

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

██████████ 2019  
Signature Confirmation

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

**NOTICE OF DECISION**

**PARTY**

██████████  
████████████████████  
██████████  
████████████████████

**PROCEDURAL BACKGROUND**

On ██████████, 2018, the Department of Social Services (the “Department”) sent ██████████ (the “Applicant”) a Notice of Action (“NOA”) granting Long Term Care Medicaid benefits effective ██████████ 2018.

On ██████████, 2018, ██████████, the Applicant’s Conservator of Estate (the “Appellant”) requested an administrative hearing to contest the effective date of the Medicaid benefits as determined by the Department.

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 a reschedule of the administrative hearing.

On ██████████ 2018, OLCRAH issued a Notice rescheduling the administrative hearing to ██████████, 2018.

On ██████████, 2018 in accordance with sections 17b-60, 17-61 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:



9. The Department did not take action on the W1ER redetermination form as the Applicant had not been active on HUSKY C Medicaid for Long Term Care in over 90 days. (Department's testimony)
10. On [REDACTED] 2018, the Appellant was appointed Conservator of Estate for the Applicant by the [REDACTED] Probate Court. (Ex. 3: Court of Probate decree, Appellant's testimony)
11. On [REDACTED], 2018, the Department received a W1LTC Long Term Care/Waiver Application from the Appellant on behalf of the Applicant. (Ex. 1: W1LTC, Hearing Summary)
12. On [REDACTED] 2018, the Department sent a W1348LTC Verification We Need form requesting proof of gross monthly income and monthly bank statements for all of the Applicant's accounts from [REDACTED] 2018 through present. (Ex. 4: W1348LTC)
13. On [REDACTED] 2018, the Department received the requested verifications. (Department's testimony)
14. On [REDACTED], 2018, the Department granted the HUSKY C Medicaid for Long Term Care for the Applicant back to [REDACTED] 2018 as the month of application and granted three months of retroactive Medicaid for the months of [REDACTED] 2018, [REDACTED] 2018, and [REDACTED] 2018. (Ex. 5: Notice of Action [REDACTED]/18, Department's testimony)
15. The issuance of this decision is timely under section 17b-61(a) of Connecticut General Statutes, which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2018. This decision, therefore, was due no later than [REDACTED] 2019. The hearing, however, which was originally scheduled for [REDACTED], 2018, was rescheduled for [REDACTED], 2018, at the request of the Appellant, which caused a 13-day delay. Because this 13-day delay resulted from the Appellant's request, this decision is not due until [REDACTED], 2019, and is therefore timely. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 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") § 1505.10 (A) (2) states that the Department may utilize a single uniform application for multiple programs, or separate applications for individual programs.

3. UPM § 1505.10 (B) provides: 1. Individuals who desire to obtain aid must file a formal request for assistance. 2. The formal request must be made in writing on the application form. 3. At minimum, the following information must be presented: a. the full name and address of the applicant; and b. the signature of the applicant, caretaker relative or other individual who is requesting assistance on behalf of the applicant.
4. UPM § 1505.10 (B)(5) provides: Telephone contacts or other requests for aid which are not written, do not contain the required information, or are not made on the prescribed application form are considered inquiries and do not constitute an application.
5. UPM § 1505.10 (D) (1) provides for date of application and states that for AFDC, AABD and MA applications, except for the Medicaid coverage groups noted below in 1510.10 D.2, the date of application is considered to be the date that a signed application form is received by any office of the Department.
6. The Department correctly determined the redetermination form was not an application form and did not constitute an application.
7. The Department correctly determined the W1LTC received on [REDACTED], 2018 was a prescribed application form and constituted a formal request for assistance.
8. UPM § 1560.10 (A) provides in part for the beginning date of assistance for Medicaid as: 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
9. The Department was correct when it granted Long Term Care Medicaid Benefits effective [REDACTED] of 2018, the third month preceding the month in which the Department received a signed application, [REDACTED] 2018.

### DISCUSSION

The issue of this hearing was the effective date of the benefits for the application received on [REDACTED], 2018. The Appellant did not dispute that the application at issue was received on that date. The Department correctly granted assistance for the Applicant as of the month of the application plus three months of retroactive coverage.


The Facility argued that the W1ER redetermination form submitted after the Applicant's Medicaid had closed was not acted upon timely or properly by the Department. The testimony and evidence reflect that the W1ER redetermination form was not submitted timely. The W1ER form clearly states that it can only be used to renew benefits that an applicant is currently receiving, and at the time the Facility submitted the form, the Applicant was not actively receiving benefits and had not received them for several

months. The W1ER does not constitute a formal request or application for assistance according to regulations.

The Department was correct when it considered eligibility only as far back as the third month preceding the month in which it received a formal request for assistance, as outlined in regulations, a signed valid application.

### **DECISION**

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

  
Marci Ostroski,  
Hearing Officer

CC: Rachel Anderson, Operations Manager DSS R.O. #20, New Haven  
Cheryl Stuart, Operations Manager DSS R.O. #20, New Haven  
Lisa Wells, Operations Manager DSS R.O. #20, New Haven  
Stefania Smith, Fair Hearing Liaison DSS R.O. #20, New Haven

### **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.