# 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 # 137079

#### **NOTICE OF DECISION**

**PARTY** 



#### PROCEDURAL BACKGROUND

On \_\_\_\_\_\_, 2019, Department of Social Services (the "Department") sent \_\_\_\_\_\_ (the "Appellant") a Notice of Action ("NOA) denying her application for Husky C Long Term Care Assistance (LTSS) benefits.

On \_\_\_\_\_\_, 2019, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On \_\_\_\_\_, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for , 2019.

On 2019, 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:

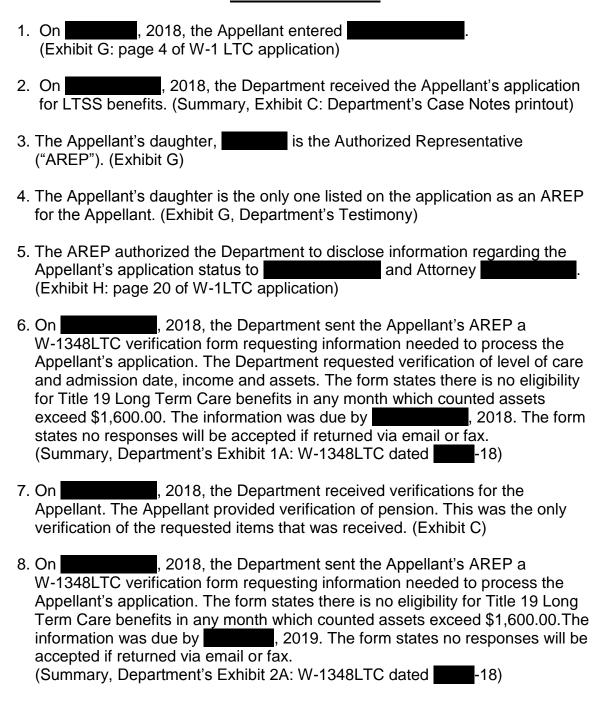
Amy Cherrez, Department's Representative Miklos Mencseli, Hearing Officer

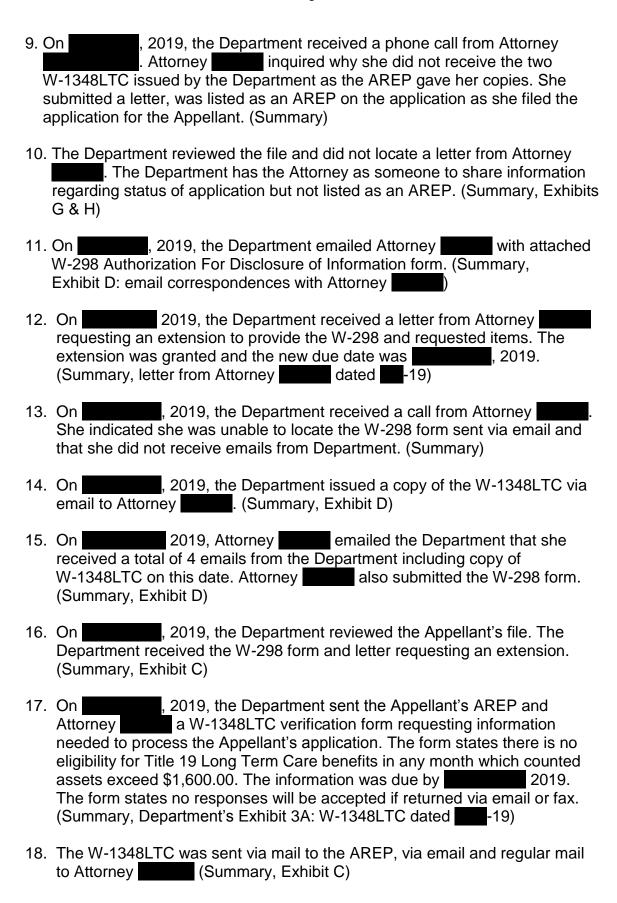
The Appellant expired on 2019.

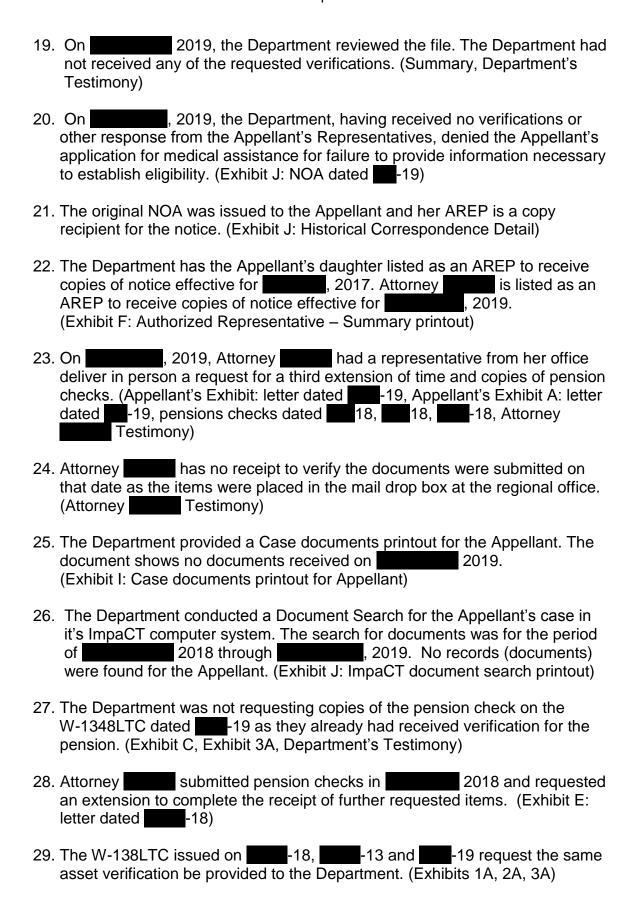
### **STATEMENT OF THE ISSUE**

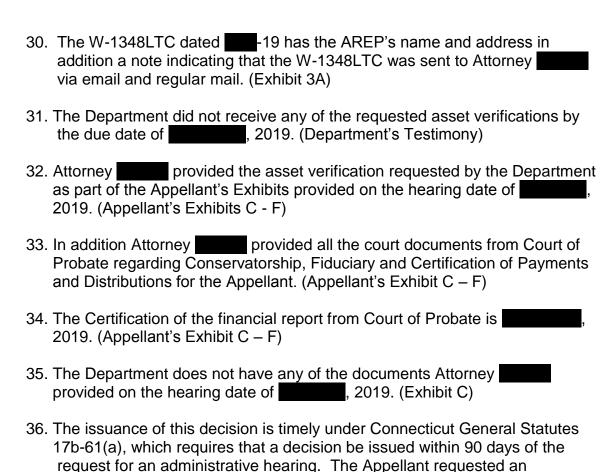
The issue to be decided is whether the Department correctly denied the Appellant's LTSS application because of failure to submit information needed to establish eligibility.

#### **FINDINGS OF FACT**









#### **CONCLUSIONS OF LAW**

administrative hearing on 2019. Therefore, this decision is due

. 2019.

not later than

- 1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
- 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 AREP verification request form requesting information needed to establish eligibility.

- 5. The Department correctly sent Attorney verification request form once it received verifications that she was an Authorized Representative.
- 6. The Appellant's AREP's did provide the information as the Department requested to establish eligibility for the medical assistance program.
- 7. The Department correctly continued to send the verification request forms to the AREP's as they were providing verifications to the Department.
- 8. UPM §1540.10 A provides that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
- 9. 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
  - 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.
- 10. The Department did receive at least one item of verification it requested until 2019.
- 11. 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.
- 12. The Department correctly did not provide the Appellant's AREP's an additional 10 day extensions as it did not receive at least one item of verification.
- 13. UPM § 1505.40(A)(4) provides the Department may complete the eligibility determination at any time during the application process when:
  - d. adequate information exists to determine ineligibility because one or more eligibility requirements are not satisfied

- 14. UPM Section 1555.10 (A)(1)(2) provides that under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable. If good cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period.
- 15. The Appellant's AREP's did not establish good cause as to why the requested information was not submitted by the due date.
- 16. UPM Section 1545.05(D)(1) provides that if the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to:
  - a. income amounts:
  - b. asset amounts.
- 17. The Appellant's AREP's did not provide the Department with the requested verifications.
- 18. The Department correctly denied the Appellant's 2018 medical assistance application on 2019 for failure to provide information necessary to establish eligibility.

#### **DISCUSSION**

The Department correctly followed its procedural and eligibility requirements in processing the Appellant's application. The Department correctly sent the Appellant's AREP's a verification request form. Attorney issue with receiving notices is noted. But Attorney acknowledges that the Appellant's AREP, her daughter forwarded the W-1348LTC to her. Attorney provided the
Department with the pension checks in 2018. How would Attorney
know to submit the pension checks unless she had a copy of the form?
The W-1348LTC's issued are unchanged in regards to the asset verification the
Department is requesting. Attorney with her exhibits verifies the Court of
Probate certified the Appellant's financial on 2019. Attorney
had until 2019 to submit verification she had. The letter dated
, 2019 request an extension and notes copies of pension checks. The
Department already had this verification. Why was the Court of Probate
information not included?
The Department conducted a search for the verification Attorney stated
she provided on 2019. The Department has no record. The
Department had already granted two extensions prior to the denial. The
Department did not receive the Court of Probate documents until the date of the

hearing. The Appellant's AREP's had the requested verifications but did not submit them by the Department's due date.

## **DECISION**

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

Miklos Mencseli Hearing Officer

C: Lisa Wells, Operations Manager, New Haven DSS R.O. # 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> 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.

#### **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.