

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 # 752007

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying benefits to ██████████ (the "Applicant") under the Medicaid for Long Term Care program.

On ██████████ 2016, the ██████████, the Applicant's brother and Conservator of both person and estate, requested an administrative hearing to contest the Department's decision to deny such benefits.

On ██████████ ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 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. The following individuals were present at the hearing:

██████████, the Appellant, brother and conservator the Applicant,
██████████
Michelle Massicotte, DSS Fair Hearing
Maureen Foley-Roy, Hearing Officer

The hearing record remained open for the submission of additional evidence.
The hearing record closed on ██████████, 2016.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Applicant's application for medical assistance for failing to provide information was correct.

FINDINGS OF FACT

1. On [REDACTED] 2015, the Appellant was appointed conservator of both person and estate of his sister, the Applicant. (Exhibit 3: Probate Court Certificate of Conservatorship)
2. The Applicant had a court appointed attorney who represented her interests at the Conservatorship Hearing only. (Appellant's Exhibit A: Letter from Attorney [REDACTED] dated [REDACTED] 2016)
3. The Applicant has an annuity fund held in escrow with an attorney. (Exhibit 4: W1-LTC Application for Long Term Care signed [REDACTED], 2016)
4. On [REDACTED] 2015, the Department denied an application for HUSKY C Medical assistance for failing to provide information. (Exhibit 7: Denial Notice of [REDACTED] 2015)
5. On [REDACTED] 2015, the Appellant requested a hearing on the denial of Medical assistance and a hearing was scheduled for [REDACTED] 2015. (Exhibit 6: Hearing Notice dated [REDACTED], 2015)
6. On [REDACTED], 2016, the Appellant withdrew his hearing request on the denial of medical assistance. (Exhibit 5: Letter of Resolution)
7. On [REDACTED], 2015, the Appellant submitted a new application for Medical assistance for long term care. (Exhibit 4)
8. On [REDACTED], 2015, the Department sent form W1348, Verification We Need list requesting seven items required to determine eligibility to the Conservator/Appellant. (Exhibit 1: W-1348LTC dated [REDACTED], 2016)
9. The Department did not receive any of the items requested on the W1348-Verification We Need form and was not contacted by the Appellant. (Department representative's testimony)
10. On [REDACTED] 2016, the Department denied the application for medical assistance because it had not received any of the seven items listed on

the Verification We Need list and had not had any contact from the Appellant. (Exhibit 2: Notice of Denial)

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 § 1015.05 C states 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.
4. The Department was correct when it issued the W1348-Verification We Need form with a listing of outstanding information needed to determine eligibility.
5. UPM § 1505.35 C1 c(2) provides that a standard of promptness is established as the maximum time period for processing applications. For applicants for Medical Assistance on the basis of age; that standard is forty-five calendar days.
6. UPM § 1505.40 B 5 a (1) and (2) provide that regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the Department has requested verification and 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 an additional 10 day extension 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. UPM § 1505.40 B.1 (b) (1) provides that if the applicant failed to complete the application without good cause, cases are denied between the thirtieth day and the last day of the appropriate standard for processing the application.

9. The Department was correct when it denied the Appellant's application because it had not received even one of the items requested to determine eligibility by the due date.

DISCUSSION

The Appellant has been appointed conservator of person and estate for his sister, the Applicant. He and his family have retained other attorneys to assist in various matters. The Appellant listed on the application the name only (no contact information) of an attorney who holds the Applicant's annuity in escrow. The only other reference to additional attorneys came after the application had been denied when the Appellant listed the name and phone number of an attorney on the hearing request. The Appellant testified that the Department should have contacted the other attorneys to obtain the information necessary to determine eligibility and process the Medicaid application. But as his sister's conservator, he was ultimately responsible for completing the application. The undersigned finds no indication that the Appellant requested assistance from the Department in obtaining the requested information or notified the Department that other attorneys were available for assistance until after the application was already denied. The Department correctly denied the application for Medicaid for Long Term Care because the Appellant had not sent in the information necessary to determine eligibility.

DECISION

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

ORDER

Maureen Foley-Roy
Maureen Foley-Roy,
Hearing Officer

CC: Poonam Sharma, Fred Presnick, DSS Operations Managers, Bridgeport
Yecenia Acosta, Cheryl Stuart, DSS Program Managers, Bridgeport
Michelle Massicotte, Fair Hearing Liaison, DSS, Bridgeport

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.