

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 # 670227

NOTICE OF DECISION

PARTY

██████████
c/o ██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████, (the "Appellant") a Notice of Action ("NOA") denying benefits to his spouse, ██████████, (the "Applicant") under the Medicaid for Long Term Care Assistance program.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department's decision to deny the Medicaid for Long Term Care Assistance.

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, 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:

██████████, Appellant, Power of Attorney and spouse of the Applicant
██████████, Appellant's Attorney

██████████, Appellant's witness
Liza, Morais, Department's representative
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Applicant's application for medical assistance for failing to provide information was correct.

FINDINGS OF FACT

1. The Applicant was a resident of St Mary Home nursing care facility (Exhibit 4: Partial Long-term Care Application).
2. On ██████████ 2014, the Department received an application for Medicaid for Long Term care on behalf of the applicant (Hearing Summary).
3. The Applicant's spouse, ██████████ is the Applicant's Power of Attorney ("POA") (Appellant's Exhibit 2: POA document).
4. ██████████ is the Appellant's Authorized Representative ("AREP") (Appellant's Exhibit 4: Partial Long-term Care Application, Hearing Summary).
5. On ██████████ 2014, the Department mailed a W-1348LTC, Verification We Need to the spouse and the AREP. The W-1348LTC contained a list of requested items of verification that included proof of income, assets, funeral contract, copy of property deed, shelter expenses for the community spouse, and proof that an application has been made for Veteran's financial assistance. The requested information was due by ██████████ 2014 (Hearing Summary, Department's Exhibit A: Case Narrative, Department's Exhibit B: W-1348LTC dated ██████████/15).
6. On ██████████ 2014, the Department received documentation from the Appellant (Hearing Summary, Exhibit A).
7. On ██████████ 2014, the Department reviewed the documentation. The Appellant provided some of the requested information. The Department sent another W-1348LTC requesting additional financial statements, verification of certain transactions, proof of other assets owned by the Appellant and/or the Applicant, proof of asset balances held on ██████████ 2014, and proof that the community spouse applied for Veteran's Financial

- Assistance. The requested information was due by [REDACTED] 2014 (Hearing Summary, Exhibit A, Department's Exhibit C: W-1348LTC dated [REDACTED]/14).
8. On [REDACTED] 2014, the Department received documentation from the Appellant (Hearing summary, Exhibit A).
 9. On [REDACTED] 2015, the Department reviewed the documentation. The Appellant provided some of the requested information. The Department sent another W-1348LTC form requesting additional financial statements, verification of certain transactions, and proof of other assets owned by the Appellant and/or the Applicant, verification of all asset balances held on [REDACTED] 2014, and verification that the community spouse applied for Veteran's Financial Assistance. The requested information was due by [REDACTED] 2015 (Hearing Summary, Exhibit A, Department's Exhibit D: W-1348LTC dated [REDACTED]/15).
 10. On [REDACTED] 2015, the Department received documentation from the Appellant (Hearing Summary, Exhibit A).
 11. On [REDACTED] 2015, the Department reviewed the documentation. The Appellant provided some of the requested information. The Department sent another W-1348LTC form requesting additional financial statements, verification of certain transactions, proof of assets owned by the Appellant and/or the Applicant, and verification of all asset balances held on [REDACTED] 2014. The requested information was due by [REDACTED] 2015 (Hearing Summary, Exhibit A, Department's Exhibit E: W-1348LTC dated [REDACTED]/15).
 12. The Department mailed a copy of every W-1348LTC to the Appellant and the AREP (Department's Testimony).
 13. The Department did not receive any additional documentation from the Appellant or his representative after issuing the W-1348LTC on [REDACTED] [REDACTED] 2015 (Department's Testimony).
 14. Neither the Appellant nor his AREP submitted any verification that was requested on the W-1348LTC dated [REDACTED] 2015 (Hearing Record).
 15. On [REDACTED] 2015, the Department denied the application for Medicaid Long-term Care Assistance because it had not received any of the additional items requested and had not heard from the Appellant regarding an extension of the deadline. (Department's Exhibit G: Notice Content, [REDACTED]/15).

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”) § 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 § 1015.05 C states 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.
4. The Department was correct when it issued the W-1348LTC, Verification We Need form with a listing of outstanding information needed to determine eligibility.
5. UPM § 1505.40(B)(5)(a) provides that for incomplete applications, 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.
6. UPM § 1505.40(B)(5)(b) provides that an additional 10 day extension 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.
7. The Department correctly issued subsequent W-1348LTC’s on [REDACTED] 2014, [REDACTED] [REDACTED] 2015 and [REDACTED] [REDACTED] 2015, requesting additional information when the Appellant supplied at least one item of verification that was requested from the previous W-1348LTC.
8. UPM § 1505.35 (C)(1)(2) provides that a standard of promptness is established as the maximum time period for processing applications. For applicants applying for Medical Assistance on the basis of age; that standard is forty-five calendar days.
9. UPM § 1505.35 (D)(2)(b) provides that the Department determines eligibility within the standard of promptness except when verification needed to

establish eligibility is delayed and the client has been granted a 10 day extension to submit verification which has not elapsed.

10. UPM § 1505.40 (B)(1)(b)(1) provides that if the applicant failed to complete the application without good cause, cases are denied between the thirtieth day and the last day of the appropriate standard for processing the application.
11. The Department was correct when it denied the [REDACTED] 2014 application on [REDACTED] 2015 because it did not receive any requested items of verification in response to the W-1348LTC that it had issued on [REDACTED] 2015.

DISCUSSION

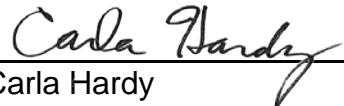
After reviewing the evidence and testimony presented, the Department's action to deny the Appellant's request for Medicaid is upheld.

The Appellant's Authorized Representative claimed good cause for not submitting the requested information because neither the Appellant nor the Authorized Representative received the W-1348 that was issued by the Department on [REDACTED] 2015. The AREP claimed that a snow storm that hit the area several days later could have prevented the W-1348LTC's from reaching its intended parties. The AREP did not provide evidence that the snow storm prevented both the Appellant and AREP from receiving the W-1348LTC.

The Department testified that W-1348's were mailed to the Appellant and his Authorized Representative. I find the Department's testimony to be credible. The Department was correct to deny the Appellant's request for Medicaid for failure to provide the necessary verification.

DECISION

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



Carla Hardy
Hearing Officer

Pc: Musa Mohamud, Operations Manager RO #10, Hartford;
Elizabeth Thomas, Operations Manager; RO #10, Hartford;
Liza Morais, Eligibility Services Specialist, RO #10, 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 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.

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 Ave. 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.