STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

[redacted] **2017**
Signature Confirmation

Client ID # [redacted]
Request # 801045

NOTICE OF DECISION

PARTY

[redacted]
C/O Attorney [redacted]
[redacted]
[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2016, Department of Social Services (the "Department") sent [redacted] (the "Appellant") a Notice of Action ("NOA) discontinuing her Medicaid Long Term Care Assistance (LTSS) benefits.

On [redacted], 2016, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

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

On [redacted], 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice rescheduling the administrative hearing for [redacted] 2017.

On [redacted], 2017, 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:
[redacted] Appellant's son, Authorized Representative (AREP), Power of Attorney, (POA)
Attorney [redacted] Appellant's Representative
Ilirjana Sabani, Department's Representative

Miklos Mencseli, Hearing Officer

The Appellant was not present.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's LTSS (L01) benefits because of failure to submit information needed to determine eligibility.

FINDINGS OF FACT

1. The Appellant is a [redacted] year old female residing at [redacted] House.

2. On [redacted], 2016, the Department through its ConneCT computer system located the Appellant's redetermination for her L01 long term medical assistance and her Medicare Savings Program (MSP) assistance. (Summary, Exhibit A: Department's Case Narrative printout)

3. The Appellant receives Social Security Administration (SSA) benefits and two pensions. (Exhibit A, Testimony)

4. The [redacted] pension is noted by the Department as not changing and the Appellant's SSA benefits are verified by the Department through the Social Security Administration. (Exhibit A)

5. The Appellant's other pension is from the [redacted]. No verification was provided for the pension. (Exhibit A)

6. In addition the Appellant did not provide current bank statements for her Mutual Security Credit accounts and the MSP form was not signed by the Appellant but by the bookkeeper from [redacted] House who is not an Authorized Representative for the Appellant. (Exhibit A)

7. On [redacted], 2016, the Department sent the Appellant a W-1348 Verification We Need form requesting information needed to process the Appellant's redetermination. The Department requested verification of the gross pension from [redacted] for the past 3 months, provide you're most recent bank statement for your Mutual Security Credit Union accounts, please have the MSP redetermination form signed by [redacted], [redacted] or yourself and provide a signed and dated letter from [redacted] House giving them permission to be an Authorized Representative. The information was due by [redacted] 2016. (Exhibit B: W-1348 dated 9-14-16)

8. On [redacted], 2016, the Department having not received any of the requested verifications discontinued the Appellant's LTSS medical assistance

effective for [redacted], 2016 for failure to provide information necessary to determine eligibility. (Summary, Exhibit C: NOA dated 11-17-16)

9. On [redacted], 2017, the Appellant's AREP contacted the Department regarding the discontinuance of benefits. The AREP was advised of the needed verifications, the reason for the case closure and needed information for reinstatement. (Exhibit A)

10. In order to receive her pension from [redacted], the Appellant is required to sign, have the notarized and return the form she receives from the government of [redacted] every year. (Testimony)

11. The Appellant's AREP stated [redacted] House received the form and he believed they would follow through with paperwork so the Appellant could continue receiving her pension. (Testimony)

12. The Appellant's AREP did not discover until [redacted] 2016 that the Appellant has not been receiving the pension since [redacted] 2016. (Testimony)

13. The Appellant's AREP attempted to get verifications from Wells Fargo Bank regarding the pension. He is unable too as it is considered a business account and he is not an AREP on the account. (Testimony)

14. The Appellant's AREP provided a letter from [redacted] House dated [redacted], 2016 stating they have not received a pension check from [redacted] since [redacted] 2016. (, Exhibit E: copy of check dated [redacted]-16 issued by Wells Fargo Bank to the Appellant, Exhibit F: letter dated [redacted]-17)

15. The Department has received no inquiries from [redacted] House to adjust the Appellant's applied income to reflect the income change. (Testimony)

16. The Appellant's AREP provided bank statements for the Mutual Security accounts from [redacted]-16 through [redacted]-16 along with a current balance for [redacted] 2017 at the hearing. (Exhibits H: Mutual Security account statements)

17. The Appellant's AREP provided completed W-1QMBR renewal form for the Appellant's MSP benefits that is signed and dated by him. It is dated [redacted]-17. (Exhibit G: W-1QMBR form)

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 § 1015.10(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 verification request form requesting information needed to determine eligibility.

5. The Appellant did not provide the information the Department needed to determine eligibility for the medical assistance program.

6. UPM §1540.10 A 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. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.

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. The Department did not receive at least one item of verification it requested.

9. 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.

10. The Department correctly did not provide the Appellant an additional 10 day extensions as it did not receive at least one item of verification.

11. UPM Section 1555.10 (A)(1)(2) provides that under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable. If good

cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period.

12. The Appellant did not establish good cause as to why any of the requested information was not submitted by the due date.

13. UPM § 3525.10 provides for cooperation related to Potential or Inaccessible Income.

A. Requirements

Applicants for or recipients of AFDC, AABD and MA must:

1. apply for or cooperate in applying for a potential benefit from any source other than SSI; and

2. cooperate in obtaining inaccessible income.

B. Potential Sources

1. Potential income refers to legal entitlement to a benefit. This does not include gain through individual effort.

2. Income to which the assistance unit may be entitled includes but is not limited to the following sources:

f. private pensions or disability benefits;

D. Penalty

Failure to comply with this requirement results in ineligibility of the entire assistance unit.

14. The Appellant is eligible to receive a pension from the [redacted]. The Appellant had previously been receiving the pension. The Appellant and her representatives failed to process the documents needed to continue to receive the pension

15. UPM § 5099.05 provides for verification of income.

All income must be verified as an eligibility requirement at the time of application, at each redetermination of eligibility, and whenever the income changes.

16. The Appellant failed to verify her pension from [redacted]. The letter from [redacted] House is not verification from the payment source.

17. UPM § 4005.10(2) provides the asset limit for AABD and MAABD – Categorically and Medically Needy (Except Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Additional Low Income Medicare Beneficiaries, Qualified Disabled and Working Individuals, Working

Individuals with Disabilities and Women Diagnosed with Breast or Cervical Cancer)

a. The asset limit is $1,600 for a needs group of one.

18. UPM Section 1545.05(D)(1) provides that if the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to:

    a. income amounts;

    b. asset amounts.

19. The Appellant did not provide the Department with the requested verifications.

20. The Department correctly discontinued the Appellant's medical assistance effective [redacted] 2016, for failure to provide information necessary to determine eligibility.

DISCUSSION

The Department correctly followed its procedural and eligibility requirements in processing the Appellant's redetermination. The Department correctly sent the Appellant a verification request form. The Department could not determine eligibility without receiving the requested verifications.

DECISION

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

Miklos Mencseli
Hearing Officer

C: Peter Bucknall, Operations Manager, Waterbury DSS R.O. # 60
[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.

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.