

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

██████████ 2017
SIGNATURE CONFIRMATION

CLIENT ID# ██████████
Hearing ID# 803967

NOTICE OF DECISION

PARTY

██████████
C/O ██████████
██████████

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

1. [REDACTED] is the Appellant's daughter and Authorized Representative ("AREP") (Hearing Record).
2. On [REDACTED] 2016, the AREP submitted the recertification form for continued eligibility for Medicaid and Long Term Care Assistance (Exhibit 1: W-1ER, Renewal of Eligibility form and Hearing Summary).
3. The Appellant is 76 years old (DOB [REDACTED]40) (Exhibit 1).
4. The AREP reported that the Appellant's car was transferred to the Appellant's grandson and that the Appellant possessed assets that included a bank account, a prepaid funeral account and a condo (Exhibit 1).
5. On [REDACTED] 2016, the Department mailed the AREP a W-1348, Verification We Need form ("W1348") requesting verification that the Appellant's car was transferred to his grandson and proof of the Appellant's out of pocket medical expense. This information was due by [REDACTED] 2016 (Exhibit 2: W1348, Hearing Summary).
6. On [REDACTED] 2016, the Department gave the AREP a 10 day extension to provide the requested verifications (Hearing Summary).
7. On [REDACTED] 2016, the Department received verifications from the AREP (Exhibit 3: Case Narrative).
8. On [REDACTED], 2016, the Department reviewed the documents that were submitted by the AREP and sent a W1348 requesting a copy of the bill of sale for the 2010 Buick and verification of what was done with the funds if the car was sold. This information was due by [REDACTED] 2016. (Exhibit 4: W1348, Hearing Summary).
9. On [REDACTED] 2016, the Department had not received the requested verifications and denied the Appellant's application (Exhibit 3: Case Narrative, Hearing Summary).
10. On [REDACTED] 2016, the Department received a copy of the title of the car that showed a new owner and two receipts from [REDACTED] Memorial Funeral Home. One receipt was dated [REDACTED]/16 for \$800.00 and the other [REDACTED]/16 for \$2,200.00 (Exhibit 3, Exhibit 5: Receipts from [REDACTED] Memorial Funeral Home).

11. On [REDACTED] 2016, the Department rescreened the Medicaid for LTSS effective [REDACTED]/16 and sent a W1348 requesting a bill of sale showing how much the Appellant received from the sale of the car and how those proceeds were spent down. In addition, the Department requested a complete contract showing all itemized space items if the proceeds were used to purchase a funeral contract. The requested items were due by [REDACTED] 2016 (Exhibit 6: W1348 dated [REDACTED]/16).
12. On [REDACTED], 2016, the Department received a copy of the bill of sale for the vehicle showing that it was sold for \$3,000.00. Also received was another set of copies of receipts for payments made. The Department mailed a W1348 requesting an itemized accounting from the funeral home for the contract(s) purchased. The requested items were due by [REDACTED] 2016 (Exhibit 7: W1348 dated [REDACTED]/16, Case Narrative).
13. On [REDACTED], 2016, the Department and denied the application for failure to provide the requested verifications (Exhibit 8: NOA, [REDACTED]/16, Hearing Summary).
14. On [REDACTED] 2016, the Department received part of an itemized funeral contract. The contract is dated [REDACTED] 2016 which is prior to the [REDACTED] 2016 payments that were made to the funeral home (Exhibit 10: Funeral Contract, Hearing Summary).

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 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 [REDACTED] 2016 Verification We Need form by the due 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
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 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 06105-3725.

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.