

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

██████████ 2020
SIGNATURE CONFIRMATION

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

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying his application for Long-Term Care ("LTC") Medicaid benefits.

On ██████████, 2019, the Appellant requested an administrative hearing to contest the Department's decision to deny his Appellant's application for Medicaid.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████ 2020, 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:

██████████, the Appellant
██████████, Authorized Representative ("AREP")
Paula Wilczynski, Eligibility Services Worker, Department's Representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for LTC Medicaid due to failure to provide information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] 2018, the Appellant entered [REDACTED]. (Exhibit 1: Nursing home admission notice and Hearing summary)
2. On [REDACTED] 2019, the Appellant applied for LTC Medicaid assistance for himself. (Exhibit 2: W-1LTC Application form and Hearing summary)
3. On the Appellant's application for assistance he indicated that he has a disability and that he needed assistance in gathering paperwork necessary to complete the application for assistance. (Exhibit 2 and AREP's testimony)
4. On October 28, 2019, the Department sent a *W-1348 Verification We Need* form to the Appellant's AREP requesting documentation of the Appellant's Railroad Retirement income, bank account information and Thrift Savings Plan verification. The due date for the information was [REDACTED], 2019. (Exhibit 3: W-1348 form dated [REDACTED] and Hearing summary)
5. On [REDACTED], 2019, the Department received some of the requested information. (Hearing summary)
6. On [REDACTED], 2019, the Department sent a *W-1348 Verification We Need* form to the Appellant's AREP requesting more information. The due date for this information was [REDACTED], 2019. (Exhibit 5: W-1348 form dated [REDACTED] and Hearing summary)
7. On [REDACTED], 2019, the Appellant's AREP emailed the Department to inform the eligibility worker that she had requested proof of the Appellant's Thrift Savings Plan as well as proof of his gross income and that she expected to have that information by the due date of [REDACTED], 2019. (Exhibit 5: Email dated [REDACTED] and Hearing summary)
8. The Appellant's AREP did not contact the Department about or indicate that she was having difficulty in obtaining the required verifications. (AREP's testimony and Department's testimony)
9. On [REDACTED] 2019, the Department sent the Appellant a notice of denial of HUSKY C Long Term Care Medicaid assistance for failure to return all of the required proofs by the due date. (Exhibit 6: Notice of action dated [REDACTED] and Exhibit 9: Case notes)

10. On [REDACTED] 2019, the Appellant re-applied for HUSKY C Medicaid assistance. (Appellant's testimony)
11. On [REDACTED] 2020, the date of the administrative hearing, the Appellant's AREP submitted the requested verifications to the Department. (Hearing record)
12. 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]. Therefore, this decision is due not later than [REDACTED], and is therefore timely.

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.

The Department correctly sent the Appellant's Conservator W-1348 requests for verifications requesting information needed to establish eligibility.

4. 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:
 - a. the client has good cause for not submitting verification by the deadline; or
 - b. the client has been granted a 10 day extension to submit verification which has not elapsed.; or
 - c. the Department has assumed responsibility for obtaining verification and has had less than 10 days; or
 - d. the Department has assumed responsibility for obtaining verification and is waiting for material from a third party.

5. 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.
6. 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.

The Department correctly delayed an eligibility determination for the Appellant's Medicaid application when it received some of the requested verifications from the Appellant's Conservator and provided the Appellant with a 10 day extension when it received some of the requested information.

7. UPM § P-1505.40(9) provides that the Department should consider making a follow-up contact to check on the applicant's progress and offer assistance if any of the following conditions exist:
 - the applicant has expressed difficulty in obtaining verification and has indicated that the information may be provided late; or
 - the applicant is having difficulty complying because of age or disability; or
 - the missing information is reasonably available through some other means.

The Appellant's AREP did not show good cause or circumstances beyond her control in regards to a failure to submit the verification within the required time frame.

On [REDACTED], 2019, the Department correctly denied the Appellant's application for failure to provide all of the required information needed to establish eligibility.

DISCUSSION

After reviewing the evidence and testimony presented at this hearing, I find that the Department acted correctly when it took action to deny the Appellant's application for LTC Medicaid assistance. The Department sent out two requests for documentation, allowing for an additional 10-day period after receiving some of the requested information. Also, on [REDACTED], 2019, the Appellant's AREP contacted the Department to indicate that she had requested proof of the Appellant's Thrift Savings Plan as well as proof of his gross income and that she expected to have that information by the due date. She did not give any indication that she was having difficulty complying with the Department's request for information.

On the date of the hearing the Appellant's AREP provided the requested verification and indicated that the Appellant had already re-applied for assistance.

DECISION

The Appellant's appeal is DENIED.


Roberta Gould
Hearing Officer

Pc Tricia Morelli, Social Services Operations Manager, DSS Manchester
Paula Wilczynski, Eligibility Services Worker, DSS New Haven
Susan Debevec, Authorized Representative

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 Legal Counsel, Regulations and Administrative Hearings, 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. 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 his/her 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.