STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

2015
Signature Confirmation

Client ID #
Request # 654522

NOTICE OF DECISION

PARTY

C/O

PROCEDURAL BACKGROUND

On 2014, Department of Social Services (the "Department") sent (the "Appellant") a Notice of Action ("NOA) denying her application for medical assistance.

On 2014, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for 2015.

On 2015, in accordance with sections 17b-60, 17-61 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")
Jaime LaChapelle, Department's Representative
Miklos Mencseli, Hearing Officer

The Appellant expired on 2014.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's medical assistance application because of failure to submit information needed to establish eligibility.

FINDINGS OF FACT

1. On [redacted] 2014, the Appellant was admitted to Hebrew Health Care. (Summary)

2. On [redacted] 2014, the Appellant applied for Medicaid Long Term Care For Adults ("L01") medical assistance. (Summary)

3. [redacted] is listed as the Appellant's POA.

4. On [redacted] 2014, the Department sent the Appellant's POA and Hebrew Health Care a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed $1,600.00.The information was due by [redacted] 2014. (Summary, Department's Exhibit A: W-1348LTC dated [redacted]-14)

5. On [redacted] 2014, the Department received a packet of verifications for the Appellant. (Summary)

6. The POA provided a copy of a Gerber Life Insurance Company insurance policy. The face amount of the policy is $15,000.00. It also contains the policy schedule and statement of policy cost and benefit information. It does not list the current cash surrender value. (Summary, Department's Exhibit B: Gerber Life Insurance policy, three pages)

7. The policy was issued on [redacted] 2011. (Department's Exhibit B)

8. The POA provided a printout of a Facebook account showing hundreds of charges to the Appellant's People's Bank account. The name listed on the account is [redacted] (Department's Exhibit C: Facebook account for [redacted]

9. On [redacted] 2014, the Department sent the Appellant's POA and Hebrew Health Care a W-1348LTC verification form requesting information needed to process the Appellant's application. The Department requested verification as to who's Facebook account is linked to the Appellant's People's Bank account as the printout list [redacted] not [redacted]. Provide

letter from Gerber Life Insurance showing current cash surrender value for the policy. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed $1,600.00.The information was due by [redacted] 2014.
(Summary, Department's Exhibit C: W-1348LTC dated [redacted]-14)

10. On [redacted] 2014, the Department, having received no verifications or other response from the Appellant's POA, denied the Appellant's application for medical assistance for failure to provide information necessary to establish eligibility. (Summary, Department's Exhibit F: NOA dated [redacted] 14, Testimony)

11. The Department did not receive return mail. (Testimony)

12. The Department has the Appellant's POA correct address. (Testimony)

13. The Appellant's POA claims not to have received the Department's W-1348 LTC dated [redacted] 2014. (Testimony)

14. [redacted] is the Appellant's maiden name. (Testimony)

15. The Appellant played games and made purchases using her People's Bank debit card for the Facebook account. (Testimony)

16. The POA sent in all the documentation she had regarding the Gerber Life Insurance policy. (Testimony)

17. The POA's brother is the beneficiary of the Gerber policy. (Testimony)

18. The policy was paid out and a large portion of the benefits paid for the Appellant's funeral cost. (Testimony)

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") § 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 POA verification request form requesting information needed to establish eligibility.

5. The Power of Attorney did not provide the information the Department needed to establish eligibility for the medical assistance program.

6. UPM §1540.10 A provides that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.

7. 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.

8. The Department did not receive at least one item of verification it requested.

9. 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.

10. The Department correctly did not provide the Appellant's POA an additional 10 day extensions as it did not receive at least one item of verification.

11. UPM Section 1555.10 (A)(1)(2) provides 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. The Appellant's POA did not establish good cause as to why the requested information was not submitted by the due date.

13. UPM § 4030.30(C)(1)(2) provides for treatment of Life Insurance policies. For the AABD and MAABD program if the total face value of all life insurance policies owned by the individual does not exceed $1,500, the cash surrender value of such policies is excluded. In computing the face value of life insurance, the Department does not count insurance such as term insurance which has no cash surrender value. Except as provided above, the cash surrender value of life insurance policies owned by the individual is counted towards the asset limit.

14. The Department correctly determined the Appellant Gerber Life Insurance policy is not excluded as the face amount of the policy is $15,000.

15. The Department correctly determined that the cash surrender value of the Gerber Life policy is a countable asset in determining eligibility.

16. UPM § 4005.10(2) provides the asset limit for AABD and MAABD – Categorically and Medically Needy (Except Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Additional Low Income Medicare Beneficiaries, Qualified Disabled and Working Individuals, Working Individuals with Disabilities and Women Diagnosed with Breast or Cervical Cancer)

    a. The asset limit is $1,600 for a needs group of one.

17. UPM Section 1545.05(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.

18. The Appellant's POA did not provide the Department with the requested verifications. The Department cannot determine eligibility as the cash surrender value of the Gerber Life policy was not verified.

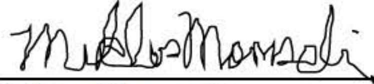
19. The Department correctly denied the Appellant's [redacted] 2014 medical assistance application on [redacted] 2014, for failure to provide information necessary to establish eligibility.

DISCUSSION

The Appellant's AREP did not establish good cause for failure to provide requested verifications. The Department correctly followed its procedural and eligibility requirements in processing the Appellant's application. The Department correctly sent the Appellant's POA a verification request form. The Department also stated that Hebrew Health sends its own verification request form following the Department's. The POA claims not to have received the W-1348LTC dated [redacted] 2014. The POA belief is she provided all the requested verifications. The Department could not determine eligibility without receiving the requested verifications.

DECISION

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



Miklos Mencseli
Hearing Officer

C: Musa Mohamud, Operations Manager, Hartford DSS R.O. # 10

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.

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.