014, for failure to provide information necessary to establish eligibility.

DISCUSSION

The Appellant's AREP did not establish good cause for failure to provide requested verifications. The evidence submitted by the AREP is all dated after the denial notice date of [REDACTED] 2014. The Appellant's AREP argued that the Department could have resolved the matter without a hearing if it had reopened the application when she contacted the Department. The Department advised the Appellant's AREP to submit a new application. She has not done so as of the hearing date. During the hearing process, the Department has the option to have a conference to try and resolve the matter. The Department is not required to take any further action after making its determination to deny the Appellant's application. The Department correctly followed its procedural and eligibility requirements in processing the Appellant's application.

DECISION

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



Miklos Mencseli
Hearing Officer

C: Albert Williams, Operations Manager, Hartford DSS R.O. # 10

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 Legal Counsel, Regulations, and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106.

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 his 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.