# 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 #

### NOTICE OF DECISION

### PARTY



### PROCEDURAL BACKGROUND

On \_\_\_\_\_\_\_ 2014, the Department of Social Services (the "Department") sent (the "Appellant") a Notice of Action ("NOA") granting her Long Term Care ("LTC") benefits effective \_\_\_\_\_\_\_ 2014.

On \_\_\_\_\_\_\_ 2015, the Appellant requested an administrative hearing to contest the effective date of the LTC 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, 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.

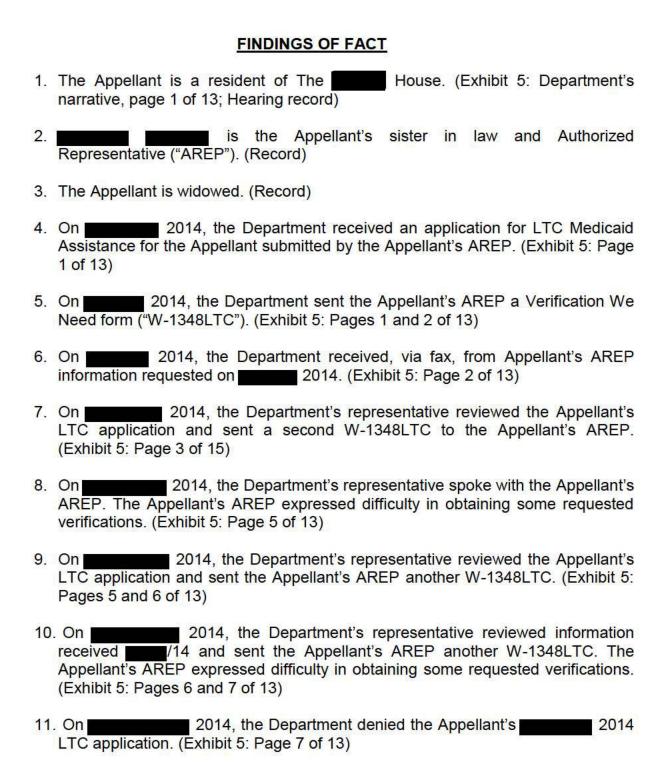
The following individuals were present at the hearing:

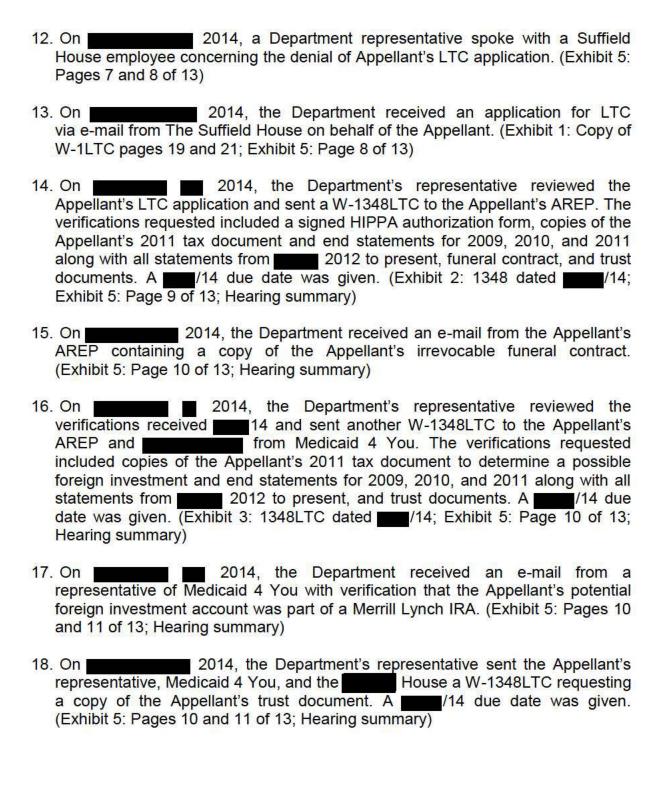
, Appellant's Representative Tom Pfound, Medicaid 4 You Julia Fanning, Medicaid 4 You Victor Robles, Department's Representative Christopher Turner, Hearing Officer

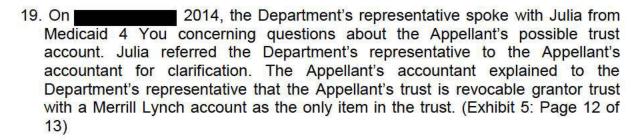
The Appellant was not present.

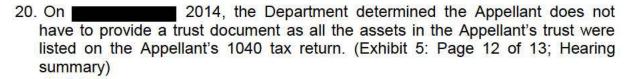
# STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly determined 2014 as the effective date of the Appellant's LTC application.









- 21. On \_\_\_\_\_\_ 2014, the Department granted the Appellant's LTC application effective \_\_\_\_\_ 2014. (Exhibit 5; Hearing summary)
- 22. On Section 2014, the Department received an e-mail request from The House for an income diversion to cover the period of 1/14 through 1/14. (Exhibit 5: Page 12 of 13; Hearing summary)
- 23. On 2014, the Department's representative granted an income diversion for the period of 14 through 14. (Exhibit 5: Page 12 of 13; Hearing summary)
- 24. The Appellant's AREP is seeking eligibility from the original application date of 2014 through 2014 based on the assertion that the Appellant was under assets during that time. (Appellant's Exhibit A: Letter from AREP; Hearing request form dated 15; AREP's testimony).

### CONCLUSIONS OF LAW

- Section 17b-260 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
- 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 that the Department
  requires to determine eligibility and calculate the amount of benefit.

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 multiple Application Verification Requirements lists requesting information needed to establish eligibility.

3. 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.

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: a. the client has good cause for not submitting verification by the deadline, or b. the client has been granted a 10 day extension to submit verification which has not elapsed.

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.

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:

- 1. Eligibility cannot be determined; or
- 2. Determining eligibility without the necessary information would cause the application to be denied.

UPM § 1505.40 (B) (4) (b) provides that if the eligibility determination is delayed, the Department continues to process the application until:

- 1. The application is complete; or
- 2. Good cause no longer exists.

The Department failed to grant the Appellant's AREP more time to obtain the required information.

The Department incorrectly denied the Appellant's 2014 application for failure to submit information needed to establish eligibility since good cause for obtaining requested verification exists.

4. It is not possible based on the evidence presented at the hearing to determine the month in which the Appellant's assets were within departmental guidelines.

# DISCUSSION

The original issue to be decided was whether the Department correctly determined
2014 as the effective date of the Appellant's LTC coverage. It is evident the
Appellant's AREP requested a hearing concerning the Department's
2014 denial. The Appellant's hearing request, dated 2015, was received
within the 60-day time limit and indicated the appeal be based on the Department's
action to deny the Appellant's 2014 application due to failure to provide
information. Though the Appellant used the 11/14 notice, the hearing request is quite
clear and in accordance with departmental policy.
This decision does not make a ruling on the Appellant's eligibility from 2014, but
requires the Department to explore the possibility.

# **DECISION**

The Appellant's appeal is Remanded back to the Department for further processing.

# ORDER

The Department is instructed to evaluate the Appellant's eligibility for LTC coverage from 2014 through 2014. Compliance with this order will consist of a copy of the Appellant's 2014 status screen due no later than 15 days from the date of this decision.

Christopher Turner Hearing Officer

Cc: Musa Mohamud, Operations Manager Hartford Medicaid 4 You Victor Robles, DSS Hartford

# 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, law, and 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.