

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 #: ██████████
Hearing ID#: 620604

NOTICE OF DECISION

PARTY

██████████
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██████████
██████████

PROCEDURAL BACKGROUND

The Department of Social Services (“Department”) sent ██████████ (“Appellant”) a notice denying her application for Long Term Care (“LTC”) Medicaid benefits because she failed to provide the requested items of verification in order to establish program eligibility.

On ██████████ 2014, the Appellant requested an administrative hearing to contest the Department’s denial of her Medicaid application.

On ██████████ 2014, the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) issued a notice scheduling an 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:

████████████████████, Attorney for the Appellant’s Power of Attorney

Paula Wilczynski, Department's Representative
Pamela J. Gonzalez, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department correctly denied the Appellant's Medicaid application because she failed to submit the requested verifications needed to establish program eligibility.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Department received the Appellant's LTC Medicaid application. (W-1F Application – Department's exhibit 2)
2. On [REDACTED] 2014, the Department sent to the Appellant a Form W-1348 requesting that she provide the following verifications by [REDACTED] 2014: statements from Bank of America from [REDACTED] 2008 to [REDACTED] 2011 and from [REDACTED] 2012 thru current date, and statements for all closed accounts from 2008 – 2013, UBS Investment Account [REDACTED]; monthly or quarterly statements from [REDACTED], 2013 thru current date. Verify ALL transactions over \$5,000.00. UBS Investment account [REDACTED]; Monthly statements from [REDACTED] 2013 thru current date. Verify all transactions over \$5,000.00, copy of "[REDACTED] Family Trust" Agreement and submit Schedule A (Trust Inventory), Completion & return of the enclosed "Transfer of Assets" required information sheet regarding the transfer for [REDACTED] in 2010, copy of health insurance cards and verify any monthly premiums paid. (Form W-1348 – Department's exhibit 4)
3. On [REDACTED] 2014, the Department sent to the Appellant a Form W-1348 requesting that she provide the following information by [REDACTED] 2014: statements from Bank of America from [REDACTED] 2008 – [REDACTED] 2011 and from [REDACTED] 2013 thru current date, Copy of the [REDACTED] Family Trust Agreement and submit Schedule A (Trust Inventory), Completion and return the enclosed "Transfer of Assets" required information sheet regarding the transfer for "[REDACTED] in 2010", Copies of all health insurance cards and verify any monthly premiums paid. (Form W-1348 – Department's exhibit 5)
4. The Department did not receive any of the requested information by the due date of [REDACTED] 2014. (Hearing record)
5. There is no indication in the record that the Appellant requested an extension of the deadline by which to submit information. (Hearing record)

6. There is no indication in the record that the Appellant asked the Department for assistance in obtaining the requested information. (Hearing record)
7. On [REDACTED] 2014, the Department received partial information from the Appellant. (Eligibility Management System NARR screen print - Department's exhibit 11, Department's representative's testimony)
8. The Department reviewed the partial information received on [REDACTED] 2014 and denied the Appellant's application because the information was not sufficient to make an eligibility determination. (Notice dated [REDACTED] 2014 – Department's exhibit 7)

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) Section 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 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.
4. The Department correctly issued W-1348 forms to the Appellant to advise her of what was required in order to determine eligibility for Medicaid benefits.
5. UPM Section 1505.40(B)(5) addresses Delays Due to Insufficient Verification (AFDC, AABD, MA Only) and provides,
 - a. 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.
 - b. 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.

6. The Appellant failed to provide at least one requested item of verification to the Department by the deadline given of ██████████ 2014.
7. The Appellant failed to timely request an extension of the deadline by which to provide information needed to determine eligibility.
8. UPM Section 1505.40.B.1.c provides that the applicant's failure to provide required verification by the processing date causes one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility.
9. UPM 1540.05.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.
10. The Appellant's outstanding verifications included information relative to potential income and assets from a Family Trust Fund and information regarding as asset that was transferred within the look-back period.
11. UPM Section 1555.10 A.1.and 2. provide 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. Good cause for failing to provide the requested information was not established.
13. On ██████████ 2014, the Department reviewed information submitted by the Appellant and determined that the information did not include a copy of the Family Trust or completed transfer of asset information.
14. The Department correctly denied the Appellant's Medicaid application for failure to provide information necessary to determine eligibility.

DECISION

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

Pamela J. Gonzalez

Pamela J. Gonzalez
Hearing Officer

Copy: Peter Bucknall, Operations Manager, R.O. #20, New Haven



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, 55 Farmington Avenue, Hartford, CT 06105.

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 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.