

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

Client ID # ██████████
Request # 127382

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, the Department of Social Services (the “Department”) sent ██████████ (the “Applicant”) a Notice of Action (“NOA”) denying his Application for Long Term Care (“LTC”) Medicaid benefits.

On ██████████, 2018, the Applicant’s Power of Attorney, requested an administrative hearing to contest the Department’s decision to deny the LTC 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, the Applicant’s Power of Attorney requested to reschedule the administrative hearing.

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:

██████████, Applicant's Daughter and Power of Attorney
 ██████████, Department Representative/Observer
 Rachelle Mighty- Brown, Department Representative via telephone
 Shelley Starr, Hearing Officer

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

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. The Applicant is █████ years old, ██████████ ██████████ with a primary medical diagnosis of ██████████. (POA's Testimony; Hearing Record)
2. In ██████████, the Applicant was admitted to ██████████ ██████████ for an anticipated long term stay. (Hearing Record; POA's Testimony)
3. On ██████████, the Department received the Applicant's W-1LTC application for Long Term Care Medicaid assistance. (Hearing Summary; Exhibit A: Case Notes)
4. On ██████████, the Department sent the Power of Attorney, ("POA") a W-1348 LTC Verification We Need form #1 listing the verifications required to process the application. The due date for the information was ██████████. (Hearing Summary; Exhibit B: Verification We Need dated ██████████)
5. On ██████████, the Department reviewed the items received and sent the Applicant's POA a W-1348 LTC Verification We Need form #2 listing the verifications required to process the application. The information was due by ██████████. (Hearing Summary; Exhibit C: W-1348LTC # 2 dated ██████████)
6. On ██████████, the Department reviewed the additional verifications provided by the Applicant's POA and sent a W-1348 LTC Verification We Need form #3 listing the remaining verifications required to process the

application. The information was due [REDACTED]. (Hearing Summary; Exhibit D: W-1348LTC #3 dated [REDACTED])

7. On [REDACTED], the Department determined that no additional verifications listed on the W-1348 LTC request # 3 was provided by the Applicant's POA by the [REDACTED] designated due date. (Hearing Summary; Exhibit A: Case Notes; Hearing Record)

On [REDACTED] the Department denied the Applicant's Medicaid and long term care application and sent the Applicant a Notice of Action informing of the denial of the Medicaid application.(Hearing Summary; Exhibit A: Case Narrative; Exhibit F: Notice of Action dated [REDACTED])

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 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 Applicant's Power of Attorney multiple W-1348 LTC Verification We Need forms requesting information needed to establish eligibility.

4. UPM § 1505.35 (C) (2) provides that the following promptness standards be established as maximum times for processing applications: forty-five calendar days for AABD or MA applicants applying on the basis of age or blindness.
 - a. 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.; the client has been granted a 10 day extension to submit verification which has not elapsed.

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.
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; 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.

The Department correctly granted additional 10 day extensions following the submission of requested verifications by the due dates.

The Applicant's Power of Attorney did not submit at least one item by the [REDACTED], designated due date, based on the Department's third W-1348 LTC request for information issued to the POA on [REDACTED].

The Applicant's POA did not submit the requested information or have good cause for failing to do so. On [REDACTED], the Department correctly denied the [REDACTED], LTC application for failure to submit information to establish eligibility.

DISCUSSION

After reviewing the evidence and testimony presented, the Department's action to deny the Applicant's request for long term care assistance is upheld. The Department correctly informed the Applicant's POA of the required verification needed for the LTC program for which they applied. While the POA testified that she believed that she had faxed additional verification based on the Department's third W-1348 request, she could not produce the faxed confirmation or any supporting evidence. Through the POA's own admission, she thought it was odd that she did not receive a confirmation from the printing company when faxing documents; however she did not follow up with the Department to confirm whether

or not the documentation was received. The Department has no record of the submission of any documents from the POA by the [REDACTED], designated due date and on [REDACTED], correctly denied the application for failing to provide information to establish eligibility.

DECISION

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


Shelley Starr
Hearing Officer

cc: Brian Sexton, DSS, Middletown 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.

