

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

██████████ 2016
SIGNATURE CONFIRMATION

Client ID # ██████████
Request # 738804

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 benefits.

On ██████████ 2015, the Appellant’s Power of Attorney (“POA”) requested an administrative hearing to contest the Department’s decision to deny the Appellant’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 ██████████ 2016, the Appellant’s POA requested that the administrative hearing be rescheduled.

On ██████████ ██████████ 2016, the OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, 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:

██████████, POA for Appellant
Matthew Lenczewski, Eligibility Services Worker, Department's Representative
Megan Leblond, Eligibility Services Worker, Department's Representative
Roberta Gould, Hearing Officer

At the Department's request, the hearing record remained open for the submission of additional evidence. On ██████████ 2016, the record closed.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. The Appellant was admitted to Cassena Care long-term care facility on ██████████ 2015. (Exhibit 3: W-1LTC Application form)
2. On ██████████ 2015, the Department received an application for Medicaid Long Term Care Assistance for the Appellant. (Exhibit 3 and Hearing summary)
3. On ██████████ 2015, the Department sent a W-1348 Verification We Need form to the Appellant and her POA requesting documentation for the Appellant's Merritt Federal Credit Union, Putnam County Savings and Wells Fargo bank accounts, her Wells Fargo money market account, her AT&T life insurance policy, and her Wells Fargo reverse mortgage. The due date for the information was ██████████ 2015. (Exhibit 4: W-1348 dated ██████████/15 and Hearing summary)
4. On ██████████ 2015, the Department received some of the requested information. (Hearing summary)
5. On ██████████ 2015, the Department sent a W-1348 Verification We Need form to the Appellant and her POA requesting bank account documentation, AT&T stock information, life insurance policy information, and Wells Fargo Reverse mortgage information. The due date for the information was ██████████ 2015. (Exhibit 8: W-1348 dated ██████████/15 and Hearing summary)
6. On ██████████ 2015, the Department received some of the requested verifications. (Hearing summary)
7. On ██████████ 2015, the Department sent a W-1348 Verification We Need form to the Appellant and her POA requesting bank account documentation,

AT&T stock information, life insurance policy information, and Wells Fargo reverse mortgage information. The due date for the information was [REDACTED] 2015. (Exhibit 9: W-1348 dated [REDACTED]/15 and Hearing summary)

8. On [REDACTED], 2015, the Department received some of the requested information. (Hearing summary)
9. On [REDACTED], 2015, the Department sent a W-1348 Verification We Need form to the Appellant and her POA requesting more bank account documentation, AT&T stock information, life insurance policy information, and Wells Fargo reverse mortgage information. The due date for the information was [REDACTED], 2015. (Exhibit 10: W-1348 dated [REDACTED]/15 and Hearing summary)
10. On [REDACTED], 2015, the Department received some of the requested information. (Department's testimony and POA's testimony)
11. On [REDACTED], 2015, the Department sent a W-1348 Verification We Need Form to the Appellant and her POA requesting documentation of bank accounts, AT&T stock information, life insurance policy information, and Wells Fargo reverse mortgage information. The due date for the information was [REDACTED], 2015. (Exhibit 13: W-1348 dated [REDACTED]/15 and Department's testimony)
12. The Department did not receive any reply or documentation from the Appellant or her POA in response to the Department's [REDACTED], 2015, request for information by the due date of [REDACTED], 2015. (Appellant's POA's testimony, Department's testimony and Hearing summary)
13. On [REDACTED], 2015, the Department denied the Appellant's application for failure to provide documentation to determine eligibility. (Exhibit 12: Notice of Denial, Exhibit 11: Assistance Status screen and 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 the Appellant and her POA 1348LTC request for verifications 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:
 - 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.
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. The Department correctly sent to the Appellant and her POA requests for additional documentation when it received some, but not all of the requested verifications for the Appellant's application.
8. 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.
9. The Appellant nor her POA responded to the last request for verifications with any information before the [REDACTED], 2015, deadline.

10. The Appellant or her POA did not request an extension from the Department for additional time to submit the verifications.
11. The Appellant and her POA did not show good cause or circumstances beyond their control in regards to their failure to submit the verification within the time limits.
12. The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility.

DECISION

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

Roberta Gould
Roberta Gould
Hearing Officer

Pc: Musa Mohamed, Social Services Operations Manager, DSS Hartford R.O.
Elizabeth Thomas, Social Services Operations Manager, DSS Hartford R.O.
Patricia Ostroski, Social Services Program Manager, DSS Hartford R.O.
Tricia Morelli, Social Services Program Manager, DSS Hartford R.O.
Matthew Lenczewski, Eligibility Services Worker, DSS Hartford R.O.
[REDACTED] POA

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 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. 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/her 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.