

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 # 658215

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") indicating that the Department is denying the Appellant's Long Term Care ("LTC") Medicaid application for failure to provide information.

On ██████████ 2014, the Appellant's Representative, 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 ██████████ 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:

██████████ Conservatrix of Person and Co-Conservatrix of Estate
██████████, Appellant's Co-Conservatrix of Estate
██████████, Appellant's Grandson
Nancy Ptak, Arden House Financial Counselor
Bryant Grimes, Department's Representative
Shelley Starr, Hearing Officer

The Appellant, [REDACTED] was not present at the hearing.

The hearing record remained open for the submission of additional evidence. On [REDACTED] 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 for Long Term Care Assistance (LTSS) due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Appellant was admitted to the Arden House Care and Rehabilitation Center in [REDACTED] Connecticut. (Arden House Financial Counselor's Testimony)
2. On [REDACTED] 2014, the Appellant appointed his wife as Power of Attorney ("POA"). (Department's Exhibit 17: Power of Attorney Form dated [REDACTED] 2014)
3. On [REDACTED] 2014, the Department received an application for Long Term Care Medicaid assistance. (Department's Exhibit 1: W-1LTC and Department's Testimony)
4. The Appellant is 84 years old (DOB [REDACTED]/30), married and has a primary medical diagnosis of Dementia. (Arden House Financial Counselor's Testimony and Hearing Record)
5. The Arden House Financial Counselor assisted the Appellant and his spouse with the Medicaid application by sending letters to the Appellant's spouse to help her obtain necessary information, by drafting letters requesting information and by providing information to the Department. (Arden House Financial Counselor's Testimony and Department's Exhibit N: e-mail's and Attachments)
6. The Appellant's Grandson assisted with the Medicaid application by telephoning the John Hancock Life Insurance Company requesting information on behalf of his Grandmother. (Appellant's Grandson's Testimony)
7. On [REDACTED] 2014, the Department sent the Appellant a W-1348LTC Verification We Need form, requesting information needed to determine eligibility. Among the items requested were asset information and the face

- value and cash surrender value for each John Hancock life insurance policy. The due date for the requested information was [REDACTED] 2014. (Department's Exhibit 21: W-1348LTC #1 dated [REDACTED] 2014 and Department's Testimony)
8. On [REDACTED] 2014, the Department received an e-mail from the Arden House Financial Counselor who provided John Hancock policy [REDACTED] information, Power of Attorney document and advising that she spoke to the Appellant's spouse and that she requested an extension for the information. (Department's Exhibit 19: e-mail dated [REDACTED] 2014 and attachments)
 9. On [REDACTED] 2014, the Department received an e-mail from the Arden House Financial Counselor providing bank statement for Santander and First Niagra Bank. (Department's Exhibit 19: e-mail dated [REDACTED] 2014 with attachments)
 10. On [REDACTED] 2014, the Department reviewed the submitted verification and determined additional information was needed. The Department sent the Appellant a second (#2) W-1348LTC Verification We Need form, requesting proof of gross pension, four (4) most recent current pay stubs and proof of the face value and cash surrender value for John Hancock policy [REDACTED] and New York Life Policy # [REDACTED]. The due date for the requested information was [REDACTED] 2014. (Department's Exhibit 21: W-1348 LTC #2 dated [REDACTED] 2014 and Department's Testimony)
 11. On [REDACTED] 2014, the Department received an e-mail from the Arden House Financial Counselor who provided information regarding the John Hancock Life Insurance policy [REDACTED] and provided five (5) consecutive paystubs representing [REDACTED] 2014 earnings for the Appellant's spouse. (Department's Exhibit 19: e-mail dated [REDACTED] 2014 with attachments)
 12. On [REDACTED] [REDACTED] 2014, the Department reviewed the submitted verification and determined additional information was still needed. The Department sent the Appellant a third (#3) W-1348 LTC Verification We Need form, requesting proof of gross pension, First Niagra account # [REDACTED] bank statements from [REDACTED] 2014 thru current month, proof of the face value and cash surrender value for spouse-John Hancock Policy [REDACTED] and New York Life Policy # [REDACTED]. The information was due by [REDACTED] 2014. (Department's Exhibit 21: W-1348LTC #3 dated [REDACTED] 2014 and Department's Testimony)
 13. On [REDACTED] 2014, the Department received an e-mail from the Arden House Financial Counselor clarifying the Appellant's complete

name according to Medicare. (Department's Exhibit 19: e-mail dated [REDACTED] 2014 and Arden House Financial Counselor Testimony)

14. The Appellant and his Representative did not provide any of the requested verifications from the third (#3) W-1348 LTC due by [REDACTED] 2014. (Arden House Financial Counselor's Testimony, Department's Testimony and Hearing Record)
15. On [REDACTED] 2014, the Department determined they did not receive any additional information that was requested based on the W-1348 issued on [REDACTED] 2014 or had any contact regarding the requested information. (Department's Exhibit 18: Case Narrative, Department's Testimony and Hearing Record)
16. On [REDACTED] 2014, the Department denied the Appellant's [REDACTED] [REDACTED] 2014, long term care Medicaid application for failure to return all of the required verification. (Department's Exhibit O: Denial Notice dated [REDACTED] 2014 and Department's Testimony)
17. On [REDACTED] 2014, the Appellant's Spouse was appointed by Probate Court as Conservatrix of Person and Co-Conservatrix of Estate. (Department's Exhibit 7: Court of Probate Certificate of Conservatorship dated [REDACTED] 2014)

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.

The Department correctly sent the Appellant several application requirements lists requesting information needed to establish eligibility.

4. UPM § 1505.35 (C) provides that the following promptness standards be established as maximum times for processing applications: forty-five calendar days for AABD or MA applicants applying based on age or blindness.

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)(4)(a) provides that the eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions exists: eligibility cannot be determined; or determining eligibility without the necessary information would cause the application to be denied. If the eligibility determination is delayed, the Department continues to process the application until: the application is complete or good cause no longer exists.

The Appellant or his Representative did not have good cause for not submitting verification by the deadline.

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. 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.

The Appellant or his Representative did not submit any of the requested verifications or request an extension based on the Department's third (3#) request for information.

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.

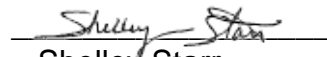
Regulations provide that an application must remain pending as long as the Department receives one of the requested verifications before the deadline. The Department did not receive any verification requested for the third request. The denial centered on the W-1348LTC #3 sent by the Department on [REDACTED] 2014. The Department did have any contact regarding the information and did not receive any items by the due date of [REDACTED] 2014.

While it is clear that the spouse made effort to obtain the required documentation and that several people assisted her in this process, the information was delayed and was not provided to the Department. It is unclear when the Appellant's spouse first requested information regarding the John Hancock Life Insurance documents. The evidence in the hearing record reflects that once the Grandson became involved in [REDACTED] 2014, the process to obtain the information began.

The Department correctly denied the application for Medicaid for failure to provide the necessary verification.

DECISION

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


Shelley Starr
Hearing Officer

cc: Peter Bucknall, Operations 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.

