

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 # 821196

NOTICE OF DECISION

PARTY

██████████
For ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") sent ██████████, (the "Appellant") a Notice of Action ("NOA") denying ██████████ (the "Applicant") application for Medicaid Long Term Care Assistance program.

On ██████████, 2017, the Appellant requested for telephone administrative hearing to contest the Department's decision to deny the Applicant's application for Medicaid.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") approved the Appellant's request to attend the administrative hearing by telephone and issued a notice scheduling the administrative hearing for ██████████, 2017.

On ██████████ 2017, the OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2017 at the Appellant's request.

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, Applicant's POA
 ██████████, Financial counselor from Arden House
 Willette Barnett, Department's Representative
 Swati Sehgal, Hearing Officer

The hearing record remained open for the submission of additional evidence. On ██████████ 2017, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Applicant's application for Medicaid due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On ██████████ 2017, the Department received an application for Long Term Care Medicaid assistance for the Applicant which listed the Applicant's son as Power Of Attorney. (Exhibit 4: Case Narrative)
2. On ██████████ 2017, the Department sent the Applicant's son and Arden House a W-1348LTC, Verification We Need form, requesting information needed to determine eligibility with a Due date of ██████████/17. The Department requested following items:
 1. Bank statements for Bankwell bank, account number ██████████ for the months of ██████████/16, ██████████ 16, ██████████/16, ██████████/16; and anniversary statements for 2012, 2013, and 2014.
 2. Bank statements for TD Bank, account number ██████████ for the months of ██████████/16, ██████████ 16, ██████████/16 and ██████████/16.
 3. Bank statements for TD Bank, account number ██████████ for the months of ██████████/16 and ██████████/16.
 4. W1348apdx was sent for clarification of questionable transactions for TD Bank account number ██████████.
 5. Current face/cash value of any life insurance policy.
 6. Copy of any funeral contract.
 (Exhibit 4, Department's Summary, and Exhibit 1A: W1348LTC with date of ██████████/17)
3. On ██████████ 2017, the Department received some of the requested information and sent a second W1348LTC to the Appellant and to Arden house with a due date of ██████████/17. (Exhibit 4, Department's summary and Exhibit 1B: W1348LTC ██████████/17)

4. On [REDACTED] 2017, the Department received an email including bank statements for TD bank, account number [REDACTED] for the months of [REDACTED]/16 and [REDACTED] 16, and bank statements for TD Bank, account number [REDACTED] for the months of [REDACTED]/16 and [REDACTED]/16. (Exhibit 4 and Department's Summary)
5. On [REDACTED] 2017, the Department sent third W1348LTC to the Appellant and Arden House requesting for rest of the information. (Exhibit 4, Department's summary and Exhibit 1C: W1348LTC with date of [REDACTED]/17)
6. On [REDACTED] 2017, the Department received a phone call from [REDACTED] [REDACTED] of Arden House, and she clarified that TD Bank statement sent on [REDACTED]/17 included verification of two questionable transactions for \$50,000. (Exhibit4, Department's Summary)
7. On [REDACTED] 2017, the Department sent fourth W1348LTC to the Appellant and Arden House requesting for rest of the information. This was due on [REDACTED]/17. (Exhibit 4, Department's summary, and Exhibit A :W1348LTC with date of [REDACTED]/17)
8. The Department did not receive any of the outstanding information; nor did it receive any request for an extension. (Department's testimony)
9. On [REDACTED] 2017, the Department sent the Appellant and Arden House a notice denying the application for Medical assistance for failure to submit information to establish eligibility. (Exhibit 4, Department's summary and Exhibit 2A: Notice Content; [REDACTED]/17)
10. On [REDACTED] 2017, the Department received a letter from the Appellant including his new address. (Exhibit A)
11. On [REDACTED] 2017, [REDACTED] form Arden House sent the Department the remaining information. (Nancy Ptak's testimony and Department's testimony)

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 application requirements lists requesting information needed to establish eligibility.
5. 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: the client has good cause for not submitting 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)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred: 1. the Department has requested verification; and 2. 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.
7. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions 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.
8. The Appellant failed to submit at least one item of verification listed on the fourth W1348LTC within the extension period.
9. The Department correctly denied the Appellant’s application for failure to submit information needed to establish 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 failed to provide any of the requested verifications listed on the fourth W1348LTC to the Department before the deadline. The Appellant claimed that he did not receive stated form in timely manner as he had moved; however the Department only received change of his address after the application for the Applicant was denied. [REDACTED] from Arden House stated that information requested on the fourth W1348LTC was sent to the Department on [REDACTED], 2017, which was a week after the Department denied the application.

DECISION

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

Swati Sehgal

Swati Sehgal
Hearing Officer

Cc: Brian Sexton, Operations Manager, New Haven
Lisa Wells, Operations Manager, New Haven
Cheryl Stuart, Program Manager, New Haven
Willette Barnet, Fair Hearing Liaison, New Haven

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.