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

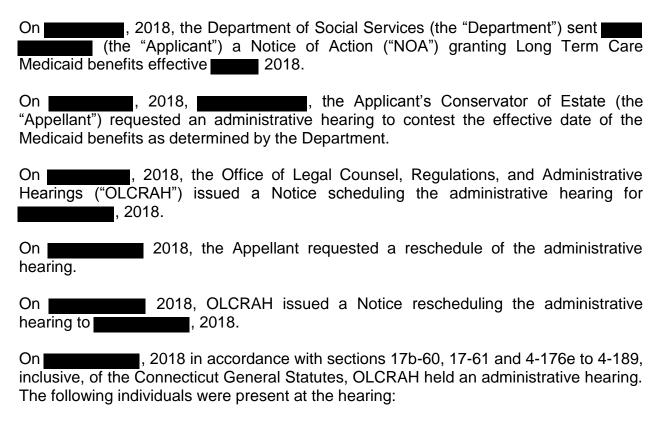
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NOTICE OF DECISION

PARTY



PROCEDURAL BACKGROUND



, the Appellant, Conservator of Estate for the Applicant Financial Counselor, the Facility Stefania Smith, Department's representative Marci Ostroski, Hearing Officer

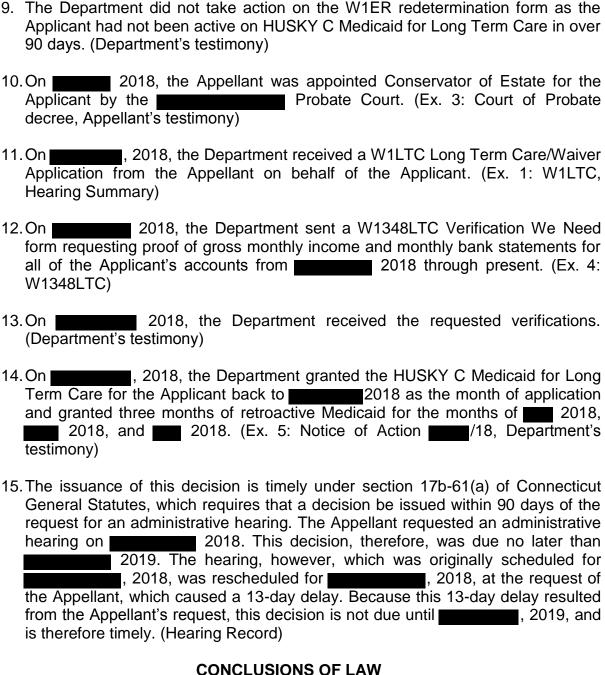
The Applicant was not present at the administrative hearing due to her institutionalization at a skilled nursing facility.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to grant Medicaid benefits effective , 2018 was correct.

FINDINGS OF FACT

- 1. The Applicant was admitted to "Facility") on 2015. (Ex. 1: W1-LTC, Ex. A: Timeline) (the
- 2. The Applicant's admission and subsequent stay at the Facility was covered under HUSKY C Medicaid for Long Term Care. (Facility testimony, Department's testimony)
- 3. The Applicant's sister was her power of attorney ("POA") and failed to complete the Applicant's 2017 redetermination due to her own medical issues. (Department's testimony, Facility's testimony)
- 4. On 2017, the Applicant's HUSKY C Medicaid for Long Term Care closed for failure to complete the redetermination process. (Department's testimony, Facility's testimony)
- 5. On ______, 2018, the Facility sent a W1ER Renewal of Eligibility to the Department. (Ex. B: Fastlink Coversheet, Facility testimony)
- 6. Department offices were closed, 2018, was a Saturday and 2018, was a Sunday.
- 7. The Department received the W1ER Renewal of Eligibility after 2018. (Department's testimony)
- 8. The W1ER states in part "This renewal form is only for current DSS clients....This form is only to renew eligibility for the benefits you get now or to add new members of your household....to apply for help that you do not get now apply online at www.CONNECT.ct.gov. You can also ask us to mail you a paper application." (Ex. C: W1ER)



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 ______, 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 of 2018, the third month preceding the month in which the Department received a signed application, 2018.

DISCUSSION

The issue of this hearing was the effective date of the benefits for the application received on 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 <u>specific</u> grounds for the request: for example, indicate what error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.