

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
25 SIGOURNEY STREET  
HARTFORD, CT 06106-5033

Case # [REDACTED]  
Client ID # [REDACTED]  
Request # 155343

[REDACTED] 2020  
Signature Confirmation

**NOTICE OF DECISION**

**PARTY**

[REDACTED]  
[REDACTED]  
[REDACTED]

**PROCEDURAL BACKGROUND**

On [REDACTED], 2020, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") denying her application for the W01 Home and Community Based services under the Medicaid program.

On [REDACTED], 2020, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On [REDACTED] 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for [REDACTED] 2020.

On [REDACTED] 2020, the Appellant requested a re-schedule of the hearing because she was unable to open the hearing summary e-mailed to her on [REDACTED] 2020, which was granted.

On [REDACTED] 2020, OLCRAH issued a notice scheduling the administrative hearing for [REDACTED], 2020.

On [REDACTED] 2020, 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:

[REDACTED], Appellant  
Mariusz Andrukiewicz, Department Representative  
Almelinda McLeod, Hearing Officer

**STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department’s decision to deny the Appellant’s application for W01, Home and Community Based Services under the Medicaid program due to failure to submit information needed to establish eligibility was correct.

**FINDINGS OF FACT**

1. On [REDACTED], 2019, the Appellant applied for the W01 Medicaid program. ( Exhibit 1)
2. The Appellant and the Department communicated frequently throughout the application process. (Hearing record.)
3. A series of W-1348 “Verification We Need” forms had been issued to the Appellant requesting verifications needed to process the application and determine eligibility. The 8th W-1348 requested verification of the following.

<ol style="list-style-type: none"> <li>1. Look back on an unreported [REDACTED] savings account # [REDACTED] –                     <ul style="list-style-type: none"> <li>• December statements only for 2014, 2015 and 2016.</li> <li>• Full monthly statements from [REDACTED] 2017 through the present.</li> </ul> </li> </ol>																																																																	
<ol style="list-style-type: none"> <li>2. Verification of source of ongoing cash deposits from 2017 to 2019.                     <ul style="list-style-type: none"> <li>• Verification for [REDACTED]/18 deposit of \$4600 was received; however a lot more of the deposits have to be verified before the Department can assume that the deposits were from daughter’s account.</li> </ul> </li> </ol>																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Deposits</th> <th>Date</th> <th>Deposit</th> </tr> </thead> <tbody> <tr> <td>[REDACTED]/17</td> <td>\$400.00</td> <td>[REDACTED]/18</td> <td>\$566.68</td> </tr> <tr> <td>[REDACTED] 17</td> <td>\$301.43</td> <td>[REDACTED]/18</td> <td>\$5000.00</td> </tr> <tr> <td>[REDACTED] 18</td> <td>\$210.00</td> <td>[REDACTED]/18</td> <td>\$800.00</td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$700.00</td> <td>[REDACTED]/18</td> <td>\$1200.00</td> </tr> <tr> <td>[REDACTED] 18</td> <td>\$200.00</td> <td>[REDACTED] 19</td> <td>\$700.00</td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$300.00</td> <td>[REDACTED]/19</td> <td>\$200.00</td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$600.00</td> <td>[REDACTED]/19</td> <td>\$500.00</td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$380.00.</td> <td>[REDACTED]/19</td> <td>\$810.00</td> </tr> <tr> <td>[REDACTED] 18</td> <td>\$443.00</td> <td>[REDACTED]/19</td> <td>\$250.06</td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$2000.00</td> <td>[REDACTED]/19</td> <td>\$800.00</td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$250.00</td> <td>[REDACTED]/19</td> <td>\$410.00</td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$1000.00</td> <td>[REDACTED]/19</td> <td>\$100.00</td> </tr> <tr> <td>[REDACTED] 18</td> <td>\$300.00</td> <td>[REDACTED]/19</td> <td>\$250.00</td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$320.00</td> <td></td> <td></td> </tr> <tr> <td>[REDACTED]/18</td> <td>\$600.00</td> <td></td> <td></td> </tr> </tbody> </table>	Date	Deposits	Date	Deposit	[REDACTED]/17	\$400.00	[REDACTED]/18	\$566.68	[REDACTED] 17	\$301.43	[REDACTED]/18	\$5000.00	[REDACTED] 18	\$210.00	[REDACTED]/18	\$800.00	[REDACTED]/18	\$700.00	[REDACTED]/18	\$1200.00	[REDACTED] 18	\$200.00	[REDACTED] 19	\$700.00	[REDACTED]/18	\$300.00	[REDACTED]/19	\$200.00	[REDACTED]/18	\$600.00	[REDACTED]/19	\$500.00	[REDACTED]/18	\$380.00.	[REDACTED]/19	\$810.00	[REDACTED] 18	\$443.00	[REDACTED]/19	\$250.06	[REDACTED]/18	\$2000.00	[REDACTED]/19	\$800.00	[REDACTED]/18	\$250.00	[REDACTED]/19	\$410.00	[REDACTED]/18	\$1000.00	[REDACTED]/19	\$100.00	[REDACTED] 18	\$300.00	[REDACTED]/19	\$250.00	[REDACTED]/18	\$320.00			[REDACTED]/18	\$600.00		
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<ol style="list-style-type: none"> <li>3. Explanation of a CT TLR transfer of \$1000.00 on [REDACTED]/18. - Where was this transferred to?</li> </ol>																																																																	

(Exhibit 2, W-1348 Request #8)

4. The Appellant was the sole owner of the [REDACTED] checking # [REDACTED] and savings account # [REDACTED]. (Appellant testimony)
5. On [REDACTED] 2020, the Department did not receive the requested verification it requested. (Department testimony)
6. On [REDACTED] 2020, the Department issued a NOA denying her application for the W01 Home and Community Based services effective [REDACTED] 2019 because she did not return all of the required proofs by the date requested and thus does not meet program requirements. (Exhibit 4, NOA)
7. On [REDACTED], 2020, the Appellant received another W-1348 from the Department requesting proof of savings account balance for the W01 Home and Community Based services with a due date of [REDACTED] 2020. (Exhibit C)
8. The Department was unaware that another W-1348 was issued to the Appellant after the [REDACTED], 2020 denial of her W01 application. (Department's testimony)
9. On [REDACTED] 2020, the Department did not receive any documents from the Appellant by the [REDACTED] 2020 due date. The Appellant's W01 Home and Community Based services application remained in denied status. (Department's testimony and Exhibit 5- Document Search)
10. There was no further communication between the Appellant and the Department after the [REDACTED] 2020 denial of the W01 Home and Community Based services Medicaid application. (Appellant and Department testimony)
11. On [REDACTED] [REDACTED] 2020, the Department received a duplicate letter previously sent by the Appellant's daughter explaining the deposits into the Appellant's account belonged to her because of issues she had with her own bank account. Also sent was a heavily redacted [REDACTED] bank statement account ending in # [REDACTED] belonging to [REDACTED], who was identified, in this hearing, as the spouse of Appellant's daughter. The Appellant was not an owner to this [REDACTED] account. (Hearing record)
12. The Department determined the heavily redacted [REDACTED] bank statement was not relevant since there was no explanation to it's' significance to the Appellant's W01 application. (Department testimony)
13. As of today, [REDACTED] 2020, the Department has not received all of the requested verifications needed from the Appellant in order to

determine eligibility for the W01 Home and Community Based services Medicaid. (Department testimony)

14. The issuance of this decision under Connecticut General Statutes 17b-61 (a) which requires that a decision be issued within 90 days of the request for an administrative hearing has been extended to “not later than 120 days “ after a request for a fair hearing pursuant to Section 17b-60 by order of Department of Social Services Commissioner dated [REDACTED] 2020. The Appellant requested an administrative hearing on [REDACTED] 2020; this decision is due no later than [REDACTED] 2020 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. The department’s uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law.” *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. 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 that the Department requires to determine eligibility and calculate the amount of benefits.
4. 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 more than one Application Verification Requirements lists requesting information needed to establish eligibility.**

5. UPM § 1505.35 (C) provides that the following promptness standards be established as maximum times for processing applications: forty-five calendar days for AABD or MA applicants applying based on age or blindness.
6. 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.

7. UPM § 1505.40 (B) (4) (a) provides that the eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions exists: 1. Eligibility cannot be determined; or 2. Determining eligibility without the necessary information would cause the application to be denied.
8. UPM § 1505.40 (B) (4) (b) provides that if the application is delayed, the Department continues to process the application until: 1. the application is complete; or 2. Good cause no longer exists.
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 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.
10. 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.
- 11. The Appellant failed to submit at least one item of verification within the extension period.**
- 12. The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility since requested information was not returned by the due date.**

### **DISCUSSION**

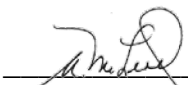
The Appellant testified that she was unaware her daughter and son in law were using her checking account to conduct business and as such, the deposits into her checking account from 2017 to 2019 did not belong to her. However, there was no evidence provided to the Department that verified the origin or the owner of the deposits.

It should be noted that the Appellant received another W-1348 after the [REDACTED], 2020 denial of the W01 application; which had a due date of [REDACTED] 2020. Although, the Department was unaware of this additional W-1348, the hearing record shows that the Department did not receive documents until [REDACTED] 2020. In addition, there was no evidence to show the Appellant satisfied the other verifications sought by the department, the transfer of \$1000 nor the 5 year look back into the BOA savings account. Without the proper verifications, the Department was unable to determine her eligibility for the W01 Home and Community Based services.

The Department is upheld. The Appellant may re-apply for the W01 program at any time.

### **DECISION**

The Appellant's appeal is DENIED

  
\_\_\_\_\_  
Almelinda McLeod  
Hearing Officer

CC: Musa Mohamud, SSOM Hartford  
Judy Williams, SSOM Hartford  
Jessica Carroll, SSOM Hartford  
Jay Bartolomei, FH Liaison Supervisor, Hartford  
Mariusz Andrukiewicz, FH Liaison, Hartford

### **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, 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 his 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.