

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 # 606951

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

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

On ██████████ 2014, the Appellant's Power of Attorney ("POA"), 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, the Appellant's representative requested OLCRAH reschedule the hearing.

On ██████████, 2014, the 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 POA and son

██████████, Appellant's daughter and authorized representative  
 Maureen Harry, Department's Representative  
 Scott Zuckerman, Hearing Officer

The hearing record remained open for the submission of additional evidence. On ██████████ 2014, the hearing record closed.

### **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. In ██████████ 2013, the Appellant was admitted to Apple Rehab (Hearing Record)
2. On ██████████ 2013, the Appellant's son was appointed Power of Attorney. (Ex. 7: Durable Power Attorney, ██████████/13)
3. On ██████████ 2013, the Department received an application for Long Term Care Medicaid assistance for the Appellant. The application listed ██████████ as the authorized representative. (Ex. 3: Case narrative, ██████████/13 and Department's Exhibit 5: W-1LTC, Long Term Care/Waiver Application)
4. On ██████████ ██████████ 2013, the Department sent the Appellant's representative a W-1348LTC, We Need Verification from You form, requesting verification of life insurance policies, verification of stocks,, sources of a deposit into a checking account, copy of medical card and premium. (Ex. 3:1 W-1348LTC, ██████████/14)
5. The Appellant's representative provided some of the items requested on the ██████████ 2013 W-1348LTC. (Department's testimony)
6. On ██████████ 2014, the Department sent the Appellant's representative a W-1348LTC, requesting bank statements from ██████████ 2013 forward for both checking and savings accounts, letter from MetLife verifying face and cash values, verification of ownership of stocks and verification of monthly health insurance premiums. The due date for the requested items was ██████████, 2014. (Ex. 2: W-1348LTC, ██████████14)
7. The Appellant's representative provided verification of the health insurance premium and medical card. (Appellant's representative testimony, Department's Testimony)

8. The Department has no record of the date the health insurance premium information was provided. (Department's Testimony)
9. On ██████ 2014, the Department denied the Appellant's Long Term Care application for failure to provide information needed to determine eligibility. (Hearing Summary and Ex. 6: Notice Content, ██████/14)

### **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 application requirements lists requesting information needed to establish eligibility.
5. 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.
6. 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.
7. 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.

8. The Appellant's authorized representative provided one item of verification consisting of the medical insurance premium and a medical card.
9. Because the Department did not provide the Appellant with an additional 10 day extension to provide verifications after receiving one item, 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 Department receives one of the requested verifications before the deadline. The Appellant's representative testified that she provided proof of the medical insurance premium after the second request. She stated she came to the office and dropped it off in person. At the hearing the Department's representative stated that there was an envelope in the case file addressed to the initial worker assigned to the case who had retired. This envelope contained the proof of insurance premium and medical cards. The envelope or verification did not include a date as to when the verification was provided.

The Appellant's representative could not recall the exact date she provided the medical insurance premium verification in person at the office. The Department had no evidence to verify that the item provided by the Appellant was not provided within the time period given. Therefore the Department was incorrect to deny the application for failure to provide requested information.

### **DECISION**

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

**ORDER**

1. The Department will reopen the Long Term Care 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 [REDACTED] 2014, the Department will submit to the undersigned verification of compliance with this order.



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Scott Zuckerman  
Hearing Officer

Cc: Albert Williams, Social Services Operations Manager; DSS, Hartford RO  
Musa Mohamud, Social Services Operations Manager, DSS, Hartford RO  
Elizabeth Thomas, Social Services Program Manager, Hartford RO  
Maureen Harry, Fair Hearings Liaison, DSS, Hartford RO

### **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, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **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, 55 Farmington Avenue Hartford, CT 06105. 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.

