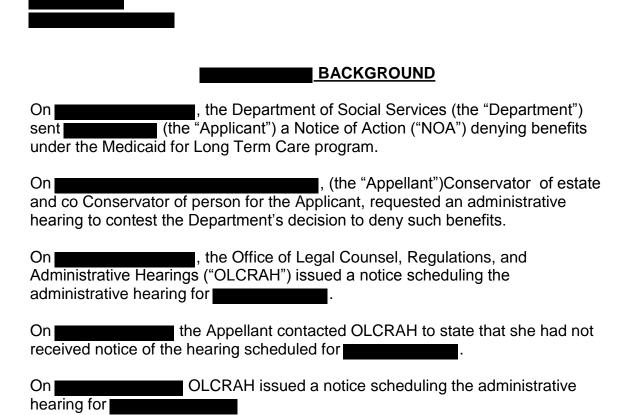
# STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS 55 FARMINGTON AVENUE HARTFORD, CT 06105-3725

Signature Confirmation

Client ID #	
Request #	

## **NOTICE OF DECISION**

# **PARTY**



4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an

administrative hearing. The following individuals were present at the hearing:

in accordance with sections 17b-60, 17-61 and 4-176e to

who is incapacitated and unable to be at the hearing,
Kimberly DiVirgilio, Department's representative via telephone conference call
Garfield White, DSS Hearing Liaison, Hartford Regional Office
Maureen Foley-Roy, Hearing Officer

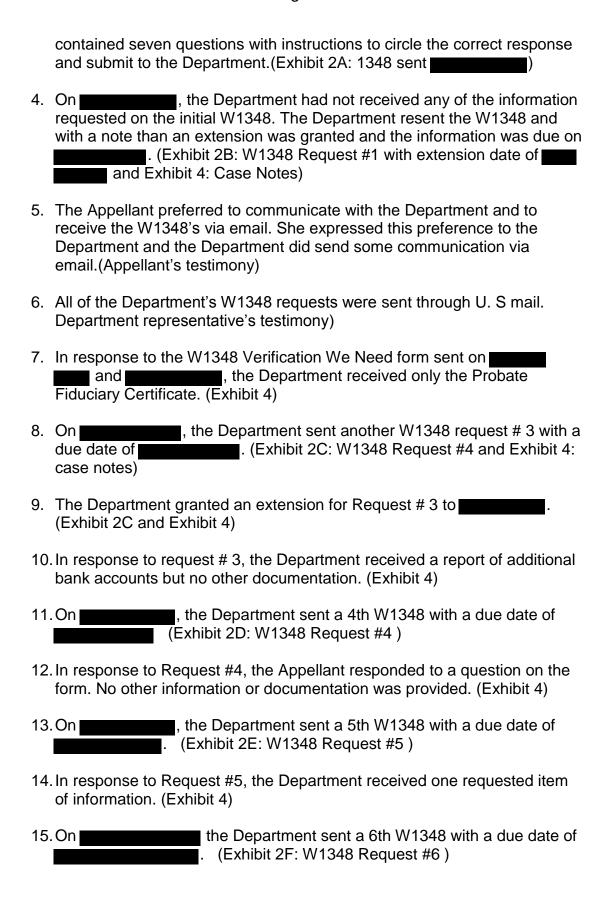
The Appellant provided additional evidence on the date of hearing and the Hearing Officer requested additional evidence from the Department. By mutual agreement, the hearing record closed on

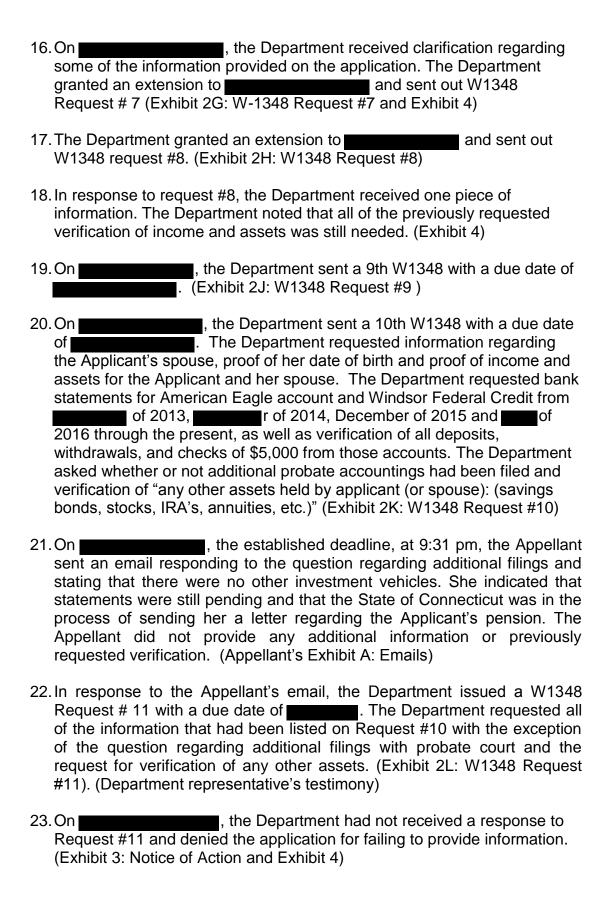
# STATEMENT OF THE ISSUE

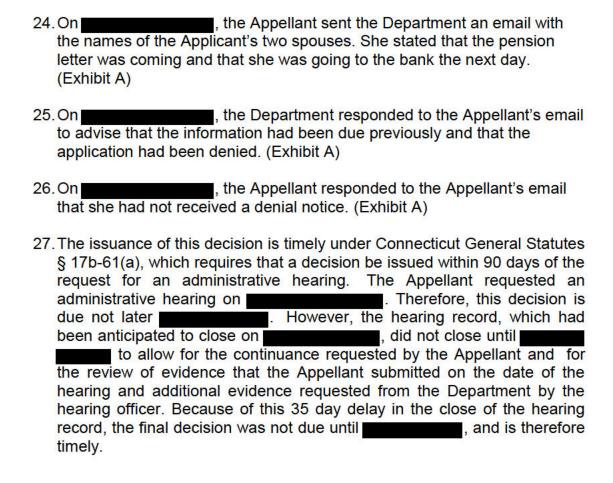
The issue to be decided is whether the Department's decision to deny the Applicant's application for medical assistance for failing to provide information was correct.

### FINDINGS OF FACT

- 1. On \_\_\_\_\_, the Appellant, conservator of the Applicant, submitted an application for Medicaid for care in a facility to the Department on behalf of the Applicant. (Exhibit 1: Application)
- 2. The application was missing much basic information, including marital status and home address. Responses to some of the questions were marked "determining". (Exhibit 1)
- ■, the Department sent a W-1348 LTC We Need Verification From You form ("W1348") to the Appellant. The form requested an extensive list of information with a due date of The information requested included: information regarding the Applicant's marital status and spouse, copies of probate documents, including conservatorship documents- initial inventory and any accounts filed, proof of date of birth, Medicare and any other medical insurance cards with proof of premium amounts, bank statements from 2015 and 2016 through the present for r 2014. Credit Union, and any accounts held jointly accounts at with son or any other financial accounts as well as verification of all deposits, withdrawals and checks of \$5,000 or more from those accounts, copies of all life insurance policies, trusts, funeral contracts, property deeds or documents verifying transfer of any property, proof of any other assets held by Applicant and/or spouse, proof of monthly gross Social Security and pension amounts and any other income for Applicant and spouse, proof of mortgage, property taxes, homeowner's insurance for Applicant's spouse living in the community. The request form also







# CONCLUSIONS OF LAW

- Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
- 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.

UPM § 1015.05 C states that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.

The Department was correct when it issued eleven W1348-Verification We Need forms with listings of outstanding information needed to determine eligibility.

 UPM § 1505.35 C1 c(2) provides that a standard of promptness is established as the maximum time period for processing applications. For applicants for Medical Assistance on the basis of age; that standard is forty-five calendar days.

UPM § 1505.40 B 5 a (1) and (2) provide that regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the Department has requested verification and 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 that an additional 10 day extension 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.1 (b) (1) provides that if the applicant failed to complete the application without good cause, cases are denied between the thirtieth day and the last day of the appropriate standard for processing the application.

The Department was correct when it denied the Appellant's application because it had not received even one of the items listed on the 11th request for information by the due date.

#### DISCUSSION

After seven months and 11 requests for information with numerous deadline extensions granted, there was still a multitude of information needed to determine eligibility on this case. The regulations require the Department to inform an Applicant or his/her representative of information that is needed for the Department to determine eligibility. The regulations also require the Department to delay an eligibility determination and issue a ten day extension if an Applicant provides even one item of verification before the established deadline. There is no question that the Department met their obligation to advise the Appellant of what was required to determine eligibility. The Appellant responded to each request with minimal information and the Department continued to issue requests (for the same information) and extend the deadline.

The Appellant sent a brief response to the 10<sup>th</sup> request for information after business hours on the day of the deadline. The Department then issued the 11<sup>th</sup>

request. The Appellant did not respond by the deadline 30). The Department correctly denied the application for failing to provide the information needed to determine eligibility. The Appellant claims that she did not receive the 11<sup>th</sup> request. She stated that there was no evidence that the 11<sup>th</sup> request had been sent via email as some of the previous requests had been. The Department had met their responsibility of informing the Appellant of what was needed to determine eligibility. Where there was no response to the final request, the Department was correct to deny the application.

# **DECISION**

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

Maureen Foley. Roy

Maureen Foley-Roy,

Hearing Officer

CC: Jess Carroll, Musa Mohamud, Judy Williams, DSS Operations Managers, R.O. #10, Hartford Kimberly DeVirgilio, Fair Hearing Liaison, DSS, 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 <u>specific</u> 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.

## **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.