

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

██████████, 2018  
Signature Confirmation

Request # 118062

Case # ██████████

Client ID # ██████████

NOTICE OF DECISION  
PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a notice denying the Appellant's Medicaid application for Long Term Care ("LTC") benefits.

On ██████████, 2018, the Appellant's daughter and authorized representative, ██████████ ("AREP"), requested an administrative hearing to contest the Department's decision to deny the Appellant's Medicaid application.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2018.

On ██████████, 2018, 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:

██████████, for the Appellant

Ryan Barganier, Department's Representative by telephone

Christopher Turner, Hearing Officer

The hearing record was left open for the submission of additional information. The information was received and the record closed ██████████, 2018.

## **STATEMENT OF THE ISSUE**

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

## **FINDINGS OF FACT**

1. On [REDACTED], 2017, the Appellant entered [REDACTED] Manor. (Exhibit F: W-1 LTC; Hearing summary)
2. On [REDACTED], 2017, the Department received an application for Medicaid LTC benefits from the Appellant's AREP. The Authorized Representative section, page 4 of 21, is checked "No" concerning "Do you authorize someone to represent you in this application?" The authorization to disclose information section of the application, page 20 of 21, [REDACTED] as being authorized to receive shared information from the Department. [REDACTED] signed the application. [REDACTED], Appellant's daughter, was listed on page 5 of the application. The application was assigned to caseworker Julia Solano. (Exhibit A: Case Notes; Exhibit F: W-1 LTC; Hearing summary)
3. [REDACTED], 2017, the Department sent [REDACTED] a "We Need Verification From You" form ("W-1348LTC") requesting [REDACTED] Bank statements from [REDACTED] to present and [REDACTED] year end statements. In addition, verification of gross income, medical insurance premium, copy of funeral contract was requested. An [REDACTED]/17 due date was given. (Exhibit B1: W1348LTC)
4. On [REDACTED], 2017, the Department sent [REDACTED] a W-1348LTC requesting [REDACTED] Bank Checking statements from [REDACTED]/17 to present and [REDACTED] Bank Savings statements from [REDACTED]/15 to present and [REDACTED] year-end statements. A [REDACTED]/17 due date was given. (Exhibit B2: W1348LTC)
5. On [REDACTED], 2017, the Department sent [REDACTED] a ("W-1348LTC") marked "revised" requesting [REDACTED] Bank Checking statements from [REDACTED]/17 to present and [REDACTED] Bank Savings statements from [REDACTED]/15 to present and [REDACTED] year-end statements. A [REDACTED]/17 due date was given. (Exhibit B2: W1348LTC)
6. On [REDACTED], 2017, the Department's Representative was assigned the case due to Julia Solano's, the original caseworker, departure from the Department. (Exhibit A; Hearing summary)

7. ██████████, 2017, the Department sent ██████████ a W-1348LTC requesting ██████████ Bank Savings statements from ██████████/15 to ██████████/15, ██████████/16 to ██████████/17. In addition, verification of ██████████ increases in value of savings account from ██████████. An ██████████/17 due date was given. (Exhibit B3: W1348LTC; Hearing summary)
8. ██████████, 2017, the Department's representative received an E-mail from ██████████ with 25 attachments. The E-mail was also sent to ██████████.com ██████████. (Exhibit D: E-Mail dated ██████████/17)
9. ██████████, 2017, the Department sent ██████████ a W-1348LTC requesting verification of ██████████ increases in value of ██████████ Bank Savings account from ██████████ 2012 – ██████████/2013. In addition, ██████████ Bank Checking Account statements from ██████████/16 – ██████████/16 were requested. A ██████████/17 due date was given. (Exhibit B4: W-1348LTC dated ██████████/17)
10. On ██████████, 2017, the Department received partial information. (Exhibit A)
11. On ██████████, 2017, sent ██████████ a W-1348LTC requesting an explanation concerning a ██████████ Savings account check for ██████████ dated ██████████/13 and a ██████████ Checking account deposit of ██████████ dated ██████████/16. A ██████████/17 due date was given. (Exhibit B5: W-1348LTC dated ██████████/17; Hearing summary)
12. On ██████████, 2017, the Appellant died. (Record; Hearing summary)
13. On ██████████, 2018, the Department received information showing the bank transactions noted on the ██████████/17 request came from the closure of two ██████████ Bank accounts that were not previously known to the Department. (Exhibit A; Hearing summary)
14. On ██████████, 2018, the Department sent ██████████ a W-1348LTC requesting ██████████ Bank statements for two accounts from ██████████/12 to closure of accounts. A ██████████/18 due date was given. (Exhibit B6: W-1348LTC dated ██████████/18; Hearing summary)
15. On ██████████, 2018, the Department denied the Appellant's LTC application for failure to return information requested to determine eligibility. (Exhibit E: Notice dated ██████████/18; Hearing summary)
16. ██████████ testified she went to a ██████████ Bank at the end of ██████████ 2018 and spoke with a bank representative concerning the need for her ██████████ bank statements. ██████████ provided the Department's address to the bank's representative for the representative to submit the requested information. ██████████ did not follow up with ██████████ Bank to see if the bank representative submitted the requested information to the Department until the notice of denial was received. (Record; ██████████ testimony)

17. The representative from [REDACTED] maintains [REDACTED] was required to be sent the requests for information from the Department and be allowed to participate in the application process. ([REDACTED] testimony)
18. There was no contact from the Appellant's representative or [REDACTED] with the Department from [REDACTED]/18 to [REDACTED]/18. (Department's testimony; AREP'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 that the Department requires to determine eligibility and calculate the amount of benefits.

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's representative more than one Application Verification Requirements lists requesting information needed to establish eligibility.**

3. UPM § 1525.05 provides for the general requirements of Authorized representatives. (A) An assistance unit may be represented in various aspects of the eligibility process by a responsible individual who has been given prior authorization to act as the assistance unit's representative. (B) An authorized representative is qualified to perform specific functions which vary and are limited by the requirements of each specific program category. (C) An authorized representative must be designated in writing by one of the following individuals: 2. in the AABD and MA programs, by the applicant, or if the applicant is a child, incompetent or incapacitated, by the parent, custodian, or court appointed fiduciary. (D) An assistance unit is permitted to have one authorized representative at a given time, except in the Food Stamp program where separate representatives may be designated to perform the individual functions of making application and purchasing food with an EBT debit card. (G) The appointment of an authorized representative does not relieve the assistance unit of any responsibilities. Both the assistance unit and the representative may be held responsible for assistance improperly obtained through action by the authorized representative.

UPM § 1525.15 (C) provides for institutions as Authorized Representatives. 1. All Programs. a. Residents of institutions may apply for assistance and be certified on their own behalf, or through the use of an authorized representative who may be an individual of the applicant's choice or an employee designated by the institution for this purpose. In the Food Stamp program, for residents of drug and alcohol treatment centers, the authorized representative must be an employee designated by the institution. b. In order for the institution to represent an applicant, the individual must be a current resident of the institution. c. In cases of incompetence or incapacity, the institution may act responsibly on behalf of the resident without prior authorization. (Cross Reference 1505)

**The Department was correct in its determination that [REDACTED] is not considered an authorized representative for the Appellant as it did not apply for assistance on behalf of the Appellant.**

4. UPM § 1505.35 (C) provides 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.

**The Department correctly extended the processing standard for the Appellant's application beyond forty-five calendar days.**

5. 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) (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.

UPM § 1505.40 (B) (5) (a) provides 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) (b) provides 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 § 1540.10 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. (A) The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations. (C) The Department obtains verification on behalf of the assistance unit when the following conditions exist: 1. the Department has the internal capability of obtaining the verification needed through such means as case files, microfiche records, or direct access to other official records; or 2. the Department has the capability to obtain the verification needed, and the assistance unit has done the following: a. made a reasonable effort to obtain the verification on its own; and b. been unable to obtain the verification needed; and c. requested the Department's help in obtaining the verification; and d. continued to cooperate in obtaining the verification.

**The Department correctly granted the Appellant an extension of time to submit requested verification in order to determine eligibility.**

**The Appellant's representative did not request the Department's help in obtaining the requested verification from ■■■ Bank.**


**The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility since requested information was not returned by the due date and good cause for obtaining requested verification does not exist.**

**DISCUSSION**

After reviewing the evidence and testimony presented, the Department's action to deny the Appellant's request for LTC assistance is affirmed. Regulation requires that an application must remain pending as long as the Appellant shows good cause for not providing at least one requested item before the given due date. The Appellant's representatives did not submit information by the [REDACTED], 2018 due date. The Department, in fact, waited until [REDACTED], 2018 to deny the application. During these two months, neither the Appellant's representative nor [REDACTED] contacted the Department on the status of the Appellant's application until the receipt of the denial notice. Accordingly, the Department was correct to deny the Appellant's application for failure to provide information.

**DECISION**

The Appellant's appeal is denied.

  
Christopher Turner  
Hearing Officer

Cc: Musa Mohamud, Operations Manager Hartford  
Judy Williams, Operations Manager Hartford  
Jessica Carroll, Operations Manager Hartford  
Jay Bartolomei, DSS Supervisor, Hartford  
Ryan Bargainer, DSS Hartford

### **RIGHT TO REQUEST RECONSIDERATION**

The appellant has the right to file a written reconsideration request within 18 days of the mailing date of the decision on the grounds there was an error of fact, law, and 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 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, if 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.