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

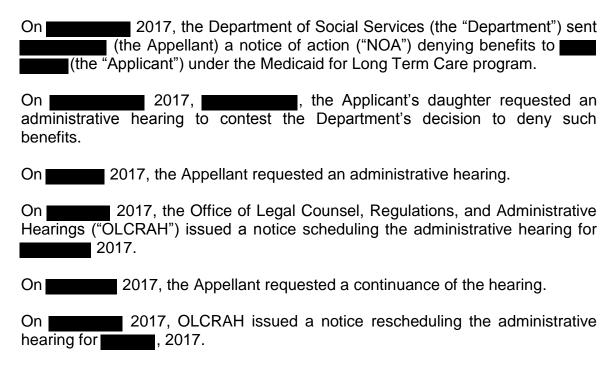
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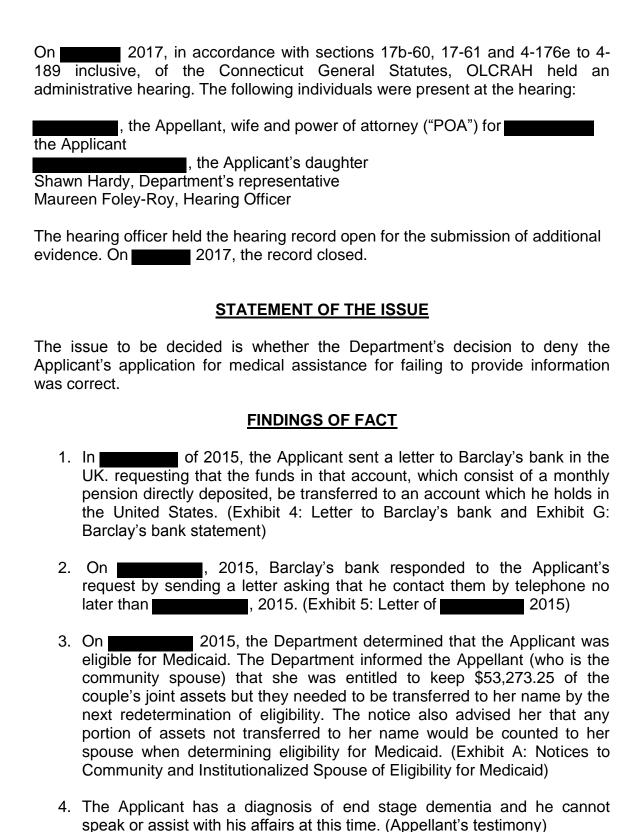
NOTICE OF DECISION

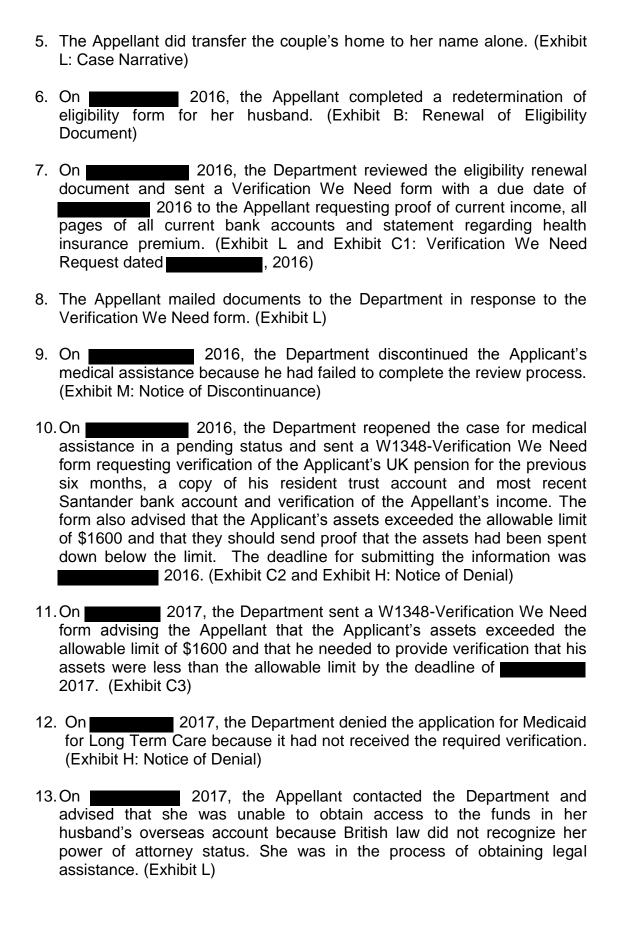
PARTY



PROCEDURAL BACKGROUND







- 14. The Appellant continues to pay the applied income to the facility where the Applicant resides. (Appellant's testimony)
- 15. The Applicant's family has contacted Barclay's bank, the Officer of the Public Guardian, and the Court of Protection in an effort to resolve the matter. (Appellant's testimony and Exhibit 2: Email exchanges)

CONCLUSIONS OF LAW

- 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 § 1545.40 B 1 a provides for continuing eligibility on incomplete cases in processing redeterminations and states that 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.
- 4. UPM § 1545.40 B 1c provides that eligibility may be continued and the redetermination held pending, as long as circumstances beyond the control of the assistance unit delay completion of the redetermination process and the assistance unit appears to be eligible for assistance.
- 5. UPM § 1545.40 B 1d 4 provides that good cause may include, but is not limited to circumstances beyond the control of the assistance unit.
- 6. The Department was incorrect when it discontinued medical assistance because the agency was responsible for not completing the redetermination in a timely manner.
- 7. The Department was incorrect when it reopened the medical assistance application and kept it in a pending status effective 2016 because it should never have discontinued the medical assistance.

- 8. The Department was incorrect when it denied the Applicant's medical assistance program because the medical assistance program should have been granted and continue pending the completion of a redetermination.
- 9. The Department failed to act on the Appellant's notification that she was having difficulty accessing the account in the U.K..

DISCUSSION

Per the regulations, the Department continues to provide medical assistance when the redetermination process is initiated but not completed. The Appellant returned her renewal form in and the Department did not review it until 10 days before the end of the redetermination period. The Department requested information and the Appellant did provide some of the requested information but the Department did not review the documents prior to discontinuing the medical assistance effective 2016. The correct procedure is to continue the benefits and to keep the redetermination pending as long as circumstances beyond the Appellant's control delay the completion of the redetermination process and there appears to be eligibility.

One year previously, the Department had determined that the couple's assets were within the acceptable limits for the Applicant to receive Medicaid for long term care benefits so it would appear that he was still eligible for assistance. At the time of the initial grant, the Appellant was advised that the assets should be transferred to her name only. The Appellant did transfer her home into her name alone, but she encountered difficulty with the overseas bank account. She made the Department aware of such difficulty in 2017. If the redetermination procedures had been handled per the regulations, the benefits would have still been in place and eligibility could have continued under the provisions regarding circumstances beyond the Appellant's control.

It would appear that at that point, the Appellant was advising the Department that the asset in question was now inaccessible. The Department would need to follow the procedures established in UPM § 4015.05 P which include having the Appellant provide proof that the asset is inaccessible and cooperate with the Department in attempting to gain access to the asset. The procedures also state that the Department must refer the case to its Resource Unit. The Appellant has provided documentation of her attempts to gain access to this asset and would most likely welcome the assistance of the Resource Unit. As long as she continues to cooperate in attempting to gain access to the asset, the redetermination should remain pending with the benefits in place.

DECISION

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

ORDER

The	Departm	nent i	is to	reopen	and	grant	the	medical	assistance	back to
		2016	, kee	ping the				2016 red	etermination	pending
until	the over	rseas	acco	unts is	orove	n to b	e av	ailable oi	rinaccessib	le or the
Appe	ellant stop	ps co	opera	ting in at	temp	ting to	gain	access t	o it. Complia	ance with
this o	order is d	due by	/	2017	and s	shall co	onsis	t of proof	that medica	I benefits
were	reinstate	ed be	ginnin	g with th	ne mo	onth of		of	2016 and c	ontinuing
	igh the pi		_	_						

Mauraen Folsy-Roy Maureen Foley-Roy, Hearing Officer

CC: Musa Mohamud, Judy Williams, Operations Managers DSS R.O. #10, Hartford Tricia Morelli, Social Service Program Manager, Hartford Shawn Hardy, Eligibility, DSS, Hartford

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 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.