

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 # ██████████
Request # 713601

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 application for Medicaid Long Term Care Assistance program.

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

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 Spouse and Authorized Representative
Jacquelyn Mastracchio, Department's Representative
Swati Sehgal, Hearing Officer

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED] [REDACTED], 2015, the Applicant was admitted to Three Rivers. (Department's Summary)
2. On [REDACTED], 2015, the Appellant was discharged from Three Rivers.
3. On [REDACTED] 2015, the Department received an application for Long Term Care Medicaid assistance for the Appellant which listed the Appellant's spouse; [REDACTED] as authorized representative. (Hearing Record)
4. On [REDACTED] 2015, the Department sent [REDACTED] a W-1348LTC, Verification We Need form, requesting information needed to determine eligibility. The items requested were: copy of Medicare card; Proof of gross pension amount of the Appellant and his spouse; verification of any and all other income; bank statement for [REDACTED]/10, [REDACTED]/11, [REDACTED]/12, [REDACTED]-current for all open and closed bank accounts; verification of any and all asset. This form was sent to [REDACTED] at her listed address on the application. The due date for the requested information was [REDACTED] 2015. (Hearing Summary, Exhibit 2: W-1348LTC, 7/9/15)
5. The Appellant did not submit any of the requested verifications to the Department. (Appellant's testimony)
6. On [REDACTED] 2015, the Department denied the Appellant's Long Term Care Medicaid Application for the reason, "You did not return all of the required verification we asked for". (Hearing Summary, Exhibit 3 and 4: Notice of Action dated [REDACTED]/15)
7. On [REDACTED], 2015, the Appellant contacted the Department regarding denial notice and informed the Department of his new address.(Hearing Summary and Appellant's testimony)
8. On [REDACTED] 2015, the Department sent the Appellant another W1348; Verification We Need Form and a W1408; Landlord verification form to his new reported address.(Hearing Summary and Department's testimony)
9. On [REDACTED], 2015, the Appellant reapplied for Medicaid. (Hearing Summary)

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 which the Department requires to determine eligibility and calculate the amount of benefits.
3. 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.
4. The Department correctly sent to the Appellant application requirements lists requesting information needed to establish eligibility.
5. 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: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed.
6. UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, 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.
7. 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.
8. The Appellant failed to submit at least one item of verification within the extension period.

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

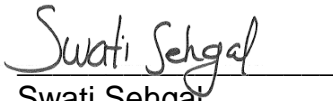
DISCUSSION

After reviewing the evidence and testimony presented, the Department's action to deny the Appellant's request for Medicaid is upheld.

The Appellant failed to provide any of the requested verifications to the Department before the deadline. The Appellant explained that W1348 LTC was never received. The Department argued that it was sent to [REDACTED], his Authorized Representative at her listed address on the application submitted on [REDACTED] 2015. Appellant confirmed that address listed on the application for [REDACTED] was incorrect. The Appellant further added that they moved in [REDACTED] and are in process of moving soon. The Appellant was advised to inform the Department of his new address any time he moves in future.

DECISION

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


Swati Sehgal
Hearing Officer

Cc: Cheryl D. Parsons, Social Services Operations Manager, Norwich R.O. 40
Jacquelyn Mastracchio, 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 06105-3725.

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.