

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 # ██████████
Request # 806202

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

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

On ██████████ 2016, the Appellant's son and representative, ██████████ requested an administrative hearing to contest the Department's decision to discontinue the Appellant's Long Term Care Medicaid Assistance.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, the Appellant's son requested the hearing be rescheduled.

On ██████████ 2017, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, OLCRAH issued a notice rescheduling the administrative hearing for ██████████, 2017.

On [REDACTED], 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:

[REDACTED] Appellant's representative and son
 Kenneth Smiley, Department's Representative
 Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's Long term care Medicaid assistance due to failure to submit information needed to renew continued eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] [REDACTED] 2016, the Department sent the Appellant and her representative a redetermination form to review eligibility for assistance. The Department requested the form be completed and returned by [REDACTED] [REDACTED] 2016. (Hearing Summary, Exhibit 1: Mail in Redetermination, [REDACTED]/16)
2. On [REDACTED] 2016, the Department sent the Appellant a notice of discontinuance. The notice stated that in order to continue to receive benefits the redetermination form must be received by [REDACTED], 2016. (Hearing Summary, Exhibit 2: Notice, [REDACTED]/16)
3. On [REDACTED] 2016, the Department received the Appellant's W-1ER, Renewal of Eligibility form. (Exhibit 3: W-1ER, [REDACTED]/16)
4. On [REDACTED] 2016, the Department sent the Appellant a W-1348, Verification We Need form, requesting information needed to review ongoing eligibility. Among the items requested were current cash surrender values for three Colonial Penn Life Insurance policies ending in # [REDACTED] # [REDACTED] and # [REDACTED]. In addition the Department requested a current bank statement from Liberty Bank account ending in # [REDACTED]. The due date for the requested information was [REDACTED] 2016. (Ex. 6: W-1348, [REDACTED]/16)
5. On [REDACTED] 2016, the Department reviewed submitted items. The Appellant's representative provided the W-1348 dated [REDACTED] 2016. The Appellant's representative noted on the W-1348 that, "Insurance Policies were cancelled three years ago and bank account cancelled eight

months ago". The requested verifications were not provided. (Hearing Summary, Exhibit 9: W-1348 and Exhibit 4: Case narrative [REDACTED]/16)

6. On [REDACTED] 2016, the Department discontinued the Appellant's Long Term Care Medicaid benefits effective [REDACTED], 2016 for reason, "You did not return all of the required verification we asked for". (Exhibit 7: Notice of Discontinuance, [REDACTED]/16)
7. On [REDACTED], 2016, the Appellant's representative requested an administrative hearing. (Hearing Record)
8. On [REDACTED] [REDACTED] 2017, the Department contacted the Appellant's representative following notice of the hearing. The Department reinstated [REDACTED] 2017 Medicaid and sent the Appellant's representative a W-1348 requesting verification that life insurance policies from Colonial Penn ending in # [REDACTED], # [REDACTED] and # [REDACTED] were cancelled. In addition, the Department requested verification that Liberty Bank account # [REDACTED] was closed. The due date for the requested information was [REDACTED] 2017. (Hearing Summary, Ex 5: Assistance Status screens, Ex. 8: Case narrative [REDACTED]/17 and Ex 9: W-1348 dated [REDACTED]/17)
9. On [REDACTED], 2017, the Department received the W-1348 dated January 5, 2017. The Appellant noted on the W-1348 that, "Colonial Penn was cancelled in 2014" and "None" in regards to current bank statements. (Exhibit 10: W-1348, [REDACTED]/17, page 2)
10. The Department has information in the Appellant's case file that the Colonial Penn Life Policy ending in # [REDACTED] was surrendered/closed on [REDACTED], 2012. (Exhibit 11: Colonial Penn policy information printout, [REDACTED]/14)
11. The Department has information in the Appellant's case file that Colonial Penn Life Policies ending in # [REDACTED]9 and # [REDACTED] were active as of [REDACTED] 2014. (Exhibit 12: Colonial Penn Policy printouts, [REDACTED]/14)

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 representative verification list requesting information needed to continue eligibility.
5. UPM § 1545.35(D) provides for the redetermination process and states that required verification has been timely submitted if it is provided to the appropriate district office by the later of the following dates:
 1. the deadline for filing the redetermination form; or
 2. ten days following the date the verification is initially requested by the Department.
6. UPM § 1545.40 (B) provides for continuing eligibility on incomplete cases and states:
 - a. If eligibility has not been reestablished by the end of the redetermination period, the Department continues to provide assistance under the following conditions if it appears that the assistance unit will remain eligible:
 - (1) when the agency is responsible for not completing the redetermination; or
 - (2) when the assistance unit fails to act timely but completes the redetermination form and any required interview by the last day of the redetermination month; or
 - (3) when the assistance unit demonstrates good cause for failing to complete the redetermination process.
 - b. If eligibility is continued, the assistance unit must complete the redetermination process by the end of the month following the redetermination month, unless circumstances beyond the units control continue to delay the process.
 - c. Eligibility may be continued, and the redetermination held pending, as long as:
 - (1) circumstances beyond the control of the assistance unit delay completion of the redetermination process; and

- (2) the assistance unit appears to be eligible for assistance.
 - d. Good cause may include, but is not limited to the following hardships.
 - (1) illness;
 - (2) severe weather;
 - (3) death in the immediate family;
 - (4) other circumstances beyond the control of the assistance unit.
7. The Appellant's representative did not submit any of the requested verifications or request an extension by the due date of [REDACTED] 2016 or after the Department continued benefits through [REDACTED], 2017.
8. Because the Appellant's representative did not submit the requested information or have good cause for failure to do so, the Department correctly discontinued the Appellant's Long Term Care Medicaid benefits effective [REDACTED], 2016 for failure to submit information needed to continue ongoing eligibility.

DISCUSSION

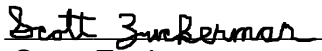
After reviewing the evidence and testimony presented, the Department's action to deny the Appellant's request for Medicaid is upheld.

The Appellant's representative provided the Redetermination form on [REDACTED] 2016. The Department gave the Appellant 10 days as stated in regulation to provide verifications needed to continue eligibility. Upon review on [REDACTED] 2016, the Appellant did not provide any of the requested information, therefore the Department correctly discontinued Medicaid effective [REDACTED], 2016. After receiving the hearing notice, the Department continued benefits through [REDACTED] 2017. The Appellant's representative did not send back any of the requested information from the W-1348 sent on [REDACTED] 2017. The Department did not continue eligibility and the Appellant's Long Term Care Medicaid closed effective [REDACTED] 2017.

At the hearing the Appellant provided a recent bank statement for the Liberty account # [REDACTED] but did not provide information needed for the two Colonial Penn accounts. The Department stated should the Appellant's representative provide the requested items within 10 days, the assistance will be reinstated; otherwise, the Appellant may reapply at any time.

DECISION

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


Scott Zuckerman
Hearing Officer

Cc: Tyler Nardine, Operations Manager, DSS, Middletown Regional Office
Kenneth Smiley, Fair Hearing Liaison, DSS, Willimantic 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.

