

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVE.
HARTFORD, CT 06105-3725

[REDACTED] 2015
Signature Confirmation

Client ID # [REDACTED]
Request # 693264

NOTICE OF DECISION

PARTY

For: [REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2015, the Department of Social Services (the "Department") sent [REDACTED] (the "AREP"), Authorized Representative on behalf of [REDACTED] (the "Appellant") a Notice of Action ("NOA") denying her application for Medicaid under the Long Term Care Program ("LTC").

On [REDACTED] 2015, the AREP requested an administrative hearing on behalf of the Appellant to contest the decision to deny such benefits.

On [REDACTED] 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] 2015.

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], Authorized Representative for the Appellant
[REDACTED], Power of Attorney for the Appellant
Rachel Figueroa, Department's Representative
Lisa Nyren, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for Medicaid under the Long Term Care Program was correct.

FINDINGS OF FACT

1. On [REDACTED] 2015, [REDACTED] (the "AREP"), the authorized representative, applied for Medicaid under the Long Term Care Program ("LTC") on behalf of the Appellant. (Hearing Summary)
2. On [REDACTED] 2006, the Appellant appointed [REDACTED] (the "POA") as her attorney-in-fact. (Exhibit 4: Power of Attorney)
3. The Appellant named the AREP and the POA as her authorized representatives to assist with the application process. (Exhibit 3: W-1 LTC Application)
4. On [REDACTED] 2015, the Department mailed a W1348 *Verification We Need* form to the AREP. The Department requested the following verifications: property information, property sales contract, and property deed, identity verification, spouse's death certificate, medical insurance documentation, bank verification, asset information, life insurance verification, and income verification. The requested information was due by [REDACTED] 2015. (Exhibit 6: W1348 *Verification We Need* [REDACTED] 15)
5. The Department received some of the requested information. (Hearing Record)
6. On [REDACTED] 2015, the Department mailed a W1348 *Verification We Need* form to the AREP. The Department requested the following verifications: property information, property sales contract, and property deed, medical insurance form, bank verifications, assets information, and proof life insurance surrendered or assigned to funeral home. The requested information was due by [REDACTED] 2015. (Exhibit 7: W1348 *Verification We Need* [REDACTED] 15)
7. The Department did not receive the requested information by the [REDACTED] 2015 due date. (Department Representative's Testimony and Hearing Summary)
8. On [REDACTED] 2015, the Department mailed a W1348 *Verification We Need* form to the AREP. The Department requested the following verifications: property information, property sales contract, and property deed, medical

insurance form, bank verifications, assets information, and proof life insurance surrendered or assigned to funeral home. The requested information was due by [REDACTED] 2015. (Exhibit 8: W1348 *Verification We Need* [REDACTED]/15)

9. The Department did not receive the requested information by the [REDACTED] 2015 due date. (Department Representative's Testimony and Hearing Summary)
10. On [REDACTED] 2015, the Department denied the Appellant's application for Medicaid under the LTC program because the Department did not receive the required information necessary to determine Medicaid eligibility. (Exhibit 1: NOA [REDACTED]/15 and Hearing Summary)
11. On [REDACTED] 2015, the Department issued a NOA to the AREP on behalf of the Appellant. The notice stated the Department denied the Appellant's application for Medicaid under the LTC program effective [REDACTED] 2015 because you did not return all of the required verification we asked for. (Exhibit 1: NOA [REDACTED]/15)

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") § 1010 provides that the assistance unit, by the act of applying for or receiving benefits, assumes certain responsibilities in its relationship with the Department.
3. UPM § 1505.15(A)(1) provides that applicants may apply for and be granted assistance on their own behalf or, under certain conditions, be represented by other qualified individuals who act responsibly for them.

UPM § 1505.15(A)(4) provides that a responsible individual applying for assistance on the behalf of others must:

- a. Be familiar with household circumstances to the extent that questions concerning need and eligibility can be answered with reasonable accuracy;
- b. Have a basic understanding of the assistance program(s) for which application is being made;
- c. Understand the responsibilities which they assume;

- d. Be able to communicate with members of the assistance unit in order to obtain information and explain rights and responsibilities;
- e. Have an interest in the well-being of the entire assistance unit.

UPM § 1505.15(C)(1)(a)(3) provides for the following individuals are qualified to request cash or medical assistance, be interviewed and, complete the application process on the behalf of others who they represent: a conservator, guardian or other court appointed fiduciary.

UPM § 1505.15(C)(1)(b)(2) provides that if none of the above individuals are available, the following persons may file the application on the assistance unit's behalf: an authorized representative. (cross reference: 1525)

- 4. UPM § 1525.05(A) provides that an assistance unit may be represented in various aspects of the eligibility process by a responsible individual who has been given prior authorization to act as the assistance unit's representative.

UPM § 1525.05(C)(2) provides that an authorized representative must be designated in writing by one of the following individuals: in the AABD and MA programs, by the applicant, or if the applicant is a child, incompetent or incapacitated, by the parent, custodian, or court appointed fiduciary.

- 5. The Department correctly determined the POA and AREP as the Appellant's authorized representatives during the application process.
- 6. UPM § 1525.05(G) provides that the appointment of an authorized representative does not relieve the assistance unit of any responsibilities. Both the assistance unit and the representative may be held responsible for assistance improperly obtained through action by the authorized representative.
- 7. UPM § 3525.05(A)(1) provides that as a condition of eligibility, members of the assistance unit are required to cooperate in the initial application process and in reviews, including those generated by reported changes, redeterminations, and Quality Control. (Cross reference: Eligibility Process 1500) Applicants are responsible for cooperating with the Department in completing the application process by:
 - a. Fully completing and signing the application form; and
 - b. Responding to a scheduled appointment for an interview; and
 - c. Providing and verifying information as required.
- 8. 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 (cross reference: 1555).

UPM § 1540.10(A) provides that the assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.

9. 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.

UPM § 1015.05(C) provides 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.

10. On [REDACTED] 2015, the Department correctly sent the AREP a *W1348LTC We Need Verification from You* form requesting information needed to establish eligibility.

11. UPM § 1505.40(B)(5) provides for delays due to insufficient verification.

- a. 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.
- b. 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.

12. On [REDACTED] 2015, the Department correctly sent the AREP a *W1348LTC We Need Verification from You* form requesting information needed to establish eligibility.

13. On [REDACTED] 2015, the Department correctly sent the AREP a *W1348LTC We Need Verification from You* form requesting information needed to establish eligibility.

14. UPM § 1505.40(B)(1)(b) provides that if assistance cannot be granted: AFDC, AABD, and MA cases are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application.

UPM § 1505.40(B)(1)(c)(1) provides that the applicant's failure to provide required verification by the processing date causes: one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility.

15. UPM § 1505.35(D)(4) provides that processing standards are not used as the basis for denying assistance. Denial results from the failure to meet or establish eligibility within the applicable time limit.

UPM § 1505.35(C)(1)(d) provides that the following promptness standards are established as maximum time period for processing applications: ninety calendar days for AABD or MA applicants applying on the basis of disability.

16. The Department correctly denied the Appellant's application for Medicaid under the LTC program for failure to submit information needed to establish eligibility.

DECISION

The Appellant's appeal is denied.

Lisa A. Nyren
Hearing Officer

PC: Musa Mohamud, Social Services Office Manager
Elizabeth Thomas, Social Services Office Manager
Rachel Figueroa, Eligibility Services Worker

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 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.