# 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 #

## **NOTICE OF DECISION**

# **PARTY**



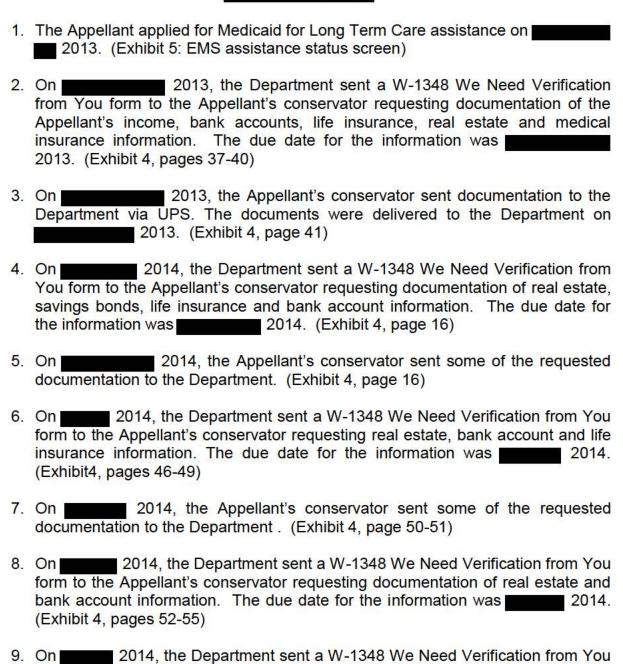
## PROCEDURAL BACKGROUND

On 2014, the Department of Social Services (the "Department") sent (the "Appellant") a Notice of Action ("NOA") denying her application for Medicaid benefits.
On 2014, the Appellant requested an administrative hearing to contest the Department's decision to deny her 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, 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 Appellant's conservator  Attorney Appellant's representative  Diane Wood, Eligibility Services Specialist, Department's Representative  Roberta Gould, Hearing Officer

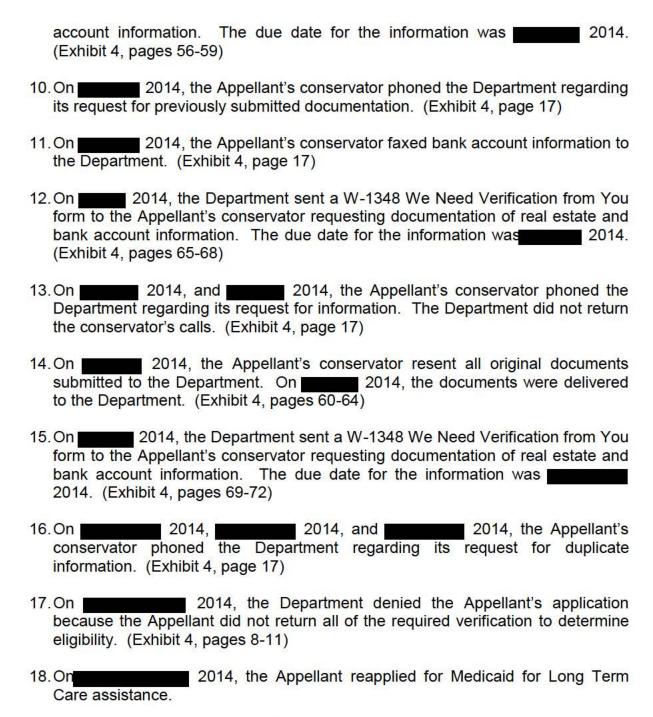
#### STATEMENT OF THE ISSUE

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



to the Appellant's conservator requesting burial fund, real estate, and bank



#### **CONCLUSIONS OF LAW**

- 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 and her conservator a W-1348 We Need Verification from You form 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:
  - 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) 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 § 3525.05(B)(1) provides that regarding noncompliance with the application process:
  - a. An application is denied when an applicant refuses to cooperate with the Department.
  - b. It must be clearly shown that the applicant failed to take the necessary steps to complete the application process without good cause before the application is denied for this reason.
- 8. The Department incorrectly determined that the Appellant or the Appellant's conservator did not respond to the request for verifications.

- The Department incorrectly determined that the Appellant or the Appellant's conservator did not cooperate with the Department to complete the application process.
- 10. On **2014**, 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 at this hearing, I find that 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. In this case, the Appellant's conservator did provide documentation to the Department's request for verification and did contact the Department on several occasions regarding requests for the same information that had been previously provided. The Department did not clearly show that the applicant failed to take the necessary steps to complete the application process without good cause before the application was denied for failing to provide information needed to establish eligibility.

#### DECISION

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

#### ORDER

- The Department shall reopen the Appellant's application back to 2013.
- No later than 2015, the Department will provide to the undersigned proof of compliance.

Roberta Gould Hearing Officer

Roberta Dould

Pc: Musa Mohamud, Social Services Operations Manager, Hartford Regional Office Elizabeth Thomas, Social Services Operations Manager, Hartford Regional Office Diane Wood, Eligibility Services Specialist, Hartford 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 <u>specific</u> 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.