

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

██████████, 2015  
Signature Confirmation

Client ID # ██████████  
Request # 698895

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

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

On ██████████ 2015, ██████████ ("POA"), Power of Attorney and Authorized Representative requested an administrative hearing to contest the decision to deny such benefits.

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

On ██████████ 2015, the POA on behalf of the Appellant requested a continuance, which the Department granted.

On ██████████, 2015, the OLCRAH issued a notice scheduling the administrative hearing for August 7, 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:

██████████, Power of Attorney and Appellant's Representative  
 ██████████, Financial Counselor, Arden House and Witness for the Appellant  
 Attorney ██████████ Attorney for ██████████ at Arden House  
 Ni'ta Freeman, Department's Representative  
 Lisa Nyren, Hearing Officer

The record remained open for the submission of additional evidence. On ██████████  
 ██████████ 2015, the record closed.

### **STATEMENT OF THE ISSUE**

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

### **FINDINGS OF FACT**

1. On ██████████, 2013, Arden House (the "nursing home"), a nursing home admitted the Appellant to their facility. (Witness Testimony)
2. On ██████████, 2015, the Appellant applied for Medicaid under the LTC program for herself. (Hearing Record)
3. The Appellant appointed ██████████ (the "POA") as her Power of Attorney. (Hearing Record)
4. ██████████ ("Witness for the Appellant"), Financial Counselor at the nursing home assisted the POA and the Appellant with the application for Medicaid under LTC program. (Hearing Record)
5. On ██████████ 2015, the Department mailed a *W1348 Verification We Need* form ("W1348LTC") to the POA. The Department requested the following verifications: Wells Fargo Bank (the "bank") statements for accounts ending in ██████████, and ██████████ beginning ██████████ 2014. The Department enclosed a worksheet to verify bank deposit and bank withdrawal documentation. The requested information was due by ██████████ 2015. (Exhibit: 1: W1348LTC Verification We Need Form )
6. The Department received some of the requested information, specifically bank statements for 2014. (Exhibit 3: Case Narrative and Department Representative Testimony)

7. On [REDACTED] 2015, the Department mailed W1348LTC to the POA. The Department requested the following verifications: bank statements for accounts ending in [REDACTED] and [REDACTED] beginning [REDACTED] 2015. The Department enclosed a worksheet to verify bank deposit and bank withdrawal documentation. The requested information was due by [REDACTED] 2015. (Exhibit: 1: W1348LTC Verification We Need Form )
8. The Department received some of the requested information, specifically bank statements from [REDACTED] forward. (Exhibit 3: Case Narrative and Department Representative Testimony)
9. On [REDACTED], 2015, the Department mailed W1348LTC to the POA. The Department requested the following verifications: completion of enclosed worksheet to verify deposits and withdrawals. The requested information was due by [REDACTED], 2015. (Exhibit: 1: W1348LTC Verification We Need Form )
10. The Department received some of the requested information. (Exhibit 3: Case Narrative and Department Representative's Testimony)
11. On [REDACTED] 2015, the Department mailed W1348LTC to the POA. The Department requested the following verifications: completion of enclosed worksheet to verify deposits and withdrawals and the submission of copies of cancelled checks. See table below for list of outstanding verification requested by the Department. The requested information was due by [REDACTED] [REDACTED] 2015. (Exhibit: 1: W1348LTC Verification We Need Form and Exhibit B: W1348LTC Verification We Need and Worksheets [REDACTED]/15 )

Worksheet 1: bank account # [REDACTED]

Date	Deposit	Withdrawal	Check #
[REDACTED]-13	\$5,000.00		[REDACTED]
[REDACTED]-13		\$5,000.00	[REDACTED]
[REDACTED]-13	\$10,000.00		[REDACTED]
[REDACTED]-13		\$5,000.00	[REDACTED]
[REDACTED]-13		\$11,280.00	[REDACTED]
[REDACTED]-13		\$15,757.00	[REDACTED]
[REDACTED]-14		\$10,968.00	[REDACTED]
[REDACTED]-14		\$11,759.00	[REDACTED]
[REDACTED]-14	\$45,527.94		[REDACTED]
[REDACTED]-14		\$11,997.00	[REDACTED]
[REDACTED]-14		\$11,610.00	[REDACTED]
[REDACTED]-14		\$11,997.00	[REDACTED]
[REDACTED]-14		\$11,997.00	[REDACTED]
[REDACTED]-14		\$11,610.00	[REDACTED]
[REDACTED]-14	\$7,000.00		[REDACTED]
[REDACTED]-15	\$10,000.00		[REDACTED]

█-15		\$12,000.00	█
█-15	\$10,000.00		█
█-15		\$15,012.00	█

Worksheet 3: bank account # █

Date	Withdrawal
█/13	\$10,000.00
█/13	\$27,158.34

Worksheet 4: bank account # █ to █

Date	Withdrawal
█/13	\$5,000.00
█/13	\$5,000.00
█/13	\$5,000.00
█/13	\$5,000.00

Worksheet 5: bank account # █

Date	Deposit	Withdrawal
█-10		\$5,595.00
█-10	\$32,187.08	

12. On █ 2015, the Witness for the Appellant emailed the Department some of the requested information. The email included a 20-page attachment of copies of checks paid to the nursing home as requested by the Department and invoices from the nursing home, as listed in chart below, for the period █ 2013 through █ 2015. (Exhibit A: Email █/15 and attachments)

Check #	Check date	Invoice date	Amount
█	█-13		\$11,280.00
█	█-13		\$15,757.00
█		█-13	\$15,757.00
█	█-14		\$10,968.00
█		█-14	\$10,968.00
█	█-14		\$11,759.90
█		█-14	\$11,759.90
█	█-14		\$11,997.00
█		█-14	\$11,997.00
█	█-14		\$11,610.00
█		█-14	\$11,610.00
█	█-14		\$11,997.00
█		█-14	\$11,997.00
█	█-14		\$11,997.00

		█-14	\$11,997.00
	█-14		(\$11,610.00)
		█-14	\$11,610.00
	█-14		\$12,000.00
	█-15		\$15,012.00

13. On █ 2015, the Witness mailed a copy of the emailed attachments via United States Postal Service to the Department day. (Witness's Testimony)
14. The Witness is credible.
15. The Department did not receive the requested information. (Department Representative's Testimony and Hearing Summary)
16. On █ 2015, the Department denied the Appellant's application for LTC because she did not return all of the required verification. (Exhibit 3: Case Narrative, Exhibit 2: NOA █/15, Hearing Summary, and Department Representative's Testimony)
17. On █, 2015, the Department issued a NOA to the Appellant. The notice stated the Department denied the Appellant's application for LTC effective █ 2015 because you did not return all of the required verification we asked for. (Exhibit 2: NOA █/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") § 1505.10(D)(1) provides for AFDC, AABD and MA applications, except for the Medicaid coverage groups noted below in 1510.10(D)(2), the date of application is considered to be the date that a signed application form is received by any office of the Department.
3. The Department correctly determined the Appellant's date of application as █ 2015.
4. 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.

5. The POA represented the Appellant during the application process.
6. 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.
7. 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.

8. 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.

9. On ██████████, 2015, the Department correctly sent the POA *W1348 We Need Verification* forms requesting information needed to establish eligibility and allowing ten (10) days to submit the verification requested.
10. UPM § 1505.35(C)(1)(d) provides for the following promptness standards are established as maximum time periods for processing applications: ninety calendar days for AABD or MA applicants applying on the basis of disability.
11. UPM § 1505.35(D)(2) provides that the Department determined 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 assumed responsibility for obtaining verification and is waiting for material from a third party.
12. UPM § 1505.40(B)(5)(a) provides that 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.
- UPM § 1505.40(B)(5)(b) provides that 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.
13. On [REDACTED] 2015, the Department correctly granted a 10-day extension for submitting verification and issued a second W1348 Verification We Need form to the POA requesting outstanding information needed to determine eligibility. The new due date for the information was [REDACTED], 2015.
14. The Department received some of the requested information and on [REDACTED] [REDACTED] 2015, the Department correctly granted a 10-day extension for submitting verification and issued a third W1348 Verification We Need form to the POA requesting outstanding information needed to determine eligibility. The due date for the information was [REDACTED], 2015.
15. The Department received some of the requested information and on [REDACTED] [REDACTED] 2015, the Department correctly granted a 10-day extension for submitting verification and issued a fourth W1348 Verification We Need for to the POA requesting outstanding information needed to determine eligibility. The due date for the information was [REDACTED] 2015.
16. On [REDACTED] 2015, the Witness on behalf of the Appellant submitted some of the requested documentation to the Department before the [REDACTED], 2015 due date. The Department failed to grant an additional 10-day extension for submitting verification.

17. The Department incorrectly denied the Appellant's application for failure to submit information needed to establish eligibility.

**DECISION**

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

**ORDER**

1. The Department must reopen the Appellant's application for Medicaid under the LTC program effective [REDACTED], 2015 and continue to process eligibility.
2. The Department will issue a W1348LTC Verification We Need to the POA for any outstanding information needed to determine eligibility and allow a minimum of 10 days to submit the requested information.
3. Compliance with this order is due [REDACTED] 2015.

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Lisa A. Nyren  
Hearing Officer

PC: Lisa Wells, Social Services Operations Manager  
Brian Sexton, Social Services Operations Manager  
Bonnie Shizume, Social Services Program Manger  
Ni'ta Freeman, Eligibility Services Worker

[REDACTED], Esquire, [REDACTED]  
[REDACTED]



### **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.