

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

Request # 693300

Client ID # ██████████

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████ ██████████ (the "Appellant") a Notice of Action ("NOA") denying the Appellant's Medicaid application for Long Term Care ("LTC") benefits.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department's decision to deny the Appellant's Medicaid application.

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  
██████████, Appellant's Representative  
Michael Stebe, Department's Representative  
Christopher Turner, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny the Appellant's application for LTC due to failure to submit information needed to establish eligibility was correct.

## **FINDINGS OF FACT**

1. On [REDACTED] 2015, the Department received an application for Medicaid LTC Assistance from Zoraida Castillo of Spectrum Health Care of Hartford also known as Park Place Health Center. The signature page shows the Appellant's signed page 19 on [REDACTED]/15. (Exhibit A: Page 19 of 21 of W-1LTC; Exhibit C: Department's narrative; Hearing summary)
2. On [REDACTED], 2015, the Department sent the Appellant, Park Place, and Cardon Outreach a "We Need Verification" form ("W-1348LTC") requesting statements of three Sovereign Bank accounts from [REDACTED]/09, [REDACTED]/10, [REDACTED]/11 and the [REDACTED]/12 estate distribution, American Funds IRA contract from [REDACTED]/09, [REDACTED]/10, [REDACTED]/11 and [REDACTED]/25/12 estate distribution, Santander Bank from [REDACTED]/14 to present and details of four transactions, details of spouse's limited liability company, and proof of the face value and cash surrender value for Gerber Life Insurance policy and ING Life Insurance policy. A [REDACTED]/15 due date was given. (Exhibit B: W-1348LTC dated [REDACTED]/15; Exhibit C; Hearing summary)
3. On [REDACTED] 2015, [REDACTED] was appointed by the facility to be the Appellant's representative. (AREP's testimony)
4. On [REDACTED] [REDACTED] 2015, the Department had not received any requested verifications. (Exhibit C)
5. On [REDACTED] 2015, the Department denied the Appellant's LTC application for failure to return the information requested to determine eligibility. (Exhibit D: NOA dated [REDACTED]/15)
6. The Appellant's previous LTC application was denied [REDACTED]/15. (Exhibit C)
7. The Appellant testified he was not aware of his pending LTC application. (Appellant's testimony)
8. The Appellant's AREP testified he was not aware of the Appellant's pending LTC application. (AREP's testimony)

## CONCLUSIONS OF LAW

1. Section 17b-2 and § 17b-260 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”) § 1010.05 (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 benefits.

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 an Application Verification Requirement list 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; or c. the Department has assumed responsibility for obtaining verification and has had less than 10 days; or d. the Department has assumed responsibility for obtaining verification and is waiting for material from a third party.

UPM § 1505.35 (D) (3) provides processing standards are not used as a waiting period for granting assistance. Applications are processed with reasonable promptness as soon as the Department is able to make an eligibility determination.

UPM § 1505.35 (D) (4) provides 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 § 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.

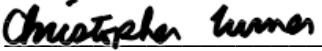
**The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility since no requested information was returned and good cause for obtaining requested verification does not exist.**

### **DISCUSSION**

After reviewing the evidence and testimony presented, the Department's action to deny the Appellant's LTC application is upheld. Regulation requires that an application must remain pending as long as the Appellant shows good cause for not providing at least one requested item before the given due date. Since the Appellant, his AREP and Cardon Outreach failed to submit one piece of requested information by the due date and did not establish good cause for not submitting requested information by the due date, the Department was correct to deny the Appellant's application. No steps were taken by the Appellant or his representative to obtain the requested information. In fact, the Appellant and his representative did not acknowledge an application was filed even though the LTC signature page shows the Appellant signed the application. Facts and the record do not substantiate the Appellant and the AREP's contention that they were not aware of the LTC application.

### **DECISION**

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

  
Christopher Turner  
Hearing Officer

Cc: Musa Mohamud, Operations Manager Hartford  
Michael Stebe, 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, 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 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.

### **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, if 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.