

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 # 754527

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying her application for Medicaid Long Term Care Assistance program.

On ██████████ 2016, 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 ██████████ 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, 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's POA and daughter  
██████████, Appellant's son  
Donna Migiano, Witness  
Angela Querette, Department's Representative, by phone  
Barbara Brunner, Department's Representative  
Scott Zuckerman, Hearing Officer

## **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 submit information needed to establish eligibility was correct.

## **FINDINGS OF FACT**

1. On [REDACTED] 2015, the Department received an application for Long Term Care Medicaid assistance for the Appellant. (Hearing Summary, Exhibit 5: Case narrative [REDACTED]/15)
2. On [REDACTED] 2015, the Department sent the Appellant's POA a W-1348 LTC, We Need Verification from You form, requesting information needed to determine eligibility. Among the items requested were five years of bank statements from Union savings bank accounts ending in [REDACTED] and [REDACTED] verification of face and cash value of NY Life Policy ending in [REDACTED] and AARP – NY Life policy ending in [REDACTED]. The due date for the requested information was [REDACTED] 2016. (Exhibit 2: W-1348LTC, [REDACTED]/15, Exhibit 6: Case narrative, [REDACTED]/15)
3. On [REDACTED], 2015, the Department reviewed the verifications that were submitted. The Department sent the Appellant's POA a W-1348LTC requesting five years of bank statements for Union Savings account ending in [REDACTED] certain bank statements for account ending in [REDACTED] face / cash surrender values for the NY Life and AARP NY life policies. The due date for the requested items was [REDACTED] 2015. (Exhibit 3: W-1348LTC, [REDACTED]/15, Exhibit 6: Case narrative, [REDACTED]/15)
4. On [REDACTED] 2015, the Department reviewed submitted verifications. The Department sent the Appellant's POA a W-1348 LTC requesting five years of bank statements for account # [REDACTED] bank statements for account [REDACTED] for [REDACTED]/15 onward, face / cash surrender values for the NY Life and AARP NY life policies. The due date for the requested items was [REDACTED] 2016. (Exhibit 4: W-1348LTC, [REDACTED]/15, Exhibit 6: Case narrative, [REDACTED]/15)
5. Sometime in [REDACTED] 2015, Union Savings Bank informed the Appellant's POA that the Appellant had only the one account which ended in [REDACTED]. The Appellant requested verification from the bank. (Appellant's POA testimony)
6. On [REDACTED] 2015, the Appellant's POA contacted the Department and requested an extension to obtain the requested verifications regarding the life insurance policies, as well as a statement from the bank indicating

the only Appellant has one account at the bank. The Department granted the extension with a new due date of ██████████ 2016. (Department's testimony, Exhibit 6: Case narrative ██████████/15)

7. On ██████████, 2016, the Department reviewed submitted verifications. The Department sent the Appellant's POA a W-1348LTC requesting statements for account # ██████████ cash / face values of two life insurance policies, and additional statements from bank account # ██████████. The due date for the requested items was ██████████ 2016. (Exhibit 5: W-1348LTC, ██████████/16, Exhibit 6: Case narrative, ██████████/16)
8. On ██████████ 2016, 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". (Exhibit 1: Notice of Denial, ██████████/14)
9. On ██████████ 2016, the Appellant's POA reapplied for Long Term care Medicaid assistance. (Appellant's testimony, Department's Testimony)
10. On ██████████ the Appellant's POA requested an Administrative Hearing on the denial of the ██████████ 2016 application. (Hearing Record)
11. On ██████████ 2016, the Department sent the Appellant's POA a W-1348LTC requesting bank statements for Union Savings accounts # ██████████ and # ██████████ verification of face / cash surrender values for NY Life policy # ██████████ and AARP NY Life policy # ██████████. The due date for the requested items was ██████████/16. (Exhibit 8: W-1348, ██████████/16)
12. On ██████████ 2016, the Appellant's POA provided to the Department the requested verification of AARP Life policy ██████████ and a letter from Union Savings Bank verifying the Appellant has one account and that # ██████████ is a routing number. (Appellant's testimony, Exhibit 7: Letters from AARP / New York Life and Union Savings Bank)

### **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's POA, 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 or the Appellant's POA did not submit any of the requested verifications or request an extension by the due date for of [REDACTED], 2016.
9. Because the Appellant's representative did not submit the requested information or have good cause for failure to do so, the Department correctly denied the Appellant's [REDACTED] 2015 application on [REDACTED] 2016, 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.

Regulations provide that an application must remain pending as long as the Department receives one of the requested verifications before the deadline. The Department did not receive any verifications requested on the fourth request dated

██████████ 2016. The Application was denied on ██████████ 2016, after not receiving any of the requested items or a request for an extension.

The Appellant's POA reapplied for Medicaid on behalf of the Appellant on ██████████ 2016 and provided the information on ██████████ 2016. As of the date of the hearing the Department was continuing to process the ██████████ 2016 application. However, the Department was correct to deny the Appellant's ██████████ 2015 application for Medicaid for failure to provide the necessary verification.

### **DECISION**

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

  
Scott Zuckerman  
Hearing Officer

Cc: Carol Sue Shannon, Operations Manager, DSS, Danbury Regional Office  
Barbara Brunner, Fair Hearing Liaison, DSS, Danbury Regional Office

### **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.

