

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

Case ID # ██████████  
Client ID # ██████████  
Request # 130958

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the "Department") sent ██████████, (the "Appellant") a Notice of Action ("NOA") denying his application for Medicaid Long Term Care Assistance program.

On ██████████, 2018, ██████████ (the "Appellant's Attorney") requested an administrative hearing to contest the Department's decision to deny such benefits.

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:

██████████, Appellant's POA  
██████████ Esq., Appellant's Attorney  
Ken Smiley, Department's Representative

Elizabeth Clark, Department's Representative  
 Stefania Smith, Department's Representative  
 Swati Sehgal, Hearing Officer

The hearing record remained open for the submission of additional evidence. On [REDACTED] 2018, the hearing record closed.

The Appellant was not present at administrative hearing due to his passing on [REDACTED] 2018.

### **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 submit information needed to establish eligibility was correct.

### **FINDINGS OF FACT**

1. On [REDACTED] 2018, the Department received an application for Long Term Care Medicaid assistance for the Appellant. (Exhibit 11: Application dated [REDACTED])
2. On [REDACTED], 2018, the Department sent the Appellant's Attorney a W-1348LTC, Verification We Need form, requesting information needed to determine eligibility with a Due date of [REDACTED] 2018. The Department requested following items:
  1. Copy of marriage License
  2. Proof of 2018 income for the Appellant's spouse including social security and pension with gross and net income
  3. Bank statements for all accounts including Hometown Bank for [REDACTED]/2013, [REDACTED] 2014, [REDACTED] 2/2015 and [REDACTED]/2016 to current for spouse and client.
  4. Proof of any other asset.
  5. Current face/cash value of any life insurance policy.
  6. Copy of any funeral contract.
  7. Copy of rent/Mortgage and real estate taxes and utility bills.
  8. Skilled nursing home placement and level of care must be entered in Ascend by SNF

(Department's Summary and Exhibit 12: W1348LTC; [REDACTED])
3. On [REDACTED] 2018, the Department determined that it has not received any of the required documentation in order to determine eligibility for Medicaid Long Term Care Assistance program.

4. On [REDACTED] 2018, the Department denied the application and issued a notice of action to the Appellant informing him of denial due to not providing required information in order to determine eligibility for Medicaid Long Term Care Assistance program.
5. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), 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. Therefore, this decision is due not later than [REDACTED], 2019.

### **CONCLUSIONS OF LAW**

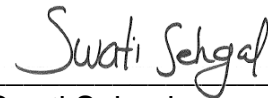
1. Section 17b-2 and § 17b-260 of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual (“UPM”) § 1010.05(A)(1) provides that the assistance unit must supply the Department 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 to the Appellant’s Attorney Verification we need list 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: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed.
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 Appellant failed to submit at least one item of verification listed on the W1348LTC.
8. The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility.

### **DECISION**

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



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Swati Sehgal  
Hearing Officer

Pc: Tonya Cook-Beckford, Social Services Operations Manager, DSS, #42  
Stefania Smith, Fair Hearing Liaison, DSS, #20

### **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.

