

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

██████████, 2015
SIGNATURE CONFIRMATION

Client ID # ██████████
Request # 631797

NOTICE OF DECISION

PARTY

██████████
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██████████

PROCEDURAL BACKGROUND

On ██████████ 2014, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying his application for Medicaid benefits.

On ██████████ 2014, the Appellant requested an administrative hearing to contest the Department’s decision to deny his 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 requested to reschedule the hearing.

On ██████████ 2014, the OLCRAH issued a notice scheduling the hearing for ██████████, 2014.

On ██████████, 2014, the Appellant’s Conservator requested to reschedule the hearing.

On ██████████ 2014, the OLCRAH issued a notice scheduling the hearing for ██████████, 2015.

On [REDACTED], 2015, 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], LLC, Appellant's representative
[REDACTED], Financial counselor Arden House
[REDACTED], Appellant's Conservator
John DiLeonardo, Eligibility Services Worker, Department's Representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for Medicaid for Long Term Care assistance due to failure to provide information needed to establish eligibility was correct.

FINDINGS OF FACT

1. The Appellant applied for Medicaid for Long Term Care assistance on [REDACTED] [REDACTED] 2014. (Exhibit 1: W-1LTC application form and Hearing summary)
2. On [REDACTED] 2014, the Department sent a W-1348 We Need Verification from You form to the Appellant's conservator requesting documentation of the Appellant's income, bank accounts, real estate and stock account information. The due date for the information was [REDACTED] 2014. The Department stated on the form that the Appellant's assets must be reduced to under \$1,600.00 in order to be eligible for Medicaid assistance. (Exhibit 2: W-1348LTC and Hearing summary)
3. The Appellant's conservator sent some of the requested documentation to the Department. (Hearing record)
4. On [REDACTED] 2014, the Department sent a W-1348 We Need Verification from You form to the Appellant's conservator requesting documentation of income, bank accounts, real estate, and stock account information. The due date for the information was [REDACTED], 2014. (Exhibit 3: W-1348LTC and Hearing summary)
5. The Appellant's conservator sent some of the requested documentation to the Department. (Hearing record)
6. On [REDACTED] 2014, the Department sent a W-1348 We Need Verification from You form to the Appellant's conservator requesting documentation of income, bank accounts, real estate, life insurance and stock account information. The due date

for the information was [REDACTED] 2014. (Exhibit 4: W-1348LTC and Hearing summary)

7. The Appellant's conservator sent some of the requested documentation to the Department. (Hearing record)
8. On [REDACTED], 2014, the Department sent a W-1348 We Need Verification from You form to the Appellant's conservator requesting documentation of bank accounts, real estate, life insurance and stock account information. The due date for the information was [REDACTED] 2014. (Exhibit 5: W-1348LTC and Hearing summary)
9. The Appellant's conservator sent some of the requested documentation to the Department. (Hearing record)
10. On [REDACTED], 2014, the Department sent a W-1348 We Need Verification from You to the Appellant's conservator requesting documentation of bank accounts, real estate, life insurance and stock account information. The due date for the information was [REDACTED], 2014. (Exhibit 6: W-1348LTC and Hearing summary)
11. The Appellant's sent some of the requested documentation to the Department. (Hearing record)
12. On [REDACTED] 2014, the Department sent a W-1348 We Need Verification from You form to the Appellant's conservator requesting documentation of bank accounts, real estate and stock account information. The due date for the information was [REDACTED], 2014. (Exhibit 7: W-1348LTC and Hearing summary)
13. The Appellant's conservator sent some of the requested documentation to the Department. (Hearing record)
14. On [REDACTED], 2014, the Department sent a W-1348 We Need Verification from You form to the Appellant's conservator requesting documentation of bank accounts, real estate, and stock account information. The due date for the information was [REDACTED], 2014. (Exhibit 8: W-1348LTC and Hearing summary)
15. The Appellant's conservator sent some of the requested documentation to the Department. (Hearing record)
16. On [REDACTED] 2014, the Department sent a W-1348 We Need Verification from You form to the Appellant's conservator requesting documentation of bank accounts, real estate, and stock account information. The due date for the information was [REDACTED], 2014. (Exhibit 9: W-1348LTC and Hearing summary)
17. The Appellant's conservator sent some of the requested documentation to the Department. (Hearing record)

18. On [REDACTED], 2014, the Appellant passed away. (Hearing record)
19. On [REDACTED], 2014, the Department sent a W-1348 We Need Verification from You form to the Appellant's conservator requesting documentation of bank accounts, real estate, and stock account information. The due date for the information was [REDACTED], 2014. (Exhibit 10: W-1348LTC and Hearing summary)
20. On [REDACTED] 2014, the Appellant's conservator sent a fax to the Department. (Department's testimony)
21. The Appellant's conservator provided some bank account information, but did not provide stock account information to the Department. (Conservator's testimony)
22. At the time of the Appellant's death, he appeared to be over the asset limit of \$1,600.00 for Medicaid assistance. (Department's testimony)
23. On [REDACTED] 2014, the Department denied the Appellant's application because the Appellant did not return all of the required verification to determine eligibility. (Exhibit 11: Denial notice and Hearing summary)
24. On [REDACTED] 2014, Attorney [REDACTED] became the Appellant's conservator of estate. (Appellant's representative's testimony)

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 the Appellant's conservator a W-1348 We Need Verification from You form requesting information needed to establish eligibility and informed the conservator of the \$1,600.00 asset limit for Medicaid assistance.
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:

- a. the client has good cause for not submitting verification by the deadline; or
- b. the client has been granted a 10 day extension to submit verification which has not elapsed.; or
- c. the Department has assumed responsibility for obtaining verification and has had less than 10 days; or
- d. the Department has assumed responsibility for obtaining verification and is waiting for material from a third party.

6. UPM § 1505.40(B)(5)(a)(b) provides that for delays due to insufficient verification,

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.

7. The Department correctly determined that the Appellant or the Appellant's conservator did not respond to the last request for verifications.

8. UPM § 4015.05(B) provides that with regard to inaccessible assets and the responsibilities of the assistance unit:

1. The burden is on the assistance unit to demonstrate that an asset is inaccessible.
2. For all programs except Food Stamps, in order for an asset to be considered inaccessible, the assistance unit must cooperate with the Department, as directed, in attempting to gain access to the asset.
 - a. If the unit does not cooperate as described above, the asset is considered available to the unit, and the unit's equity in the asset is counted toward the asset limit.
 - b. If the unit's equity in the asset is unknown, the non-cooperative adult

member of the unit is ineligible for assistance.

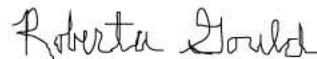
9. The Department correctly determined that the Appellant or the Appellant's conservator did not cooperate with the Department to complete the application process.
10. On [REDACTED] 2014, the Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility.

DISCUSSION

After reviewing the evidence and testimony presented at this hearing, I find that the Department's action to deny the Appellant's request for Medicaid is upheld. Regulations provide that an application must remain pending as long as the Department receives one of the requested verifications before the deadline. In this case, the Appellant's conservator did provide documentation to the Department's request for verification on several occasions, but failed to provide requested documentation for the final subsequent request for verification. Also, the Appellant's conservator did not clearly show that the assets that documentation was requested for are inaccessible and, thus, they are counted toward the Medicaid asset limit of \$1,600.00.

DECISION

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



Roberta Gould
Hearing Officer

Pc: Lisa Wells, Social Services Operations Manager, New Haven Regional Office
Bonnie Shizume, Social Services Operations Manager, New Haven Regional Office
Rachel Anderson, Social Services Program Manager, New Haven Regional Office
Brian Sexton, Social Services Program Manager, New Haven Regional Office

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.