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

[redacted] 2016
SIGNATURE CONFIRMATION

REQUEST #751755

CLIENT ID #[redacted]

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2015, the Department of Social Services (the "Department"; or "DSS"), sent [redacted] (the "Appellant") a Notice of Denial stating that her application for medical assistance under the Medicaid program had been denied, because she did not return all of the required verifications requested.

On [redacted] 2016, the Appellant's representative, [redacted], requested an administrative hearing on behalf of the Appellant to contest the Department's denial of the Appellant's application for medical assistance.

On [redacted], 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice of Administrative Hearing scheduling a hearing for [redacted] 2016 @ 1:30 PM to address the Department's denial of the Appellant's application for medical assistance.

OLCRAH granted the Appellant's Representative two continuances.

On [redacted] 2016, 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 denial of the Appellant's application for medical assistance.

The following individuals were present at the hearing:

[redacted], Conservator for the Appellant
[redacted], Co-Conservator/Witness for the Appellant

Janice Scricca, Representative for the Department
Hernold C. Linton, Hearing Officer

The hearing record was closed on [redacted], 2016.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant failed, without good cause, to provide the Department with requested verification or information necessary to establish her eligibility for medical assistance under the Medicaid program.

FINDINGS OF FACT

1. On [redacted], 2014, the Appellant was admitted to Countryside Manor of Bristol for long-term care ("LTC"). (Dept.'s Exhibit #1: W-1 LTC)

2. On [redacted] 2015, the Department received the Appellant's application for medical assistance under Medicaid program. (Hearing Summary; Dept.'s Exhibit #1)

3. The Department sent the Appellant's representatives a Verification We Need (Form "W-1348") with addendum attached requesting information or verifications regarding the Appellant's financial transactions (bank statements, deed to home, and verification of stock liquidation) needed to determine her eligibility for medical assistance by [redacted] 2015. (Dept.'s Exhibit #2: [redacted]/16 W-1348)

4. On [redacted] 2015, the Department sent the Appellant's representatives an Addendum to the W-1348 requesting information or verifications regarding the Appellant's financial transactions (bank statements, property appraisal, HUD 1 statement for property sold, and verification of stock liquidation) needed to determine her eligibility for medical assistance by [redacted] 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

5. On [redacted] 2015, the Department sent the Appellant's representatives an Addendum to the W-1348 requesting information or verifications regarding the Appellant's financial transactions (bank statements, property appraisal, HUD 1 statement for property sold, verification of stock liquidation, and documents from Probate Court) needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

6. On [redacted] 2015, the Department sent the Appellant's representatives an Addendum to the W-1348 requesting information or verifications regarding the Appellant's financial transactions (bank statements, property appraisal, HUD 1 statement for property sold, verification of stock liquidation, and tax returns for 2010 through 2015) needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

7. On [redacted] 2015, the Department sent the Appellant's representatives an Addendum to the W-1348 requesting information or verifications regarding the Appellant's financial transactions (bank statements, appraisal for property sold, last will and testament, and tax returns for 2010 through 2015) needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

8. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#10) requesting information or verifications regarding the Appellant's financial transactions (bank statements, reverse mortgage contract, appraisal for property sold, last will and testament, and tax returns for 2011 through 2015) needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

9. On [redacted] 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#11) requesting information or verifications regarding the Appellant's financial transactions (bank statements, reverse mortgage contract, appraisal for property sold, last will and testament, and tax returns for 2011 through 2015) needed to determine her eligibility for medical assistance by [redacted] 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

10. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 requesting information or verifications regarding the Appellant's financial transactions (W-495A regarding possible transfer of $197,520.00) needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

11. On [redacted] 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#12) requesting information or verifications regarding the Appellant's financial transactions needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

12. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#13) requesting information or verifications regarding the Appellant's financial transactions needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

13. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#13-Extension) requesting information or verifications regarding the Appellant's financial transactions needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

14. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#14) requesting information or verifications regarding the Appellant's financial transactions needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

15. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#15) requesting information or verifications regarding the Appellant's financial transactions needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

16. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#16) requesting information or verifications regarding the Appellant's financial transactions needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

17. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#17) requesting information or verifications regarding the Appellant's financial transactions needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

18. On [redacted], 2015, the Department sent the Appellant's representatives an updated Addendum to the W-1348 (#18) requesting information or verifications regarding the Appellant's financial transactions needed to determine her eligibility for medical assistance by [redacted], 2015. (Dept.'s Exhibit #2: [redacted]/15 Addendum to 1348)

19. The W-1348 informed the Appellant's representatives of the outstanding verifications needed to process her application for medical assistance, and the due date by which to provide the requested information, or else her application may be delayed or denied. (Dept.'s Exhibit #2)

20. The W-1348 informed the Appellant's representatives to call the Department, if assistance or more time were needed to obtain the requested information. (Dept.'s Exhibit #2)

21. The Appellant's representatives did not provide the Department with the requested information by the final due date of [redacted], 2015. (Hearing Summary)

22. There is no evidence that the Appellant's representatives requested an extension of the final due date by which to provide the Department with the outstanding

information needed to process the Appellant's application for medical assistance. (See Facts # 1 to 21)

23. There is no evidence that the Appellant's representatives requested the Department's assistance in securing the outstanding information needed to process the Appellant's application for medical assistance. (See Facts # 1 to 22)

24. On [redacted], 2015, the Department denied the Appellant's application for medical assistance under the Medicaid program for failure to provide all of the required verification requested. (See Facts # 1 to 23; Hearing Summary)

25. The Appellant's representatives claimed that they thought their attorney was cooperating with the Department in providing the requested information. (Testimony of Appellant's Representatives)

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 the Department 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 § 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.

4. UPM § 1010.05(A)(2) provides that the assistance unit must permit the Department to verify information independently whenever the unit is unable to provide the necessary information, whenever verification is required by law, or whenever the Department determines that verification is necessary (Cross reference: 1540).

5. The Appellant's representatives did not provide the Department with verification regarding her financial transactions by the specified final due date of [redacted], 2015.

6. 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.

7. 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.

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

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

10. UPM § 1505.35(D)(1) provides that the Department determines eligibility within the standard of promptness without exception for the FS program.

11. 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.

12. UPM § 1505.40(A)(1) provides that prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits.

13. 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.

14. The Department did not receive the requested information needed to determine the Appellant’s eligibility for medical assistance, by the final due date.

15. UPM § 1540.10 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.

16. UPM § 1540.10(C)(2)(c) provides that the Department obtains verification on behalf of the assistance unit when the assistance unit requested the Department's help in obtaining the verification.

17. The Department did send follow up Addendum to the W-1348 to the Appellant's representatives, when the Department did not receive all of the requested information needed to determine the Appellant's eligibility for medical assistance.

18. The Appellant's representatives failed to contact the Department to request assistance in obtaining the requested verifications, or an extension of the final due date by which to provide the requested verifications.

19. The Appellant's representatives did receive proper notice of the outstanding information needed prior to the Department's denial of the Appellant's application for medical assistance.

20. The Department did not have sufficient information to determine the Appellant's eligibility for medical assistance.

21. The Department correctly denied the Appellant's application for medical assistance, for failure to provide requested information, as the Appellant's representatives failed to submit requested information needed to determine her eligibility, within the specified time frame, or prior to the Department's denial of her application.

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 Verification We Need (Form "W-1348") 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 representatives with W-1348's; thus giving proper notice of what information was needed to determine the Appellant's eligibility.

The Appellant's representatives did not provide the Department with the outstanding verification regarding the Appellant's financial transactions. The Department did provide the Appellant's representatives with written requests to provide the information that was needed. Consequently, the undersigned finds that the Department correctly denied the Appellant's application for medical assistance, for failure to provide requested verification needed to determine her eligibility.

The Appellant has to reapply for medical assistance as soon as possible, and to provide the Department with the requested information needed to determine her eligibility.

DECISION

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

Hernold C. Linton

Hernold C. Linton
Hearing Officer

Pc: **Phil Ober,** Social Service Operations Manager,
DSS, R.O. #52, New Britain

Patricia Ostroski, Social Service Program Manager,
DSS, R.O. #52, New Britain

Fair Hearing Liaisons,
DSS, R.O. #52, New Britain

[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.