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 #:
Hearing ID#: 658827

NOTICE OF DECISION

PARTY

C/o

PROCEDURAL BACKGROUND

On 2014, the Department of Social Services (the "Department") sent (the "Appellant") a notice denying her application for Long Term Care ("LTC") Medicaid benefits because she failed to provide items of verification that had been requested and that were necessary to establish program eligibility.

On 2014, the Appellant requested an administrative hearing to contest the Department's denial of her Medicaid application.

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

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:
,Appellant
, Appellant's Son
Ni'Ta Freeman, Department's Representative
Pamela J. Gonzalez, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department correctly denied the Appellant's Medicaid application because she failed to submit requested verifications needed to establish program eligibility.

FINDINGS OF FACT

1. On [redacted] 2014, the Appellant applied for LTC Medicaid. (Eligibility Services STAT screen print – Department's exhibit 2)

2. On the following dates the Department sent to the Appellant W-1348 LTC Forms requesting that she provide verifications needed to determine her eligibility for LTC Medicaid: [redacted] 2014, [redacted] 2014, [redacted] 2014. (Department's representative's testimony, W-1348 LTC Form - Department's exhibit 4)

3. On [redacted] 2014, the Appellant submitted all of the requested items of verification. (Department's representative's testimony, Appellant's testimony)

4. On [redacted] 2014, the Department issued a W-1348 LTC Form asking in part, that the Appellant provide: "For all accounts (including those listed below), provide statements as indicated. For all transactions of $5,000 or more, provide copies of bills, receipts or cancelled checks to show what the transactions were for. For deposits of $5,000 or more, prove the origin of funds, i.e. other accounts, sale of property, liquidation of other asset(s). Submit statements from your checking, savings and Credit Union accounts starting with [redacted] 2014 thru current month. The requested information was due to be returned by [redacted] 2014. (Department's exhibit 4)

5. The Appellant saw that the W-1348 LTC Form was requesting the same information that had previously been requested. She did not see that additional information was requested, specifically: credit union accounts from [redacted] 2014 – current month. (Appellant's testimony)

6. The Appellant did not provide verification of credit union accounts starting with [redacted] 2014 through the current month. (Hearing record)

7. On [redacted] 2014, the Department denied the Appellant's Medicaid application because she did not return all of the required verification that was asked for and necessary to determining Medicaid eligibility. (Notice of Denial dated [redacted] 2014 – Department's exhibit 3)

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") Section 3029.05(A) provides that there is a period established, subject to the conditions descried in this chapter, during which institutionalized individuals are not eligible for certain Medicaid services when they or their spouses dispose of assets for less than fair market value on or after the look-back date specified in 3029.05C. This period is called the penalty period, or period of ineligibility.

3. UPM Section 3029.05(C) provides that the look-back date for transfers of assets is a date that is 60 months before the first date on which both the following conditions exist: 1. the individual is institutionalized; and 2. the individual is either applying for or receiving Medicaid.

4. The Department was correct to explore the look-back period for possible transfers of assets that affect Medicaid eligibility and to request bank account histories for that purpose.

5. UPM Section 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 Section 1540.05.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.

4. The Department properly requested verification of the Appellant's assets in order to establish her eligibility for Medicaid.

5. UPM Section 1015.05.C provides that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.

6. The Department correctly issued W-1348 LTC forms to the Appellant asking for items of verification in order to establish program eligibility.

7. UPM Section 1505.40(B)(5) addresses delays due to insufficient verification (AFDC, AABD, MA Only) and provides,

   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.

8. The Appellant failed to provide at least one requested item of verification to the Department by the deadline given of [redacted] 2014.

9. The Appellant did not timely request an extension of the deadline by which to provide information needed to determine eligibility.

10. UPM Section 1505.40.B.1.c provides that the applicant's failure to provide required verification by the processing date causes one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility.

11. On [redacted] 2014, the Department correctly determined that since the information in the record did not include verification of bank account asset values, the Department could not establish the Appellant's eligibility for LTC Medicaid.

12. On [redacted] 2014, the Department correctly denied the Appellant's LTC Medicaid application for failure to provide information necessary to establish eligibility.

DECISION

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

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Pamela J. Gonzalez
Hearing Officer

Copy: Cathy Robinson-Patton, Operations Manager, R.O. #50, Middletown

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 Legal Counsel, Regulations, and Administrative Hearings, 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 his 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.