

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

Case ID # ██████████  
Client ID# ██████████  
Hearing ID# 121779

NOTICE OF DECISION

PARTY

██████████  
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PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the “Department”) sent ██████████ ██████████t, (the “Applicant”) a Notice of Action (“NOA”) granting Long Term Care medical assistance under the Medicaid program for ██████████ 2018 and ██████████ 2018.

On ██████████ 2018, ██████████ ██████████, Applicant’s daughter and power of attorney (“Appellant”) requested an administrative hearing to contest the Department’s decision.

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

On ██████████ 2018, the Appellant requested to reschedule the administrative hearing.

On ██████████, 2018, the OLCRAH issued another notice rescheduling the administrative hearing for ██████████ 2018.

On ██████████ 2018, the Appellant requested another reschedule and requested a phone hearing since she resides out of State.

On ██████████ 2018, the OLCRAH issued another notice rescheduling the administrative phone hearing for ██████████ 2018.

On [REDACTED] 2018, the Appellant appeared for the hearing which was scheduled as a phone hearing.

On [REDACTED], 2018, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 of the Connecticut General Statutes, inclusive, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

[REDACTED], Appellant  
Ilijana Sabani, Fair Hearing Liaison, via telephone  
Garfield White, Department's Representative  
Swati Sehgal, Hearing Officer

The Applicant was not present at the hearing due to his passing on [REDACTED] 2017.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly granted the Applicant's Medicaid for Long Term Care assistance effective [REDACTED] 2017.

### **FINDINGS OF FACT**

1. The Applicant was a resident of Long Term Care Facility ("the facility") in [REDACTED], CT (Exhibit 2: Notice Of Action, [REDACTED]/18)
2. The Appellant submitted an application for Medicaid under Long Term Care Facility Residents in [REDACTED] 2017. (Appellant's Testimony)
3. The Applicant passed away on [REDACTED] [REDACTED] 2017. (Hearing Summary, Appellant's testimony)
4. On [REDACTED] 2017, the Department denied the application because it did not receive required information needed to establish eligibility. (Department's Testimony)
5. On [REDACTED] 2018, the Appellant submitted new application for Medicaid. (Hearing Summary)
6. On [REDACTED] 2018, the Department sent W1348, Proofs we Need form, to the Appellant requesting information needed to establish eligibility. (Exhibit 1: Case Notes)

7. On [REDACTED], 2018, the Department determined that all requested information was received. (Exhibit 2)
8. On [REDACTED] 2018, the Department granted Medicaid retroactively for the months of [REDACTED] 2017 and [REDACTED]r 2017. The Department denied the application for [REDACTED]r 2017 and ongoing months because the Applicant passed away on [REDACTED] 2017. (Exhibit 2)
9. On [REDACTED] 2018, the Department sent a Notice to the Applicant stating Medicaid under Long Term Care Facility Residents was approved for the months of [REDACTED] 2017, [REDACTED] 2017 and denied for the months of [REDACTED] 2017, [REDACTED]ry 2018, [REDACTED]y 2018, [REDACTED] 2018, [REDACTED] 2018, [REDACTED] 2018 and ongoing for the reason that no household members are eligible for this program because the person listed has died. (Exhibit 2)

### **CONCLUSIONS OF LAW**

1. Connecticut General Statutes §17b-2 provides in part that the Commissioner is authorized 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 Department received all requested information on [REDACTED] 2018.
9. Uniform Policy Manual (UPM) § 1560.10 (A)(B) provides The beginning date of assistance for Medicaid may be one of the following: A. the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month; or B. the first day of the month of application when all non-procedural eligibility requirements are met during that month;
10. The Department correctly granted Medicaid for retroactive months of [REDACTED] 2017 and [REDACTED] 2017.

### DISCUSSION

After reviewing the evidence and testimony presented, I find the Department correctly determined the effective date of the Applicant's Medicaid assistance.

The Appellant is satisfied with the Department's action to grant Medicaid for [REDACTED] 2017 and [REDACTED] 2017, however her argument is regarding denial of [REDACTED] 2017 application, which was denied on [REDACTED] 2017. That argument is not relevant to this hearing.

Based on the policy and regulations, the Department correctly granted retroactive months of [REDACTED] 2017, [REDACTED] 2017 and properly denied the Applicant's assistance as of [REDACTED] 2017 due to his passing on [REDACTED], 2017.

**DECISION**

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

**Swati Sehgal**

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Swati Sehgal  
Hearing Officer

Pc: Musa Mohamud, Operations Manager, DSS R.O. #10, Hartford  
Judy Williams, Operations Manager, DSS R.O. #10, Hartford  
Jessica Carroll, Operations Manager, DSS R.O. #10, Hartford  
Ilirijana Sabani, Fair Hearing Liaison, DSS R.O. #60, Waterbury

### **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 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.