# 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 No # Request # 818631 NOTICE OF DECISION **PARTY** PROCEDURAL BACKGROUND 2017, the Department of Social Services - ("the Department") On [ - (the "Appellant") a Notice of Action ("NOA") denying the sent Medicaid Adult Long Term Care program (L01). ■ 2017, the Appellant requested an administrative hearing to contest the decision to deny the Appellant's Medicaid application. On 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for 2017. ■ 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

, Conservator for the Appellant
, Patient accounts at
Kaila Rubin, Department's Representative
Almelinda McLeod, Hearing Officer

The following individuals were present at the hearing:

hearing.

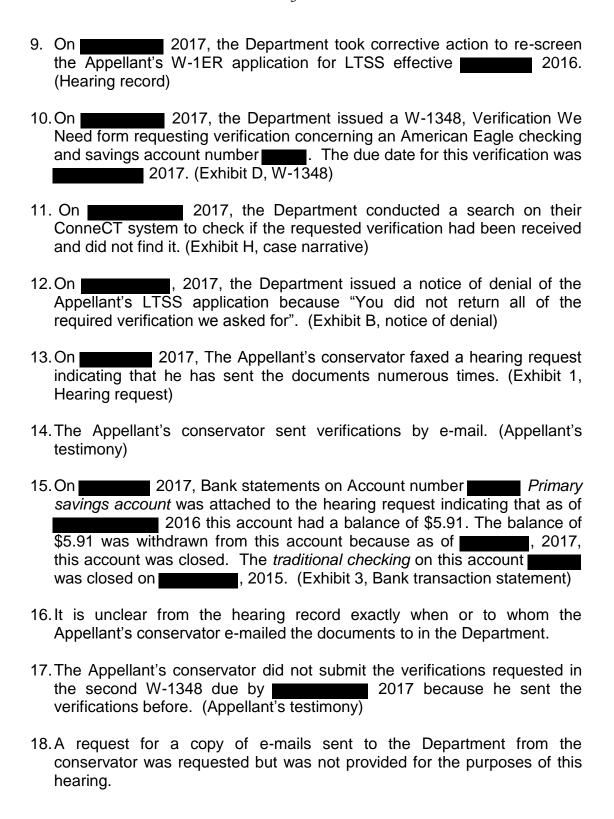
The record was held open for the submission of additional documents. On 2017 the hearing record was closed.

# **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly denied the Appellant's application for the LTC benefits due to failure to submit information needed to establish eligibility.

## **FINDINGS OF FACT**

1.	On 2016, the Department received a W-1ER application for Medicaid for Long Term Care Assistance ("LTSS") signed by Appellant's conservator. (Exhibit C, W-1ER application)
2.	The Appellant is a resident at and Care in CT. (Hearing record)
3.	is the Appellant's conservator. (Hearing record)
4.	On 2016, the Department issued a W-1348, Verification We Need form requesting verifications needed to determine eligibility. The verifications requested was for UTC pension, HUD-1 regarding the Appellant's sale of home property listed as and verification of American Eagle checking and savings accounts The due date for this verification was 2016. (Exhibit D, W-1348)
5.	On 2016, the Department issued a notice of discontinuance for the LTSS application effective 2016 because "You did not complete the review process". (Exhibit A, Notice of discontinuance)
6.	On 2016, the Department conducted a search on their ConneCT system to see if any of the requested verifications had been submitted build not find any. (Exhibit H, Case narrative and hearing record)
7.	On 2017, the nursing reached out to the Department and was told that the case was being reviewed and told them they were "all set" (Appellant's testimony)
8.	On 2017, the Department found the Appellant submitted some but not all of the requested verifications on 2016. (Hearing record)



### **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 that the Department requires to determine eligibility and calculate the amount of benefits.

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.

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.

The Department correctly sent the Appellant an Application Verification Requirements lists requesting information needed to establish eligibility.

3. UPM § 1505.35 (C) provides that the following promptness standards be established as maximum times for processing applications: forty-five calendar days for AABD or MA applicants applying based on age or blindness.

UPM § 1505.35 (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: a. the client has good cause for not submitting verification by the deadline, or b. the client has been granted a 10 day extension to submit verification which has not elapsed.

UPM § 1505.35 (D) (3) provides processing standards are not used as a waiting period for granting assistance. Applications are processed with reasonable promptness as soon as the Department is able to make an eligibility determination.

UPM § 1505.35 (D) (4) provides processing standards are not used as the basis for denying assistance. Denial results from the failure to meet or establish eligibility within the applicable time limit.

UPM § 1505.40 (B) (4) (a) provides that the eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions exists: 1. Eligibility cannot be determined; or 2. Determining eligibility without the necessary information would cause the application to be denied.

UPM § 1505.40 (B) (4) (b) provides that if the eligibility determination is delayed, the Department continues to process the application until: 1. The application is complete; or 2. Good cause no longer exists.

The Department correctly re-opened the Appellant's application effective 2016 when the department discovered the Appellants application was pending passed the standard of promptness and some but not all verifications requested on the W-1348 was submitted on 2016.

The Department correctly continued to process the application by issuing a second W-1348 Verification We Need form requesting verification of the American Eagle checking and savings account data that was not received with the original submission of documents, stated above.

The Department was correct to allow 10 days for the Appellant to submit the required verifications and provided a due date of 2017.

4. UPM 1540.05 D. (1) (a) (b) pertains to consequences for Failure to Provide Verification. The penalty for failure to provide required verification depends upon the nature of the factor or circumstances for which verification is required: If the eligibility of the assistance unit depends directly upon a factor or circumstances 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.

The Department correctly denied the LTSS application for failure to provide requested verifications by the due date.

# **DISCUSSION**

The hearing record shows the Appellant's conservators hearing request
nad an attachment with verification that the primary savings account
was closed on 2017. The hearing record shows the
palance of \$5.91 was withdrawn from the primary savings account of
2017. The actions taken on 2017 is after
2017's due date.
The Department was correct to deny the LTSS application as there is no
evidence to support that the Appellant provided the verifications prior to
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the due date of <b>Exercise</b> , 2017.

# **DECISION**

The Appellant's appeal is DENIED.

Almelinda McLeod Hearing Officer

CC: Cheryl Parsons, SSOM, Norwich Regional office Kaila Rubin. Fair hearing Liaison, 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 <u>specific</u> 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.

### 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 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.