

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

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

Client ID # ██████████
Request # 718938

NOTICE OF DECISION

PARTY

██████████
C/O ██████████
██████████
████████████████████

PROCEDURAL BACKGROUND

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

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department's 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 Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice rescheduling the administrative hearing for ██████████ 2015.

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

██████████ Appellant's son, Authorized Representative ("AREP"),
 Conservator of Estate
 Ilirjana Sabani, Department's Representative
 Miklos Mencseli, Hearing Officer

The Appellant was not present.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's LTSS application because of failure to submit information needed to establish eligibility.

FINDINGS OF FACT

1. The Appellant is a █████ year old widowed female residing at █████ Health Center. (Summary, Exhibit A: Department's Case Narrative printout)
2. On █████ 2015, the Department received the Appellant's application for LTSS benefits. (Summary, Exhibit A)
3. The Appellant's son, █████ is the Authorized Representative ("AREP"). (Summary, Testimony)
4. On █████ 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by █████ 2015.
 (Summary, Department's Exhibit B: W-1348LTC dated █████-15)
5. On █████ 2015, the Department received verifications for the Appellant (Summary, Exhibit A)
6. On █████ 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by █████ 2015.
 (Summary, Department's Exhibit B: W-1348LTC dated █████-15)
7. On █████ 2015, the Department received verifications for the Appellant (Summary, Exhibit A)

8. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
9. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
10. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
11. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
12. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
13. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
14. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
15. [REDACTED] 2015, The AREP spoke with the Department and reported verifications mailed out today. AREP advised verifications need to be received by due date or case will be denied. (Summary, Exhibit A)
16. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
17. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the

Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)

18. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
19. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED] 15)
20. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
21. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
22. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
23. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
24. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
25. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015.
(Summary, Department's Exhibit B: W-1348LTC dated [REDACTED] 15)

26. On [REDACTED] 2015, the Appellant's AREP called to request an extension to provide verifications. The AREP was granted an extension to [REDACTED] 2015. (Summary, Exhibit A)
27. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
28. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015. (Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
29. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
30. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015. (Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
31. On [REDACTED] 2015, the Department received verifications for the Appellant. (Summary, Exhibit A)
32. On [REDACTED] 2015, the Department sent the Appellant's AREP a W-1348LTC verification form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 Long Term Care benefits in any month which counted assets exceed \$1,600.00. The information was due by [REDACTED] 2015. (Summary, Department's Exhibit B: W-1348LTC dated [REDACTED]-15)
33. The Department did not receive verifications from the AREP as of the due date of [REDACTED] 2015. (Summary, Exhibit A)
34. On [REDACTED] 2015, the Department received the W-1348LTC with the due date of [REDACTED] 2015. The form had notes from the AREP stating that the bank statement for a Bank of America account is coming and he asked the Attorney to wrap up the accounting. (Summary, Exhibit F: W-1348LTC with notes)

35. The hand written notes do not constitute as providing verifications to process the Appellant's application. No verifications were submitted from the W-1348LTC list. (Exhibit A, Record)
36. On [REDACTED] 2015, the Department, having received no verifications or other response from the Appellant's AREP, denied the Appellant's application for medical assistance for failure to provide information necessary to establish eligibility. (Exhibit C: NOA dated [REDACTED]-15)
37. On [REDACTED] 2015, the Appellant's AREP requested a fair hearing regarding the Department's denial of medical assistance. (Record)
38. On [REDACTED] 2015, the Department received verifications from Attorney [REDACTED] office. It contained a financial report and Probate court inventory. (Exhibit G: attachments received [REDACTED]-15)
39. On [REDACTED] 2015, the Department received verification of the Appellant's monthly gross pension amount for her [REDACTED] pension. (Exhibit H: pension letter dated [REDACTED] 2015)
40. As of the hearing date, the Department has not received a new application for the Appellant. (Record)
41. The Appellant's AREP believes all the verifications have been submitted. (Record)
42. The Appellant's AREP was waiting for another W-1348LTC from the Department. (Record)
43. The Appellant's AREP turned over the matter to Attorney [REDACTED] after receiving the denial notice dated [REDACTED] 2015. (Record)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
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 the Appellant's AREP verification request form requesting information needed to establish eligibility.
5. The Appellant's AREP did provide the information as the Department requested to establish eligibility for the medical assistance program.
6. The Department correctly continued to send the verification request forms to the AREP as he was providing verifications to the Department.
7. 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.
8. 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.
9. The Department did receive at least one item of verification it requested until [REDACTED] 2015. .
10. 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.
11. The Department correctly did not provide the Appellant's AREP an additional 10 day extensions as it did not receive at least one item of verification.
12. UPM Section 1555.10 (A)(1)(2) provides that under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable. If good cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period.

13. The Appellant's AREP did not establish good cause as to why the requested information was not submitted by the due date.
14. UPM Section 1545.05(D)(1) provides that if the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to:
 - a. income amounts;
 - b. asset amounts.
15. The Appellant's AREP did not provide the Department with the requested verifications.
16. The Department correctly denied the Appellant's [REDACTED] 2015 medical assistance application on [REDACTED] 2015, for failure to provide information necessary to establish eligibility.

DISCUSSION

The Appellant's AREP did not establish good cause for failure to provide requested verifications. The Department correctly followed its procedural and eligibility requirements in processing the Appellant's application. The Department correctly sent the Appellant's AREP a verification request form. The AREP belief is he provided all the requested verifications. The Department could not determine eligibility without receiving all the requested verifications.

DECISION

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



Miklos Mencseli
Hearing Officer

C: Musa Mohamud, Operations Manager, Hartford DSS R.O. # 10

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.