

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 # 659889

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 the application for Medicaid Long Term Care Assistance program for her mother ██████████ (the "Applicant").

On ██████████ 2014, the Appellant requested an administrative hearing to contest the Department's decision to deny the Applicant's application for Medicaid.

On ██████████ 2015, 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:

██████████, Appellant, Applicant's Power of Attorney ("POA") and daughter
Diane Woods, Department's Representative
Marci Ostroski, 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 Applicant's application for Medicaid due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Applicant was admitted to Marlborough Health Care Center ('the facility'). (Hearing Record)
2. On [REDACTED] 2014, the Department received an application for Long Term Care Medicaid assistance for the Applicant. (Hearing Record)
3. On [REDACTED] 2014, the Department sent the Appellant a W-1348LTC, We Need Verification from You form, requesting information needed to determine eligibility. Among the items requested were income and asset information. The due date for the requested information was [REDACTED] 2014. (Hearing Summary, Exhibit A: W-1348LTC, [REDACTED]/14)
4. The Department received some of the requested verifications from the Appellant on [REDACTED] 2014, [REDACTED] 2014, and [REDACTED] 2014. (Hearing Summary)
5. On [REDACTED] [REDACTED] 2014, the Department reviewed the submitted verifications and issued a second W-1348LTC for additional verifications to determine eligibility. The due date for the requested information was [REDACTED] 2014. (Exhibit B: W-1348LTC, [REDACTED]/14)
6. On [REDACTED] 2014, the Department received from the Appellant additional information requested on the [REDACTED] 2014 W-1348. The Department determined that additional information was still needed and sent a third W-1348LTC with a due date of [REDACTED] 2014 (Hearing Record)
7. On [REDACTED] 2014, the Department received from the Appellant additional information requested on the [REDACTED] 2014 W-1348LTC. (Hearing Record)
8. On [REDACTED] [REDACTED] 2014 The Department reviewed the submitted verifications and determined that additional information was needed. The Department sent a fourth W-1348LTC requesting assorted bank statements from Citizens bank, verification of the cash value of a United of

Omaha life insurance policy, verification of the face and cash value of a CFG policy and verification that the CFG policy had been signed over to a funeral home, Burial contract, and information on where the following disbursements from MFS Investments were redeposited: [REDACTED] 2011-\$2700.00, [REDACTED]/2010-\$2000.00, [REDACTED] 2013-\$1233.29, [REDACTED] 2014-\$1212.48. The due date for this W-1348LTC was [REDACTED] 2014. (Hearing Record, Exhibit D: W-1348LTC [REDACTED]/14)

9. On [REDACTED] 2014 the Appellant made contact with the Department regarding the outstanding verifications. The Appellant verbally confirmed with the Department's representative that the [REDACTED]/14 withdrawal of \$1212.48 was taken out in cash and spent on preparations for the skilled nursing facility. The Department's representative stated to the Appellant that she assumed the transactions on [REDACTED]/11, and [REDACTED]/10 were deposited in one of the Citizen's bank accounts which left the [REDACTED]/13 transaction. The Department's representative stated to the Appellant that she would review for this and let her know the results. (Exhibit E: Narrative, Appellant's testimony)
10. The Appellant did not submit anything further to the Department because she was under the impression that the Department's representative was reviewing the information she verbally provided to her during the [REDACTED] 2014 telephone conversation. (Appellant's testimony)
11. On [REDACTED] 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, Exhibit E: Narrative, Exhibit F: Notice of Action dated [REDACTED]/14)

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 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 provided information requested on the fourth and final request for information.
9. 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, 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. The Department's ██████████ 2014 1348 requested "information" on bank transactions. The Appellant provided information on the requested transactions during her ██████████ 2014 telephone conversation. The Appellant's testimony that the Department's representative told her that she would inform her if more information was needed is supported by the Department's own narrative. If more information was needed to fulfill that request than another 1348 should have been sent with a new deadline.

DECISION

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

ORDER

- a. The Department will reopen the Appellant's LTC application as of [REDACTED] 2014.
- b. The Department will continue to process the application and if necessary issue a W-1348 Verification We Need List requesting missing information needed to determine eligibility.
- c. The Department will submit to the undersigned verification of compliance with this order within 21 calendar days.


Marci Ostroski
Hearing Officer

Cc: John Hesterberg, Social Services Operations Manager, Manchester RO 11

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.