

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 # 661254

**NOTICE OF DECISION**

**PARTY**

██████████  
██  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2014, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") granting Long Term Care Medicaid benefits for ██████████ (the "Applicant") effective ██████████ 2014.

On ██████████, 2014, the Appellant requested an administrative hearing to contest the effective date of the Medicaid benefits as determined by the Department.

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

On ██████████ 2015, OLCRAH issued a Notice rescheduling the administrative hearing to ██████████ 2015.

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On [REDACTED] 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:

[REDACTED], the Appellant, conservator for the Applicant, [REDACTED]  
Casey Sawyers, for the Department  
Sybil Hardy, Hearing Officer

The hearing record was held open for the submission of additional evidence. On [REDACTED] [REDACTED] the record closed.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to grant Medicaid benefits effective [REDACTED] 2014 was correct.

### **FINDINGS OF FACT**

1. At the time of application the Applicant was a resident of a skilled nursing facility. (Ex. 18: Narrative)
2. On [REDACTED] 2013, the Appellant filed an application for Long Term Care Medicaid on behalf of the Applicant. (Ex. 6: Notice of Action, [REDACTED]/13)
3. On [REDACTED] 2013, the Department denied the application for Long Term Care Medicaid for failing to provide the required verification. (Ex. 6: Notice of Action [REDACTED]/13)
4. On [REDACTED] 2013, the Department received another application for Long Term Medicaid assistance for the Applicant. (Ex. 18: Narrative)
5. On [REDACTED] 2014, the Department denied the application for Long Term Care Medicaid for failing to provide the required verification. (Ex. 4: Notice of Action [REDACTED]/14)
6. On [REDACTED] 2014 the Department received another application for Long Term Care Medicaid for the Applicant. (Ex. 18: Narrative)
7. On [REDACTED], 2014, the Department granted the Medicaid for the Applicant effective [REDACTED] 2014. (Ex. 1: Notice of Action [REDACTED]/14)
8. The Department granted retroactive Medicaid for the Applicant for the months of [REDACTED] 2014, [REDACTED] 2014, and [REDACTED] 2014. (Hearing Summary, Department's testimony)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 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") Section§ 1560.10 A, B and C provides that the beginning date of assistance for Medicaid may be either: the first day of the first , second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month; or the first day of the month of application when all non- procedural eligibility requirements are met during that month; or the actual date in a spenddown period when all non-procedural eligibility requirements are met.
3. The Department was correct when it granted Long Term Care Medicaid Benefits effective May of 2014, the third month preceding the application month of August 2014.


### **DISCUSSION**

The issue of this hearing was the effective date of the benefits for the application received on ██████████ 2014. The Appellant did not dispute that the application at issue was received on that date. The hearing record contains evidence that at least one previous application was denied for failing to provide required information. This hearing cannot rule on the previous application denials. The Department was correct when it considered eligibility only as far back as the third month preceding the month of the application in which all requirements were met.

The Appellant submitted for consideration the procedural section of policy § 1505.45 Reopening Denied Applications. This policy, however, is not appropriate for this issue as it speaks only to applications for individuals that were denied on the basis of disability criteria and then later successfully having appealed the SSI decision.

**DECISION**

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

  
Marci Ostroski,  
Hearing Officer

Pc: Elizabeth Thomas, Musa Mohamud, Operations Managers DSS R.O. #10 Hartford  
Casey Sawyers, Fair Hearing Liaison

### **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.