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



CLIENT ID# Hearing ID# 803967

## NOTICE OF DECISION

# **PARTY**



#### PROCEDURAL BACKGROUND

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

On \_\_\_\_\_, 2016, the Appellant's Representative requested an administrative hearing to contest the denial of LTSS benefits.

On \_\_\_\_\_\_, 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for 2017.

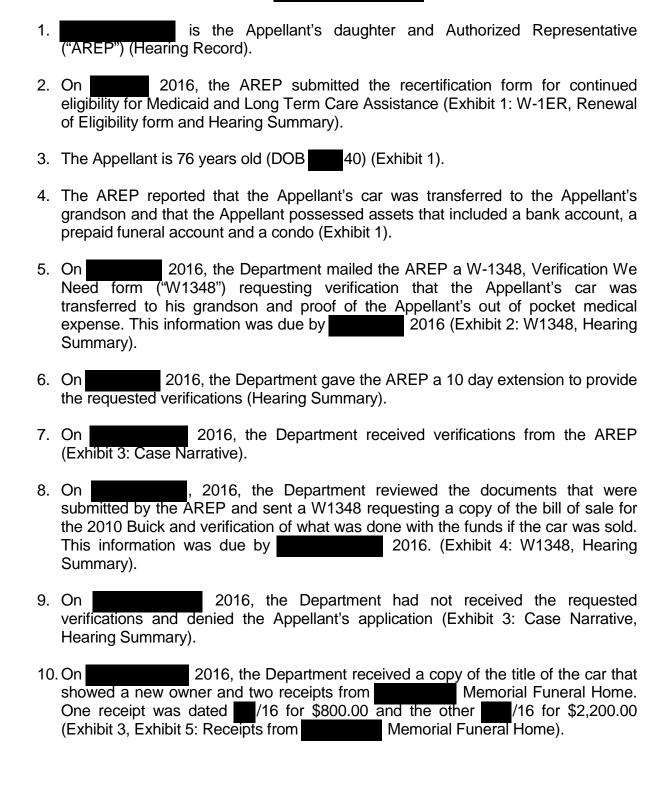
On 2017, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

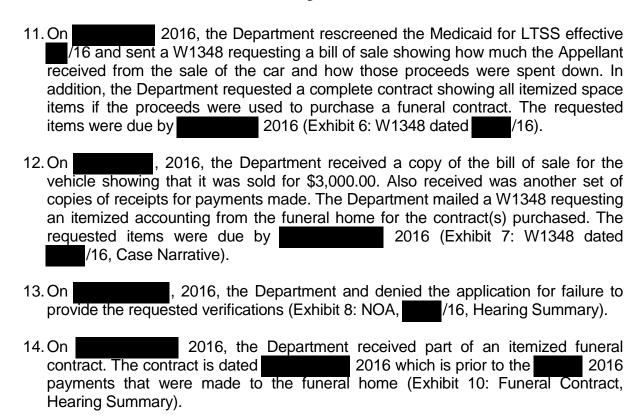
, Appellant's Representative
Stephanie Bates, Madison House, Social Worker
Cynthia Roessler, Madison House
Lisa Colon, Madison House, Business Office Manager
Kenneth Smiley, Department's Representative
Carla Hardy, Hearing Officer

### STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's Medicaid and Long Term Care application due to failure to submit information needed to establish eligibility.

### FINDINGS OF FACT





#### **CONCLUSIONS OF LAW**

- 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 the Appellant Verification We Need lists requesting information needed to establish eligibility.
- 5. UPM § 1505.25(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 submitted 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) provides for delays in application processing due to insufficient verification in the AFDC, AABD and MA programs.
- 7. UPM § 1505.40(B)(5)(a) provides 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.
- 8. 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.
- 9. The Department correctly issued additional Verification We Need forms when at least one item of verification was submitted by the Appellant.
- 10. UPM § 1505.40(B)(1)(c) provides that the applicant's failure to provide verification by the processing date causes one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility.
- 11. UPM § 1505.35(C)(1)(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.
- 12. UPM § 1505.40(B)(1)(b)(1) provides if assistance cannot be granted, Medicaid applications are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application.
- 13. The Department correctly determined that the Appellant did not provide at least one item of verification from the date.
- 14. The Department correctly denied the applicant's application for Medicaid LTSS for failure to provide the required verifications needed to determine eligibility.

# **DECISION**

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

Carla Hardy
Carla Hardy
Hearing Officer

Pc: Tonya Cook-Beckford, Operations Manager, DSS RO #42, Willimantic Kenneth Smiley, Eligibility Services Worker, DSS RO #42, Willimantic

#### **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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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 06105-3725.

#### **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 06105-3725. 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.