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

[redacted] 2015
SIGNATURE CONFIRMATION

REQUEST #699858

CLIENT ID #[redacted]

NOTICE OF DECISION

PARTY

[redacted]
C/O [redacted]
[redacted]
[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2015, the Department of Social Services (the "Department"; or "DSS"), sent [redacted] (the "Appellant") a Verification We Need ("W-1348LTC") stating that the Department needed proof of certain information to decide if the Appellant was eligible for medical assistance under the Medicaid program, and that if she did not provide the proof by [redacted], 2015, her benefits may be delayed or denied.

On [redacted] 2015, the Appellant's representative, **Attorney** [redacted] requested an administrative hearing on behalf of the Appellant to contest the Department's delay in processing the Appellant's application for medical assistance under the Medicaid program.

On [redacted] 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice of Administrative Hearing scheduling a hearing for [redacted] 2015 @ 1:00 PM.

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 to address the Department's delay in processing the Appellant's application for medical assistance under the Medicaid program.

The following individuals were present at the hearing:

[redacted], Representative for the Appellant
Attorney [redacted] Counsel for the Appellant (By Telephone)

Jamie La Chapelle, Representative for the Department
Mathew Kalarickal, Observer
Hernold C. Linton, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether there was a delay in the processing of the Appellant's application for medical assistance under the Medicaid program.

FINDINGS OF FACT

1. On [redacted], 2014, the Department received the Appellant's application for medical assistance under the Medicaid program. (Hearing Summary; Dept.'s Exhibit A: W-1348LTC, dated [redacted]/14)

2. On [redacted] 2014, the Department sent the Appellant's representative a We Need Verification from You (Form "W-1348LTC") requesting information or verifications regarding her assets and financial transactions, needed to determine the Appellant's eligibility for medical assistance. (Hearing Summary; Dept.'s Exhibit A)

3. The W-1348LTC informed the Appellant and her representative of the outstanding verifications needed to process her application, and the due date of [redacted], 2014, by which to provide the requested information, or else her application would be denied. (Hearing Summary; Dept.'s Exhibit A)

4. On [redacted], 2014, the Appellant's representative provided the Department with information for review. (Hearing Summary)

5. On [redacted], 2014, the Department received information on the Appellant's bank accounts for review. (Hearing Summary)

6. On [redacted] 2014, the Department sent the Appellant's representative an Application Delay Notice stating it had received the Appellant's application on [redacted], 2014, required to complete the work on her case within 45 days, but have been unable to because more information was needed. (Appellant's Exhibit #1: [redacted]14 Application Delay Notice)

7. On [redacted] 2014, the Department reviewed the information submitted by the Appellant's representative. (Hearing Summary)

8. On [redacted] 2014, the Department sent the Appellant's representative a second W-1348LTC requesting information or verifications needed to determine the Appellant's eligibility for medical assistance. (Hearing Summary; Dept.'s Exhibit B: W-1348LTC, dated [redacted]/14)

9. The W-1348LTC informed the Appellant and her representative of the outstanding verifications needed to process her application for medical assistance, and the due date of [redacted], 2014, by which to provide the requested information, or else her application would be denied. (Hearing Summary; Dept.'s Exhibit B)

10. On [redacted] 2014, the Appellant's representative provided the Department with some of the information for review. (Hearing Summary)

11. On [redacted], 2014, the Appellant's representative provided the Department with additional information for review. (Hearing Summary)

12. On [redacted], 2014, the Department reassigned the case to a different worker, and a third W-1348LTC was sent to the Appellant's representative requesting additional information or verifications regarding her financial transactions by [redacted] 2014. (Hearing Summary; Dept.'s Exhibit C: W-1348LTC, dated [redacted]/14)

13. On [redacted], 2014, the Department received a phone call from the Appellant's representative stating that the information or verifications requested on the third W-1348LTC was previously provided to the Department. (Hearing Summary)

14. On [redacted] 2014, the Department informed the Appellant's representative that he needed to provide bank statements to support his handwritten notes submitted to verify the Appellant's financial transactions. (Hearing Summary)

15. The Appellant's financial transactions were co-mingled with her son's accounts and the Department needed verifications of deposits and withdrawals noted on the bank statements provided. (Hearing Summary)

16. For the period of [redacted] 2014 through [redacted] 2015, the Department sent the Appellant's representative ten (10) additional W-1348LTCs' requesting information or verifications regarding the Appellant's financial transactions, with a final due date of [redacted], 2015. (Hearing Summary; Dept.'s Exhibit N: W-1348LTC, dated [redacted]/15)

17. On [redacted] 2014, the Department received copies of deposit and withdrawal slips from Santander Bank. (Hearing Summary)

18. On [redacted] 2014, the Department received additional verifications from the Appellant's representative. (Hearing Summary)

19. On [redacted], 2015, the Department received an email from the Appellant's representative requesting clarification as to the Appellant's Citi pension and stating that another representative would be handling the case. (Hearing Summary)

20. On [redacted], 2015, the Department received an email from the Appellant's representative stating that the worker should have received copies of bank statements from Sovereign Bank directly, which the Department had not received. (Hearing Summary)

21. On [redacted], 2015, the Department sent the Appellant's representative a Transfer of Assets, Preliminary Decision Notice ("W-495A") stating that the Appellant transferred assets valued at $68,174.48 in order to qualify for assistance, and that she had until [redacted], 2015 to provide information that the transfer was for another reason, other than to qualify for assistance. (Hearing Summary; Dept.'s Exhibit O: W-495A, dated [redacted]/15)

22. The processing of the Appellant's application for Medicaid coverage has exceeded 45 days. (See Facts # 1 to 21; Hearing Summary)

23. The Department does not have sufficient information to determine eligibility. (See Facts # 1 to 22; Hearing Summary)

24. The Department has been requesting verifications regarding the Appellant's accounts at Santander Bank, since the beginning of the application process. (See Facts # 1 to 23; Hearing Summary)

25. The verifications provided by the Appellant's representative revealed newly discovered assets and/or accounts requiring the Department to request additional verifications and extending the due dates for providing the verifications. (See Facts # 1 to 24; Hearing Summary)

26. The Appellant's application for Medicaid benefits was still pending as of the date of this hearing. (Hearing Summary)

27. No eligibility determination is made when there is insufficient verification to determine eligibility, regardless of the standard of promptness.

28. The Department is still waiting for additional information regarding assets and financial transactions from the Appellant's representative to determine eligibility. (Hearing Summary)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes (CGS) authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.

2. Section 17b-260 of the Connecticut General Statutes authorizes the commissioner of social services to take advantage of the medical assistance

programs provided in Title XIX, entitled "grants to States for Medical Assistance Programs," contained in the Social Security Amendments of 1965.

3. UPM § 1505.35(A)(1) provides that prompt action is taken to determine eligibility on each application filed with the Department.

4. UPM § 1505.35(A)(2) provides that reasonable processing standards are established to assure prompt action on applications.

5. UPM § 1505.35(B) provides that the Department notifies applicants of:

    1. any actions taken on applications; and

    2. when applications are not acted upon within the established time limits.

6. UPM § 1505.35(C)(1) provides that the following promptness standards are established as maximum time periods for processing applications:

    c. forty-five calendar days for:

        (1) AFDC applicants; and

        (2) AABD or MA applicants applying on the basis of age or blindness;

    d. ninety calendar days for AABD or MA applicants applying on the basis of disability.

7. UPM § 1505.35(C)(2) provides that the first day of the processing period begins on the day following the date of application.

8. UPM § 1505.35(C)(3) provides that the standard of promptness has been met if by the last day of the processing standard the Department has:

    a. issued a notice of denial to the applicant, except that for FS cases, the Department has an additional seven days to issue the notice of denial; or

    b. issued benefits to the assistance unit either in check form or by deposit into a financial institution by the thirtieth day following the date of application.

9. 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.

10. UPM § 1505.35(D)(3) provides that 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. The Appellant's representative timely submitted at least one item of the verifications requested by the Department within each extension period, prompting the Department to grant additional 10 day extensions for submitting requested verifications, and further delaying the processing of the application.

17. The Department correctly delayed the processing of the Appellant's application because it could not determine eligibility based the information submitted as more information was needed.

18. The Department correctly sent the Appellant's representative multiple W-1348LTCs' listing the various verifications that were needed to determine the Appellant's eligibility for medical assistance as the policy allows the Department to exceed the standard of promptness when verification needed to establish eligibility is delayed and the applicant has been granted a ten day extension to provide the verification, as is the case in the Appellant's situation.

19. The Appellant's representative did provide the Department with the verifications as requested. However, the verifications would provide information that warranted further investigation requiring the Department to send additional W-1348LTC's and extending the due dates.

20. The Appellant's representative lack of promptness in providing a complete disclosure of all the Appellant assets and the co-mingling of her assets with her son's assets, equally contributed to the delay in the processing of the Appellant's application for Medicaid benefits.

21. The policy allows for eligibility determination to be delayed beyond the processing standard, if eligibility cannot be determined, or determining eligibility without the necessary information would cause the application to be denied.

22. The policy allows for the Department to continue processing the application until a decision regarding the Appellant's eligibility for Medicaid benefits could be made.

23. The Department correctly delayed the processing of the Appellant's application for medical assistance, as the Department did not have sufficient information

on the Appellant's assets and financial transactions to accurately determine her eligibility within the processing standard.

DISCUSSION

As a result of the Alvarez vs. Aronson lawsuit the Department made revisions to the policy and procedures concerning the process of verification, [See UP-90-26; UPM § P-1540.10(4); Verification and Documentation Guidelines, 10/90]. One of these changes was the requirement that a We Need Verification from You ("W-1348LTC") be used when requesting verifications from an applicant. This requirement was instituted to make sure that the applicant had a clear understanding of exactly what verification is needed, the due dates, and other acceptable forms of verifications. The policy also provides for the mailing of additional W1348 forms where some of the information previously requested has been provided. In the present case the Department did provide the Appellant's representative with a W-1348LTC each time; thus giving proper notice to the Appellant of what was needed to establish her eligibility.

The Appellant's representative did provide the Department with verifications regarding the Appellant's assets and financial transactions. However, the Department needed further clarification to verify the information that was submitted regarding the Appellant's assets and financial transactions. Consequently, the undersigned finds that the Department correctly delayed processing the Appellant's application for medical assistance to obtain necessary information to correctly determine the Appellant's eligibility.

DECISION

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

Hernold C. Linton

Hernold C. Linton
Hearing Officer

Pc: **Musa Mohamud, Elizabeth Thomas,** Social Service Operations Managers, DSS, R.O. #10, Hartford

Patricia Ostroski, Tricia Morelli, Social Service Program Managers, DSS, R.O. #10, Hartford

[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 06105-3725.

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. 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.