

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 # 826320

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") sent ██████████ (the "Applicant's Representative") a Notice of Action ("NOA") indicating that the Department is denying ██████████ ("the Applicant") Medicaid and Long Term Care ("LTSS") Medicaid application for failure to provide information.

On ██████████ 2017, the Applicant's Representative, requested an 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") issued a notice scheduling the administrative hearing for ██████████, 2017 at Pendleton Health of Mystic, Connecticut.

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:

██████████, Applicant's Sister and Representative
██████████, Father of Applicant and Representative, Observer
Pam Costa, Pendleton Health
Leslie Shelton, Pendleton Health
Anthony Grant, DSS Representative

Shelley Starr, Hearing Officer

The Applicant was not present at the hearing due to health reasons.

The hearing record remained open for the submission of additional evidence. On [REDACTED] 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 for Long Term Care Assistance (LTSS) due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Applicant was admitted to Pendleton Health of Mystic, Connecticut . (Representative's Testimony; Hearing Record)
2. The Applicant is 59 years old, [DOB [REDACTED]/58], divorced and has a primary medical diagnosis of Alzheimer's and Parkinson's Disease. (Representative's Testimony)
3. On [REDACTED] 2017, the Department received a W-1LTC application for Long Term Care Medicaid assistance. (Department's Testimony; Exhibit 2: Case Narrative)
4. The W-1LTC was completed by the Applicant's Representative with assistance from the Pendleton Health office staff. (Representative's Testimony)
5. The Department issued six (6) W-1348 LTC Verification We Need forms during the time period of [REDACTED] 2017 through [REDACTED] 2017, requesting information needed for the pending long term care application. The first three requests were addressed to the Applicant's Representative. The second three requests were addressed to Pendleton Healthcare. (Exhibit 1: W-1348 LTC requests dated, [REDACTED]/17, [REDACTED]/17, [REDACTED]/17, [REDACTED]/17, [REDACTED]/17 and [REDACTED]/17)
6. On [REDACTED], 2017, the Department sent Pendleton Health a W-1348 request #6 requesting proof of assets, bank statements, SBLI # [REDACTED] surrender verification and a copy of the finalized divorce decree. The information was due by [REDACTED] 2017. (Exhibit 1: W-1348 LTC dated [REDACTED] 2017)
7. On [REDACTED] 2017, the Department denied the Applicant's Medicaid and long term care application as they did not receive any verification by the

- ██████████, 2017 due date. (Hearing Summary; Exhibit 2: Case Narrative; Department's Testimony)
8. On ██████████ 2017, the Department sent the Applicant's Representative and Pendleton Health a notice informing that the medical assistance application was denied as you did not return all of the required verification. (Exhibit 5: Notice of Action dated ██████████ 2017)
 9. There is no evidence the Applicant's Representative was sent a W-1348 LTC request # 6 from the Department requesting additional information due by ██████████ 2017. (Hearing Record; Exhibit 6; Representative's Testimony; Applicant's Exhibits B and C)

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.

UPM § 1015.10 (A) provides 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 failed to inform the Applicant's Representative by issuance on ██████████, 2017 of the W-1348 LTC Verification We Need # 6 what was needed for the pending application process by the ██████████ 2017 due date.

The Applicant's Representative did not respond timely to the Department's request for information by the due date, as she did not receive the W-1348LTC request #6.

The Department incorrectly denied the Applicant's ██████████ 2017 long term care Medicaid application on ██████████ 2017, for failure to submit information needed to establish eligibility, as the Representative was not properly informed of what was needed by the designated due date.

DISCUSSION

After reviewing the evidence and testimony presented, the Department's action to deny the Applicant's request for long term care assistance is not upheld. Regulations require that the Department must inform the assistance unit of the eligibility requirements for the program in which they applied.

The Applicant's Representative's main argument at the hearing was that she never received the W-1348 LTC (request #6) issuance that precipitated the Department's denial for failure to provide information. The Representative demonstrated at the hearing that she had responded to past requests for information and was cooperating with the Department to provide the necessary verification to determine her sister's eligibility. In addition, she provided an email from [REDACTED] 2017, when she replied to the business office manager at Pendleton that she had not received the W-1348 LTC request #6 from DSS and did not understand why they have stopped sending requests to her.

The Department did not provide evidence demonstrating that they had sent the Applicant's Representative all of the W-1348 requests, particularly the W-1348LTC request # 6 which lead to the Department's Medicaid denial for failing to provide information. In addition, the evidence demonstrates that they issued the W-1348LTC # 6 only to Pendleton, supporting the Representative's argument.

Based on the evidence and testimony, The Department incorrectly denied the application for Medicaid for failure to provide information because the Department failed to notify the Applicant's Representative what she needed to provide by the due date.

DECISION

The Appellant's appeal is GRANTED.

ORDER

1. The Department shall reopen the Applicant's Medicaid application as of [REDACTED], 2017 and if needed, request any outstanding verification via a W-1348 LTC and continue to process the Medicaid application.
2. The Department shall submit to the undersigned verification of compliance with this order by providing a copy of the Applicant's EMS status screen no later than [REDACTED], 2017.



 Shelley Starr
 Hearing Officer

cc: Cheryl Parsons, Operations Manager; Norwich DSS 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.

