

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 # 612567

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2014, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying benefits to ██████████ (the "Applicant") under the Medicaid for Long Term Care program.

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:

██████████, the Appellant and conservator for the Applicant, ██████████

██████████  
Michael Briggs, Department's representative  
Allan Meza, DSS, Observer  
Thomas Marciniak, DSS, Observer  
Maureen Foley-Roy, Hearing Officer

The hearing officer held the record open for the submission of additional evidence. On [REDACTED] 2014, the record closed.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny the Applicant's application for medical assistance for failing to provide information was correct.

### **FINDINGS OF FACT**

1. On [REDACTED] 2013, the Applicant's sister, her authorized representative ("AREP") at that time, in conjunction with the facility where the Applicant lived, filed an application for Medicaid for Long Term Care on behalf of the Applicant. (Appellant and Department representative's testimony)
2. On [REDACTED], 2013, the Department sent a Verification We Need list (form number "W1348") with a due date of [REDACTED] 2013 to the AREP and to the facility requesting a completed form regarding the Applicant's medical insurance along with proof of premium amount and a copy of the medical insurance card, proof of the face and cash value of the Applicant's life insurance policy, proof of gross pension amount, copies of federal tax returns for 5 years and bank statements for three separate accounts from [REDACTED] of 2011 through the present along with documentation for all transactions over \$5000. (Exhibit 1: W1348 with due date of [REDACTED] 2013 and Exhibit 15: Case Narrative)
3. On [REDACTED] 2013, the Department sent a Verification We Need form with a due date of [REDACTED] 2014 to the AREP and to the facility requesting proof of premium amount for Blue Cross/Blue Shield medical insurance, the face and cash value of life insurance policies, tax returns, proof of gross pensions, specific bank statements and information regarding specific transactions on those statements. (Exhibit 2: W1348 with due date of [REDACTED] 2013 and Exhibit 15)
4. On [REDACTED] 2013, the Department sent a Verification We Need form with a due date of [REDACTED] 2013 requesting proof of amount of Blue Cross/Blue Shield premium, face value and cash value of life insurance policy, tax returns, proof of gross pension amount, specific bank statements and information regarding specific transactions on those statements. (Exhibit 3: W1348 with due date of [REDACTED] 2014 and Exhibit 15)
5. On [REDACTED] 2014, the Department sent a Verification We Need form with a due date of [REDACTED] 2013 requesting the same information that

had been requested on the previous request with the exception of a bank statement from [REDACTED] of 2013.(Exhibit 4: W1348 with due date of [REDACTED] 2014 and Exhibit 15)

6. On [REDACTED] 2013, the Department issued a Verification We Need form with a due date of [REDACTED] 2013 requesting proof of Blue Cross/Blue Shield premium amount, face and cash value of life insurance policy, tax returns, proof of gross pension amount, specific bank statements and information regarding specific transactions on those bank statements. (Exhibit 5: W1348 with a due date of [REDACTED] 2014 and Exhibit 15)
7. On [REDACTED] 2013, the Department received some of the requested bank statements and issued a Verification We Need form with a due date of [REDACTED] 2013 requesting proof of Blue Cross/Blue Shield premium amount, face and cash value of life insurance policy, tax returns, proof of gross pension amount, specific bank statements and information regarding specific transactions on those bank statements. (Exhibit 6: W1348 with due date of [REDACTED] 2013 and Exhibit 15)
8. On [REDACTED], 2013, the Department sent a Verification We Need form with a due date of [REDACTED], 2014 requesting proof of Blue Cross/Blue Shield premium amount, face and cash value of life insurance policy, 2008 tax return, proof of gross pension amount and specific bank statements and information regarding transactions on those bank statements. (Exhibit 7: W1348 with due date of [REDACTED] 2014 and Exhibit 15)
9. On [REDACTED] 2014, the Department determined that it had received one bank statement in response to the previous request and issued a Verification We Need form with a due date of [REDACTED] 2014 requesting proof of Blue Cross/Blue Shield amount, face and cash value of life insurance policy, 2008 tax return, proof of gross pension amount and specific bank statements and information regarding transactions on those bank statements. (Exhibit 8: W1348 with due date of [REDACTED] 2014 and case narrative)
10. On [REDACTED] 2014, the Department sent a Verification We Need form with a due state of [REDACTED] 2014 requesting a death certificate for the Applicant's spouse, proof of gross pension amount, face value and cash value of life insurance policy and specific bank statements. (Exhibit 9: W1348 issued [REDACTED] 2014)
11. The Department sent a copy of each of the Verification We Need forms issued beginning [REDACTED] 2013 through [REDACTED] of 2014 to both the AREP originally listed on the application and to the facility in which the Applicant was residing. (Department representative's testimony)

12. On [REDACTED] 2014, the Department received information that a conservator had been appointed for the Applicant and added the conservator as an authorized representative to the file. (Exhibit 15)
13. On [REDACTED] 2014, the Department issued a Verification We Need form with a due date of [REDACTED] 2014 to the AREP, the conservator and the facility requesting the Applicant's spouse's death certificate, proof of gross pension amount, face value and cash value of life insurance policy and specific bank statements. (Exhibit 10: W1348 with due date of [REDACTED] 2014 and Exhibit 15)
14. The Appellant states that he did not receive the Verification We Need form that that the Department sent to him on [REDACTED] 2014. (Appellant's testimony)
15. Staff at the facility state that they did not receive the Verification We Need form that the Department sent on [REDACTED] 2014. (Appellant's Exhibit A: affidavit from facility)
16. The Department has received no returned mail on this case. (Exhibit 14: Department's response to facility's affidavit)
17. Upon receipt of the Verification We Need list issued on [REDACTED] 2014, the AREP originally listed on the application contacted the Department to ask why she was receiving such correspondence considering that a conservator had been appointed. The Department advised her that a copy had been sent to the conservator. (Department representative's testimony)
18. The original AREP also contacted the facility when she received the Verification We Need list issued on [REDACTED] 2014 and the facility advised the conservator that the AREP had contacted them because she had received a request for information from the Department. (Appellant's testimony)
19. On [REDACTED], 2014, the Department denied the application for Medicaid for Long Term Care because it did not have the required information to determine eligibility and it had not received any information or response to the Verification We Need list that it had issued on [REDACTED] 2014. (Exhibit 11: Notice of Denial)

### **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 § 1015.05 C states 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.
4. The Department was correct when it issued the W1348-Verification We Need form with a listing of outstanding information needed to determine eligibility.
5. UPM § 1505.40 B 5 provides for delays in application processing due to insufficient verification in the AFDC, AABD and MA programs.
6. UPM § 1505.40 B 5 a (1) and (2) provide that regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the Department has requested verification and 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 an additional 10 day extension 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 Department was correct when it issued nine subsequent Verification We Need lists with extended deadlines upon receipt of any of the requested items prior to the deadline.
9. UPM § 1505.35 C1 c(2) provides that a standard of promptness is established as the maximum time period for processing applications. For applicants for Medical Assistance on the basis of age; that standard is forty-five calendar days.
10. UPM § 1505.40 B.1 (b) (1) provides that if the applicant failed to complete the application without good cause, cases are denied between the thirtieth day and the last day of the appropriate standard for processing the

application.

11. The Department was correct when it denied the ██████████ 2013 application on ██████████ 2014 because it did not receive even one item of verification in response to the 10<sup>th</sup> request for information that it had issued on ██████████ 2014.

### **DISCUSSION**

The Department issued nine Verification We Need forms to the original authorized representative and to the facility. The tenth Verification We Need form was sent to the original AREP, the facility and the newly appointed conservator. The Department representative's testimony along with the case narrative provides credible evidence that the 10<sup>th</sup> Verification We Need form was issued to three parties. Although both the Appellant and facility staff state they did not receive request number ten, no mail was returned to the Department. Upon receipt of the 10<sup>th</sup> form, the original AREP contacted the facility who in turn notified the Conservator. The end result is that the Department fulfilled its responsibility to inform the parties of the information needed to establish eligibility and correctly denied the application when there was no response to request number ten.

### **DECISION**

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

*Maureen Foley-Roy*  
Maureen Foley-Roy,  
Hearing Officer

CC: Poonam Sharma, Operations Manager  
DSS R.O. #30, Bridgeport

### **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.

