

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 # 829707

NOTICE OF DECISION

PARTY

██████████
C/O ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") sent ██████████ the Authorized Representative ("AREP") for ██████████ (the "Appellant") a Notice of Action ("NOA") denying the Appellant's application for Long Term Care ("LTC") Medicaid benefits.

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

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

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's AREP, Daughter
██████████ for the Appellant
Paula Wilczynski, Department's Representative
Thomas Monahan, Hearing Officer

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED] 2017, the Department received an application for Medicaid Long Term Care Assistance for the Appellant. (Exhibit 1: LTC Application)
2. The Appellant entered Arden House (the "facility") on [REDACTED] 2017. (AREP's testimony)
3. On [REDACTED] 2017, the Department sent to the AREP a Verification We Need form listing the verifications required to process the application. The due date for the information was [REDACTED] 2017. The Department requested the following verifications: the death certificate of the Appellant's spouse, bank statements from Wells Fargo Bank, the face and cash surrender value of Physician Mutual and American Income life insurance policies, verification that the Appellant's house has been listed for sale. (Ex. 2: Verification request #1, [REDACTED]/17)
4. On [REDACTED] 2017, the Department received the death certificate for the Appellant's spouse and some of the requested Wells Fargo bank statements. (Ex. 9: Case Narrative)
5. On [REDACTED] 2017, the Department sent to the Appellant's AREP a Verification We Need form listing the verifications required to process the application. The due date for the information was [REDACTED] 2017. The Department requested the following verifications: bank statements from Wells Fargo Bank, the face and cash surrender value of Physician Mutual and American Income life insurance policies, verification that the Appellant's house has been listed for sale. (Ex. 3: Verification request #2, [REDACTED]/17)
6. On [REDACTED] 2017, the Department received verification of the American Income life insurance face and cash values. (Ex. 9: Case narrative)
7. On [REDACTED] 2017, the Department sent to the Appellant's AREP a Verification We Need form listing the verifications required to process the application. The due date for the information was [REDACTED] 2017. The Department requested the following verifications: bank statements from Wells Fargo Bank, the face and cash surrender value of Physician Mutual life insurance policy, verification that the Appellant's house has been listed

- for sale. The Department also notified the AREP on the verification request form that eligibility for the program will not begin until the Appellant's assets are under the \$1,600.00 asset limit. (Ex. 4: Verification request #3, [REDACTED] 17)
8. On [REDACTED] 2017, the Department received verification of the remaining Wells Fargo bank statements. (Ex. 9: Case narrative)
 9. On [REDACTED] 2017, the Department sent to the Appellant's AREP a Verification We Need form listing the verifications required to process the application. The due date for the information was [REDACTED] 2017. The Department requested the following verifications: the face and cash surrender value of Physician Mutual life insurance policy, verification that the Appellant's house has been listed for sale. The Department also notified the AREP on the verification request form that eligibility for the program will not begin until the Appellant's assets are under the \$1,600.00 asset limit. (Ex. 5: Verification request #4, [REDACTED]/17)
 10. On [REDACTED] 2017, the Department received verification that the Appellant's house was listed for sale. (Ex. 9: Case narrative)
 11. On [REDACTED] 2017, the Department sent to the Appellant's AREP a Verification We Need form listing the verifications required to process the application. The due date for the information was [REDACTED] 2017. The Department requested verification of the face and cash surrender value of the Appellant's Physician Mutual life insurance policy. The Department also notified the AREP on the verification request form that eligibility for the program will not begin until the Appellant's assets are under the \$1,600.00 asset limit. (Ex. 6: Verification request #5, [REDACTED]/17)
 12. The Department did not receive any documentation by [REDACTED] 2017, from the Appellant's AREP in response to the verification requested regarding the Appellant's Physician Mutual Life policy. (Hearing Record)
 13. The Appellant's AREP did not contact the Department by [REDACTED] 2017, regarding the outstanding life insurance verification. (Hearing record)
 14. On [REDACTED] 2017, the Department denied the Appellant's application for failure to provide documentation to determine eligibility. (Ex. 10: Notice of Denial, [REDACTED]/17)

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. Regulation 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. Uniform Policy Manual ("UPM") § 1010.05(A)(1)
3. Regulation 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. UPM § 1015.10(A)
4. The Department correctly sent the Appellant's conservator multiple Verification We Need lists requesting information needed to establish eligibility.
5. Regulation 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. UPM § 1505.35(D)(2)
6. Regulation 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. UPM § 1505.40(B)(5)(a)
7. The Department correctly sent to the Appellant's AREP requests for additional documentation when she sent in some, but not all of the requested verifications for the Appellant's application.
8. Regulation 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. UPM § 1505.40(B)(5)(b)
9. The Appellant's AREP did not respond to the [REDACTED] 2017 request for verifications with some information or contact the Department before the [REDACTED] 2017 deadline.

10. 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.

Regulations provide that an application must remain pending as long as the Department receives one of the requested verifications before the deadline. In this case, the Appellant's AREP did not provide any documentation to the Department's [REDACTED] 2017 request for verification nor did they request additional time to provide the requested verification. Therefore, the Department was correct to deny the Applicant's request for LTC Medicaid for failure to provide the necessary verification. The Department did not receive any verification or information regarding the face and cash value of the Physician Mutual Life insurance Policy prior to the denial of LTC Medicaid.

DECISION

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

Thomas Monahan
Thomas Monahan
Hearing Officer

C: Lisa Wells, Operations Manager, New Haven Regional Office
Brian Sexton, Operations Manager, New Haven Regional Office
Cheryl Stuart, Program Manager, New Haven Regional Office
Paula Wilczynski, Hearing liaison

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 060105-3725.

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 06105-3725. 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.