

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 # ██████████

NOTICE OF DECISION

PARTY

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██████████
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PROCEDURAL BACKGROUND

On ██████████, 2018, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying her application for Medicaid benefits.

On ██████████ 2018, the Appellant’s Power of Attorney (“POA”), ██████████, requested an administrative hearing to contest the Department’s decision to deny the Appellant’s application for Medicaid.

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:

- ██████████, POA for Appellant
- Mary Meeks, Accounts Receivable, Apple Rehab
- Ellen Croll-Wissner, Eligibility Services specialist, Department’s Representative
- Roberta Gould, Hearing Officer

At the Department’s request, the hearing record remained open for the submission of additional evidence. On ██████████ 2018, the hearing record closed.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED], 2017, the Appellant's POA applied for Long Term Care Medicaid assistance for her. (Exhibit 1: W-1LTC Application Form and Hearing summary)
2. On [REDACTED], 2017, the Department sent a W-1348 Verification We Need form to the Appellant's POA requesting documentation of the Appellant's bank account balances, history of reverse mortgage withdrawals, and proof of her gross pension. The due date for the information was [REDACTED], 2017. (Exhibit 4: W-1348 sent to POA dated [REDACTED] 2017)
3. The Department received some of the requested information. (Department's testimony)
4. On [REDACTED], 2017, the Department sent a W-1038 Verification We Need form to the Appellant's POA requesting more information. The due date for the information was [REDACTED] 2018. (Exhibit 3: W-1348 sent to POA dated [REDACTED]/17 and Hearing summary)
5. On [REDACTED] 2018, the Appellant's POA telephoned the Department's New Haven regional office regarding the Appellant's pending application for assistance. (Exhibit 5: POA's iPhone activity record and POA's testimony)
6. On [REDACTED], 2018, the Appellant's POA telephoned the Department's New Haven regional office regarding the Appellant's application for assistance. (Exhibit 5: POA's iPhone activity record and POA's testimony)
7. The Appellant's POA did not receive a return call from the Department regarding the Appellant's application for Medicaid assistance. (POA's testimony)
8. The Department did not receive any reply or documentation from the Appellant's POA in response to the Department's [REDACTED], request for information by the due date of [REDACTED], 2018. (Department's testimony and Hearing summary)
9. On [REDACTED], 2018 the Department sent the Appellant's POA a notice of denial for Husky C Long Term Care Medicaid assistance for failure to provide documentation to determine eligibility. (Exhibit 2: Notice of action dated [REDACTED] 2018 and Hearing summary)
10. The Department sent the notice of denial to the POA's old address at [REDACTED]

██████████. (Exhibit 2 and Department's testimony)

11. On ██████████, 2018, the Appellant's POA telephoned the Department's New Haven regional office regarding the Appellant's application for assistance. (Exhibit 5: POA's iPhone activity record and POA's testimony)
12. The Department's representative who was working on the Appellant's application for Medicaid assistance was out of the office for several weeks during the time the Appellant's POA was trying to contact the Department regarding her application and outstanding documentation requirements. (Department'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 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 the Appellant's POA W-1348 request for verifications 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:
 - 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.; or
 - c. the Department has assumed responsibility for obtaining verification and has had less than 10 days; or
 - d. the Department has assumed responsibility for obtaining verification and is waiting for material from a third party.

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. The Department correctly delayed an eligibility determination for the Appellant's Medicaid application when it received some of the requested verifications from the Appellant's POA.
8. 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.
9. The Department correctly provided the Appellant with a 10 day extension and sent a new request for verifications.
10. UPM § 15005.40(B)(4) provides for delays in the application process due to good cause and states 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.
11. The Appellant's POA did show good cause or circumstances beyond their control in regards to their failure to submit the verification within the time limits because the Department's representative was unavailable when he called the Department's regional office within the required timeframe regarding the Appellant's pending application for assistance, and the Department sent the notice of denial to the POA's old address.
12. The Department incorrectly denied the Appellant's application for failure to submit information needed to establish eligibility because the Appellant's POA had good cause due to circumstances beyond the Appellant's control.

DECISION

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

ORDER

1. The Department is ordered to reopen the Applicant's application for Long Term care Medicaid assistance effective [REDACTED], 2017, and continue the eligibility process.
2. No later than [REDACTED] 2018, the Department will submit to OLCRAH proof of compliance with this order.

Roberta Gould
Roberta Gould
Hearing Officer

Pc Brian Sexton, Social Services Operations Manager, DSS Middletown
Ellen Croll-Wissner, Eligibility Services Specialist, DSS Middletown
[REDACTED], POA

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. 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/her 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.