

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 # ██████████  
Case ID # ██████████  
Request # ██████████

**NOTICE OF DECISION**

**PARTY**

██████████  
████████████████████  
████████████████  
████████████████

**PROCEDURAL BACKGROUND**

On ██████████, 2020, the Department of Social Services (the "Department") sent ██████████, (the "Appellant") a Notice of Action ("NOA") denying her application for Long Term Care Medicaid coverage.

On ██████ ██████, 2020, the Appellant's daughter and representative, ██████████, requested an administrative hearing to contest the Department's decision to deny the Appellant's application for Long Term Care Medicaid.

On ██████████, 2020, 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 telephonically.

The following individuals were present at the hearing:

████████████████████, Appellant's daughter and representative  
████████████████████, Appellant's Power of Attorney ("POA") and daughter  
████████████████████, Appellant's daughter in law  
Darlene Rogers, Departments representative

Scott Zuckerman, Hearing Officer

The Appellant was not present for the administrative hearing.

### **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], 2019, the Department received an application for Long Term Care Medicaid assistance for the Appellant. (Exhibit 1: Application, [REDACTED]/19)
2. On [REDACTED], 2019, the Department sent the Appellant's representative a W-1348 LTC, requesting information needed to determine eligibility. (Exhibit 2: W-1348 LTC #1, [REDACTED]/19)
3. On [REDACTED] 2020, the Department sent the Appellant's representative a W-1348 LTC, requesting information needed to determine eligibility. (Ex. 3: W-1348 LTC #2, [REDACTED]/2020)
4. On [REDACTED], 2020, the Department sent the Appellant's representative a W-1348 LTC, requesting information needed to determine eligibility. (Ex. 4: W-1348 LTC # 3, [REDACTED]/2020)
5. On [REDACTED] 2020, the Department sent the Appellant's representative a W-1348LTC, requesting information needed to determine eligibility. (Exhibit 5: W-1348LTC # 4, [REDACTED]/2020)
6. On [REDACTED], 2020, the Department sent the Appellant's representative a W-1348LTC, requesting information needed to determine eligibility. Specifically, deposits and withdrawals of \$5000.00 or more from Peoples bank account # [REDACTED] and Webster bank accounts [REDACTED] and [REDACTED]. The due date for the requested information was [REDACTED] 2020. (Ex. 6: W-1348 LTC, # 5, [REDACTED]/2020)
7. On [REDACTED] 2020, the Department determined no new additional verification was provided by the Appellant's representatives from the [REDACTED] [REDACTED] 2020 request. (Appellant's testimony, Department's testimony, Ex. 8: Case note, [REDACTED] 2020)

8. On [REDACTED], 2020, the Department sent the Appellant a Notice of Action, denying the Appellant's Long Term Care Medicaid Application because she did not return all of the required proofs by the due date asked. (Hearing Summary and Exhibit 7: Notice of Action, [REDACTED]/2020)
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], 2020. Therefore, this decision is due not later than [REDACTED], 2020.

### 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 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. Uniform Policy Manual ("UPM") § 1010.05(A)(1)
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)

**The Department correctly sent to the Appellant's authorized representative application requirements lists 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: 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.
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. '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.' UPM § 1505.40(B)(5)(b)


**The Department correctly granted additional 10 day extensions following the submission of requested verifications by the due dates.**

**The Appellant or the Appellant's authorized representative did not submit any of the requested verifications or request an extension on the final request for information with the due date of [REDACTED] 2020.**

**Because the Appellant's representative did not submit the requested information or have good cause for failure to do so, the Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility.**

### **DECISION**

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

  
Scott Zuckerman  
Hearing Officer

Cc: Patricia Ostroski, Operations Manager, DSS, New Britain Regional Office  
Darlene Rogers, Fair Hearing, Liaison, DSS, Waterbury Regional Office

### **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.

