

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 #: 672039

NOTICE OF DECISION

PARTY

██████████  
C/o Atty. ██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, 2014, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") granting her LTC benefits effective ██████████ 2014.

On ██████████, 2015, the Appellant's Attorney requested an administrative hearing to contest the effective date of the LTC Medicaid benefits as determined by the Department.

On ██████████, 2015, OLCRAH issued a notice scheduling an administrative hearing for ██████████, 2015.

On ██████████ 2015, in accordance with sections § 17b-60, 17b-61 and § 4-176e to § 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████, Appellant's Daughter and Authorized Representative  
Attorney ██████████, Appellant's Attorney  
Barbara Connelly, Fairview of Fairfield Business Manager  
Evan Ballas, Fairview of Fairfield Social Worker  
Marilyn Phillips, Department's Representative  
Christopher Turner, Hearing Officer

The hearing record was left open for the submission of additional information. On [REDACTED], 2015, the record closed.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department determined the correct effective date of eligibility when it granted the Appellant's application for Long Term Care effective [REDACTED] 2014.

### **FINDINGS OF FACT**

1. On [REDACTED] 2013, the Department received an application for Medicaid Long Term Care ("LTC") assistance for the Appellant. (Exhibit 1: NOA dated [REDACTED]/13; Exhibit 2: W-1F application; Exhibit 6: Department's narrative page 1 of 10)
2. On [REDACTED], 2013, the Department denied the Appellant's [REDACTED]/13 LTC application. (Exhibit 1: NOA dated [REDACTED] 13; Exhibit 6: Page 1 of 10)
3. On [REDACTED], 2014, the Department received an application for LTC from the Appellant. (Exhibit 2B: W-1F application; Exhibit 6: Page 3 of 10; Hearing summary)
4. On [REDACTED] 2014, the Department denied the Appellant's application for LTC. (Exhibit 6: Page 5 of 10)
5. On [REDACTED], 2014, OLCRAH held an administrative hearing concerning the denial of the Appellant's [REDACTED]/13 LTC application. (Exhibit 6: Page 8 of 10)
6. On [REDACTED], 2014, the Appellant died. (Exhibit 6: Page 10 of 10)
7. On [REDACTED] 2014, the OLCRAH issued a hearing decision granting the Appellant's appeal of the Department's [REDACTED]/14 action. (Exhibit 6: Page 9 of 10)
8. On [REDACTED], 2014, the director of OLCRAH, Brenda Parrella, denied the Appellant's request for reconsideration of OLCRAH's [REDACTED]/14 decision. (Exhibit 7: Letter dated [REDACTED]/14)
9. On [REDACTED] 2014, the Department granted the Appellant's application for LTC effective [REDACTED], 2014. (Exhibit 5B: Grant letter; Hearing summary)
10. On [REDACTED], 2014, the Appellant's request for reconsideration of the [REDACTED]/14 decision was denied. (Exhibit 7: Letter dated [REDACTED]/14)
11. The Department granted the Appellant LTC for the months of [REDACTED] 2013, [REDACTED] 2013 and [REDACTED] 2013. (Testimony)

12. The Appellant's attorney is requesting a [REDACTED], 2013 effective date of LTC.  
(Testimony)

### **CONCLUSIONS OF LAW**

1. Section 17b-260 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Uniform Policy Manual ("UPM") § 1570.05 (H) (1) provides the request for a Fair Hearing must be made within a specified period of time from the date that the Department mails a notice of action. (a) For all programs except Food Stamps, this period is 60 days. (b) For the Food Stamp program, this period is 90 days.
3. UPM § 1570.05 (I) (1) provides the request for a Fair Hearing must be in writing for all programs except the Food Stamp program. In the Food Stamp program, the request for a Fair Hearing may be written or oral.
4. The Department correctly determined the Appellant requested a Fair Hearing on [REDACTED] 2015 based on the denial of her [REDACTED] 2014 application for LTC.
5. UPM § 1570.05 (C) (1) provides in part the Department denies or dismisses a request for a Fair Hearing, if: 1. The request for the Fair Hearing is not made within the time limits described in this section.
6. The consideration of the denial of the Appellant's [REDACTED], 2013 LTC application is not within the 60-day time limit.
7. UPM § 1570.25 (J) (6) provides in part that the Fair Hearing decision serves as a final resolution of the issue being contested unless the requester appeals to the court of jurisdiction.
8. UPM § 1570.25 (K) (4) provides in part that if reconsideration of a Fair Hearing decision is not warranted, no further action is required.



9. UPM § 1560.10 provides for Medicaid beginning dates of assistance and that the beginning date of assistance for Medicaid may be one of the following: A. 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 month; or B. The first day of the month of application when all non-procedural eligibility requirements are met during that month; or C. The actual date in a spenddown period when all non-procedural eligibility requirements are met. For the determination of income eligibility in spenddown, refer to Income Eligibility Section 5520; or D. The first of the calendar month following the month in which an individual is determined eligible when granted assistance as a Qualified Medicare Beneficiary (Cross Reference: 2540.94). The month of eligibility determination is considered the month that the Department receives all information and verification necessary to reach a decision regarding eligibility.
10. The Department correctly determined the Appellant is not eligible for LTC coverage from [REDACTED] 2013 through [REDACTED] 2013.
11. The Department correctly determined [REDACTED] 2013 as the effective date for LTC coverage for the Appellant.

#### **DISCUSSION**

Regulation provides that the beginning date of assistance for Medicaid is the first day of the month of application when all non-procedural eligibility requirements are met during that month or 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. The Department acted in accordance with state policy and regulation when it granted the Appellant's LTC application effective [REDACTED], 2014 as well as the three months prior. The Appellant's request for LTC coverage for the period of [REDACTED] 2013 through [REDACTED] 2013 is without merit and not in keeping with the established application date of [REDACTED] 10, 2014.

#### **DECISION**

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

*Christopher Turner*

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Christopher Turner  
Hearing Officer

Cc: Poonam Sharma, Operations Manager Bridgeport  
Marilyn Phillips, DSS

### **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 06105-3725.

### **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 06105-3725. 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.