

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 # 647208

**NOTICE OF DECISION**

**PARTY**

██████████  
C/O ██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2014, the Department of Social Services (the "Department") sent ██████████, (the "Appellant") a Notice of Action ("NOA") denying her application for Medicaid Long Term Care Assistance program.

On ██████████ 2014, the Appellant's representative, Attorney ██████████, requested an administrative hearing to contest the Department's decision to deny the Appellant's 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's representative requested the hearing be rescheduled.

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

On ██████████ 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:

██████████, Appellant's Power of Attorney ("POA") and son

██████████ Appellant's Attorney  
Shawn Hardy, Department's Representative  
Scott Zuckerman, Hearing Officer

The hearing record remained open for the submission of additional evidence. On ██████████ 2015, the hearing record closed.

### **STATEMENT OF THE ISSUE**

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

### **FINDINGS OF FACT**

1. In 2012, the Appellant was admitted to Regency Heights in ██████████ CT ('the facility'). (Hearing Record)
2. On ██████████ 2014, the Department received an application for Long Term Care Medicaid assistance for the Appellant. (Hearing Record)
3. On ██████████ 2014, the Department sent the Appellant's POA, a W-1348LTC, We Need Verification from You form, requesting information needed to determine eligibility. Among the items requested were income and asset information, last will and testament of ██████████ and probate documents. The due date for the requested information was ██████████ 2014. (Hearing Summary, Exhibit 1: W-1348LTC, ██████████/14)
4. On ██████████ 2014, the Appellant's Attorney sent the Department the last will and testament of ██████████ ██████████ and Probate documents. (Appellant's Exhibit 2: Letter to the Department, Will and probate document, ██████████/14)
5. On ██████████ 2014, the Appellant's Attorney sent the Department some of the requested bank account information sent on the ██████████ 2014, W-1348. (Appellant's Exhibit 3, ██████████ 14)
6. On ██████████ 2014, the Appellant's Attorney sent the Department additional information requested on the ██████████ 2014 W-1348. (Appellant's Exhibit 4: Letter dated ██████████/14)
7. On ██████████ 2014, the Department sent the Appellant's representative a W-1348LTC, requesting information needed to establish eligibility. Among the items requested was verification of the Appellant's pension, bank

statements and the status of property and the estate. The due date for the requested information was ██████ 2014. (Exhibit 2: W-1348LTC, ██████/14)

8. On ██████ 2014, the Department denied the Appellant's Long Term Care Medicaid Application for the reason, "You did not return all of the required verification we asked for". (Hearing Summary and Exhibit 6: Notice Content, ██████/14)
9. The Appellant's authorized representative did not provide any of the requested verifications from the W-1348LTC due by ██████ 2014. (Hearing Record, Ex. 8: ConneCT document search, ██████/15)

### **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 to the Appellant's authorized representative application requirements lists 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: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed.
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 § 1505.40(B)(5)(b) provides that 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 or the Appellant's authorized representative did not submit any of the requested verifications or request an extension.
9. Because the Appellant's representative did not submit the requested information or have good cause for failure to do so, 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, 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. The Department did not receive any verifications requested for the second request. The denial centered on the W-1348LTC #2 sent by the Department on [REDACTED]/14. The Department did not receive any items by the due date of [REDACTED]/15. The Department's representative testified that he did not review the case until [REDACTED]/14. Upon review of the case it was discovered that no mail was received and none of the requested information was provided. The Department testified that had they been provided with one of the requested items, a third W-1348LTC would have been issued for the remainder of the information. The Appellant's representative testified that he never spoke to the Department directly. He stated that they sent additional information on [REDACTED]/14 and [REDACTED]/14. He stated the information was sent via the US postal service regular mail. Again the Department never received that information.

The Department was correct to deny the Applicant's request for Medicaid for failure to provide the necessary verification.

**DECISION**

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



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Scott Zuckerman  
Hearing Officer

Cc: Tonya Beckford, Social Services Operations Manager; DSS, Willimantic RO

### **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.

