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

[REDACTED], 2014
SIGNATURE CONFIRMATION

Client ID #: [REDACTED]
Hearing ID#: 633396

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2014, the Department of Social Services ("Department") sent [REDACTED] ("Appellant") a notice denying her application for Long Term Care ("LTC") Medicaid benefits because she failed to provide the requested items of verification that were necessary to establish program eligibility.

On [REDACTED] 2014, the Appellant requested an administrative hearing to contest the Department's denial of her Medicaid application.

On [REDACTED] [REDACTED] 2014 the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) issued a notice scheduling an administrative hearing for [REDACTED] 2014.

On [REDACTED] 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:

[REDACTED], Attorney for the Appellant's Community Spouse
Liza Morais, 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] 2012, the Department completed a Spousal Assessment of assets. The result of the assessment was that the Appellant and her Community Spouse could retain assets in the total combined amount of $111,160.00 without causing ineligibility for Medicaid. (W1SA-N dated [redacted], 2012 – Department's exhibit B)

2. On [redacted], 2014, the Department received the Appellant's LTC Medicaid application. (W-1F Application – Department's exhibit A)

3. On the following dates the Department sent to the Appellant W-1348 Forms requesting that she provide verifications needed to determine her eligibility for LTC Medicaid: [redacted] 2014, [redacted] 2014, [redacted] 2014, and on [redacted], 2014. (W-1348 Forms with respective Addendums – Department's exhibits D-G)

4. The Department's W-1348 Form dated [redacted], 2014 requested that the following items be provided by [redacted], 2014:

   -Complete and return form W-1685 with information on your Federal 105 medical insurance coverage.
   -Missing statements from Savings Institute Bank & Trust account [redacted] and [redacted] for [redacted]/12 –[redacted]/12, [redacted]/13 – [redacted]/13, and [redacted]/14 – current or closed.
   -Verification and explanation for the following transaction in the Savings Institute Bank & Trust account [redacted]
   -Missing statements from Savings Institute Bank & Trust account [redacted] and [redacted] for [redacted]/14 – current or closed
   -Verification and explanation for the following transactions in the Savings Bank & Trust account [redacted]: [redacted]/12 $15,330.00 Withdrawal
   [redacted]/12 $95,593.50 Deposit
   [redacted]/12 $13,273.20 Deposit
   [redacted]/13 $30,639.00 Withdrawal
   -Missing statements from CSE Credit Union account [redacted] for [redacted]/11 – current or closed
   -Missing UBS financial statements for [redacted]2012 –[redacted] 2012. Also send explanation for change of account numbers. Did IBS provide anything in writing stating that the numbers were changing? Did the UBS account

close? If so, send verification, Last statement received (2012) shows small balance
-Send verification and explanation for the following transactions in the UBS financial account : /12 $44,718.23 Deposit Annuity payment Hartford
-Verification from Potter Funeral Home detailing whether the policies purchased are Irrevocable or Revocable
-Send verification that the total combined assets have been reduced to $111,160.00
-Annuities (for self or spouse) if you have a Hartford Annuity, provide copy of contract along with statements
-Shelter expenses for spouse living in the community: proof of mortgage, property taxes, and homeowner's insurance premium or renter's insurance (W-1348 dated , 2014 – Department's exhibit G)

5. The Appellant did not provide the requested items of verification that the Department asked for in its W-1348 form dated 2014. (Appellant's Representative's testimony)

6. The Appellant did not request an extension of the deadline by which to submit information. (Hearing record)

7. The Appellant did not ask the Department for assistance in obtaining the requested information. (Hearing record)

8. The Department did not have current asset information for the Appellant's application. (Department's representative's testimony, Hearing record)

9. The asset information in the record does not establish the Appellant's asset eligibility. (Spousal Assessment Worksheet – Department's exhibit H, Hearing record)

10. On 2014, the Department denied the Appellant's application because the Appellant failed to supply the necessary information that was asked for. (Notice dated 2014 – Department's exhibit M)

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 Section 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.

4. The Department properly requested verification of the Appellant's current assets in order to establish her eligibility for Medicaid.

5. UPM Section 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.

6. 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.

7. 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.

8. The Appellant failed to provide at least one requested item of verification to the Department by the deadline given of [redacted] 2014.

9. The Appellant did not timely request an extension of the deadline by which to provide information needed to determine eligibility.

10. 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.

11. The Appellant did not request good cause for failing to timely provide necessary information to the Department.

12. The Appellant did not establish good cause for failing to provide the requested information.

13. 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.

14. On ██████ 2014, the Department correctly determined that since the information in the record did not include verification of bank account asset values, the Department could not establish the Appellant's asset eligibility for Medicaid.

15. On ██████ 2014, the Department correctly denied the Appellant's Medicaid application for failure to provide information necessary to establish eligibility.

DISCUSSION

The Appellant's representative argued that because the Department did not process the Appellant's application within the forty-five day standard of promptness dictated in its Uniform Policy Manual, her application should be granted.

I find no provision in the regulations to support the argument that the Appellant's application should be granted because the Department did not timely process her application. Cases are not granted unless program eligibility is established.

With respect to the Department requests for verifications, the Appellant's representative explained that he sent in documentation of the Appellant's asset spend-down in ██████ 2013; therefore, he did not need to provide verification of the value of the bank accounts to establish program eligibility. He stated that he did not send to the Department, the items that it had requested via form W-1348 on ██████ 2014 because he believed that a hearing would be necessary to address the question of whether or not the verifications were necessary to determine the Appellant's Medicaid eligibility.

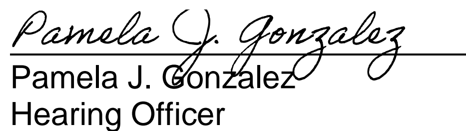
The Department's representative agreed that the Appellant's representative provided copies of checks and bills but stated that those bills and checks were dated prior to the [redacted] 2014 application. With respect to potential retroactive months, the information on file reflects that spousal assets in [redacted] 2014 total $256,155.32. This amount exceeds the allowable Medicaid asset limit as determined through the spousal assessment process ($111,160.00).

The hearing record reflects that there were previous applications for assistance and that the Appellant's representative feels that he is duplicating his efforts to provide verifications to the Department. Certainly if there were static information/verifications on file, then the Department would not have needed to request the same items; however, certain information such as asset information, would have to be current to establish current program eligibility.

I find that the Department provided proper written notice of what was needed to determine long-term care Medicaid eligibility and properly denied the [redacted] 2014 application when necessary information had not been received.

DECISION

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



Pamela J. Gonzalez
Hearing Officer

Copy: Tonya Cook-Bedford, Operations Manager, R.O. #42, Willimantic
Liza Morais, Eligibility Services Specialist, RO #10, Hartford

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.