

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

Request # 770511

Client ID # ██████████

NOTICE OF DECISION

PARTY

██████████

C/O ██████████

██████████

██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ ██████████ (the "Appellant") a notice denying the Appellant's Medicaid application for Long Term Care ("LTC") benefits.

On ██████████ 2016, the Appellant's representative, ██████████, requested an administrative hearing to contest the Department's decision to deny the Appellant's Medicaid application.

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

On ██████████ 2016, OLCRAH, at the request of the Appellant's representative, 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:

██████████ Appellant's Daughter for the Appellant
Enkelejda Trifoni, Department's Representative
Christopher Turner, Hearing Officer

The hearing record was left open for the submission of additional information. The information was received and the record closed [REDACTED] 2016.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED] 2016, the Department received an application for Medicaid LTC benefits from the Appellant's Representative. (Exhibit 1: W-1 LTC application)
2. The Appellant's representative is the Appellant's daughter. (Department's testimony)
3. The Appellant is a resident of Park Place health Center, [REDACTED] CT. (Exhibit 1)
4. On [REDACTED] 2016, the Department sent the Appellant's Representative a "We Need Verification From You" form ("W-1348LTC") requesting information with a due date of [REDACTED] 16. (Exhibit 3: W1348LTC; Hearing summary)
5. On [REDACTED] 2016, the Appellant's Representative requested an extension to provide requested information, and was granted ten day extension. (Exhibit 6: Case narrative; Hearing summary and Department's testimony)
6. On [REDACTED] 2016, the Department sent the Appellant's Representative; and the Nursing home a second W-1348LTC requesting information with a due date of [REDACTED] 16. (Exhibit 4: W-1348LTC dated [REDACTED] 16; Hearing summary)
7. On [REDACTED] 2016, the Appellant's Representative requested another extension and was granted an extension with a due date of [REDACTED] 16 to provide requested information. (Exhibit 6: Case Narrative; Hearing summary)
8. On [REDACTED] 2016, the Department denied the Appellant's LTC application for failure to return information requested to determine eligibility. (Exhibit 7: NOA dated [REDACTED] 16; Hearing summary; Exhibit 6: Case Narrative)

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 that the Department requires to determine eligibility and calculate the amount of benefits.

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.

The Department correctly sent the Appellant more than one Application Verification Requirements lists requesting information needed to establish eligibility.

3. UPM § 1505.35 (C) provides that the following promptness standards be established as maximum times for processing applications: forty-five calendar days for AABD or MA applicants applying based on age or blindness.
4. 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.
5. UPM § 1505.40 (B) (4) (a) provides that the eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant’s control, the application process is incomplete and one of the following conditions exists:
 1. Eligibility cannot be determined; or
 2. Determining eligibility without the necessary information would cause the application to be denied.
6. UPM § 1505.40 (B) (4) (b) provides that if the application is delayed, the Department continues to process the application until
 1. The application is complete; or
 2. Good cause no longer exists.

7. 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.
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 failed to submit at least one item of verification within the extension period.
- 10. The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility since requested information was not returned by the due date.**

DISCUSSION

After reviewing the evidence and testimony presented, the Department's action to deny the Appellant's request for LTC assistance is upheld. Regulation requires that an application must remain pending as long as the Appellant shows good cause for not providing at least one requested item before the given due date. The Appellant representative failed to submit information by the [REDACTED] 2016 due date as well as the 10-day extension granted by a Department representative. As a result, the Department was correct to deny the Appellant's application for failure to provide information.

DECISION

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

Swati Sehgal

Swati Sehgal
Hearing Officer

Cc: Musa Mohamud, SSOM, Hartford
Judy Williams, SSOM, Hartford
Enkelejda Trifoni, DSS, Waterbury

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, law, and 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, if 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 his 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.