

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

██████████, 2019
SIGNATURE CONFIRMATION

CLIENT ID #: ██████████
HEARING ID #: 146167

NOTICE OF DECISION

PARTY

██████████
██████████
██████████.
████████████████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the “Department”) issued a notice of action (“NOA”) to ██████████ (the “Appellant”) denying her application for Medicaid because she did not return all the required proofs by the date the Department asked.

On ██████████ 2019, the Appellant, by her Daughter and POA, ██████████ (her “Daughter”), requested an administrative hearing to appeal the Department’s denial of her Medicaid application.

On ██████████ ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, because the Appellant’s Daughter would be out of state on the originally scheduled date, OLCRAH issued a notice rescheduling the hearing for ██████████ 2019.

On ██████████ 2019, 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 Daughter
Shayla Streater, Department's representative
Samantha Stone, Department employee monitoring hearing, not participating
James Hinckley, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department was correct when it denied the Appellant's application because she did not provide the requested verifications by the due date set by the Department.

FINDINGS OF FACT

1. On ██████████, 2019, the Appellant's Daughter submitted a Medicaid application to the Department on behalf of the Appellant. (Ex. 1: W-1LTC Application form, Hearing Record)
2. On ██████████ 2019, the Department sent a form to the Appellant asking for documentation and verification of certain information by ██████████, 2019. (Ex. 2: W-1348LTC *Proofs We Need* form dated ██████████ 2019)
3. On ██████████, 2019, the Daughter called the Department's worker to explain that she would be unable to provide all of the verifications by the ██████████, 2019 due date. The worker advised her that she should do the best she could and send as much verification as she had, and not wait until she had all of the information in-hand before responding to the request. (Daughter's testimony, Ms. Streater's testimony)
4. On ██████████, 2019, the Department received some of the requested information. (Ex. 4: Case Notes, Hearing Record)
5. On ██████████, 2019, the Department sent a second form to the Appellant asking for the remainder of the outstanding items of documentation and verification, and providing an extension of time until ██████████, 2019 to do so. (Ex. 3: W-1348LTC *Proofs We Need* form dated ██████████, 2019)
6. Between ██████████, 2019 and ██████████ 2019, The Appellant's Daughter did not send any additional items of verification to the Department. (Hearing Record)
7. Between ██████████, 2019 and ██████████ 2019, The Appellant's Daughter did not contact the Department's worker by telephone, letter or email. (Ms. Streater's testimony, Ex. 4: Case Notes, Appellant's Daughter's testimony)
8. On ██████████ 2019, the Department issued a NOA to the Appellant denying her

application for HUSKY C - *Medicaid for Long Term Care Facility Residents Eligible Under Special Income Level* for the reason, "You did not return all of the required proofs by the date we asked." (Ex. 5: NOA dated [REDACTED] 2019)

9. 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], 2019. The hearing was originally scheduled for [REDACTED] 2019, but was rescheduled at the request of the Appellant, adding 28 days to the time. Therefore, this decision is due not later than [REDACTED] 2020.

CONCLUSIONS OF LAW

1. The Department is the state agency that administers the Medicaid program pursuant to Title XIX of the Social Security Act. The Department may make such regulations as are necessary to administer the medical assistance program. Conn. Gen. Stat. § 17b-2; Conn. Gen. Stat. § 17b-262
2. The Department's Uniform Policy Manual ("UPM") "is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712(1990)).
3. "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." UPM § 1015.10(A)
4. "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". UPM § 1015.05(C)
5. "Prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits." UPM § 1505.40(A)(1)
6. "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 (Cross reference: 1555)." UPM § 1010.05(A)(1)
7. The maximum time period for processing an application, known as the promptness standard, is forty-five calendar days for MA applicants

applying on the basis of age. UPM § 1505.35 (C)(1)(c)(2)

8. UPM § 1505.40 (B)(5) discusses incomplete applications delayed due to insufficient verification and provides as follows:

(a) 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 documentation; 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.

(b) 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.

9. When the Appellant's Daughter failed to provide all of the requested documentation and verification by the initial due date, the Department acted correctly by not denying the application. Because the Appellant's Daughter provided some of the information (at least one item of verification) by the initial due date, the Department correctly sent a new request for the additional items, granting an extension of 10 days.

10. "The following provisions apply if the applicant failed to complete the application without good cause:...(b) If assistance cannot be granted: (1) AFDC, AABD and MA cases are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application..." UPM § 1505.40(B)(1)(b)(1)

11. If the Appellant could not provide all of the remaining items of verification by the [REDACTED], 2019 due date of the Department's second request, in order for her to qualify for another extension she needed to submit at least one additional item during the period.

12. The standard of promptness for the Appellant's application was forty-five days, which was reached on [REDACTED] 2019.

13. Because the Appellant submitted no additional items during the extension period, the Department could have denied her application as soon as [REDACTED], 2019, because it was after the thirtieth day.

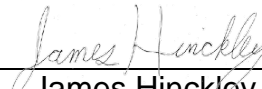
14. By [REDACTED] 2019, the Department was *required* to deny the Appellant's application. When there is insufficient information to

grant assistance the Department denies the application between the thirtieth day and the last day of the promptness standard. [REDACTED] 2019 was the last day of the Appellant's promptness standard.

15. The Department was correct when it denied the Appellant's application on [REDACTED] 2019 for not providing all the required proofs by the date the department asked.

DECISION

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



James Hinckley
Hearing Officer

cc: Shayla Streater
[REDACTED]
Tricia Morelli

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.