

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

██████████, 2021
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT ID # ██████████
REQUEST # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) and a copy of the NOA to the Appellant’s Conservator regarding the denial of Husky C-Long Term Care Facility Residents Under Special Income Level (L01).

On ██████████, 2021, an administrative hearing was requested to appeal the denial of Husky C (L01) medical coverage.

On ██████████, 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the Administrative Hearing for ██████████ 2021.

On ██████████ 2021, 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 hearing was held telephonically due to the COVID-19 pandemic with no objection from any party. The following individuals participated in the hearing:

██████████, Conservator for ██████████

Michelina Zogby, Department's Representative
Joseph Alexander, Administrative Hearing Officer

The hearing officer held the record open for an additional [REDACTED] days to allow for the submission of documents from both the Department and [REDACTED].

Both the Department and [REDACTED] submitted documents for the hearing record.

The hearing record closed on [REDACTED] 2021.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied Husky C-Long Term Care Facility Residents Eligible Under Special Income Level (L01) coverage for failing to provide information needed to establish eligibility.

FINDINGS OF FACT

1. On [REDACTED], 2020 while in the process of renewing the Appellant's Husky C (N01) medical coverage the Department discovered the Appellant had been receiving Medicare. The Department determined the Appellant was no longer eligible for the N01 due to receiving Medicare and should therefore be placed on L01 coverage. A referral detailing the change in the Appellant's eligibility was forwarded to the Department's Long-Term Care application hub for follow up (Hearing Record, Department's Exhibit B: Case Note dated [REDACTED]/2020).
2. On [REDACTED], 2021 the Department received an application for L01 coverage (Hearing Record).
3. On [REDACTED], 2021 the Department issued a W-1348LTC "We Need Verification From You" form to the Conservator requesting verifications pertaining to the Appellant's assets in order to establish eligibility for the L01 coverage. The requested information was due to be returned to the Department by [REDACTED], 2021 (Department's Exhibit G: W-1348LTC).
4. The Department had not received any of the verifications requested on [REDACTED], 2021 that were due to be returned to the Department by [REDACTED], 2021 (Hearing Record, Conservator's Testimony).
5. The Department had not received an extension request from either the Appellant or The Conservator (Hearing Record, Department's Testimony).
6. The Conservator placed telephone calls to the Department on [REDACTED] 2021,

██████████ 2021 and ██████████ 2021 regarding questions she had pertaining to the information requested on ██████████, 2021 (Appellant's Exhibit 1: Letter to Hearing Officer dated ██████████ 2021).

7. On ██████████ 2021, the Department denied the pending L01 medical coverage as the information needed to establish eligibility for this coverage had not been received (Department's Exhibit H: Notice of Action dated ██████████/2021).
8. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within ██████████ days of the request for an Administrative Hearing. The hearing request was received on ██████████, 2021. The decision must be issued on or before ██████████, 2021. However, the Hearing Officer left the hearing record open an additional ██████████ days to allow for the submission of documents from both ██████████ and the Department. This decision would not have become due until ██████████, 2021 and is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. The Department's Uniform Policy Manual ("UPM") "is the equivalent of the 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. 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. 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.

The Department correctly sent a W-1348LTC verification request form requesting information needed to establish eligibility

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 with each extension period.

The Department did not receive any of the verification items requested on the W-1348LTC issued on [REDACTED], 2021 therefore no extensions were given for the submission of the requested items.

The Department correctly denied the Husky C-Long Term Care Facility Residents Under Special Income Level (L01) coverage effective [REDACTED] 2021.

DISCUSSION

The Conservator testified that she submitted two bank statements in response to the Department's W-1348LTC. The Department testified the statements were received on [REDACTED], 2021, prior to the W-1348LTC being sent on [REDACTED], 2021 therefore they were not used to determine eligibility for the L01 application. In addition, the Conservator testified she had not submitted any of the information requested on [REDACTED], 2021 because she was under the impression the information was needed for the Appellant's N01 renewal and she did not think the requested information was necessary to complete the renewal. UPM § 1010.05 (A)(1) states, "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".

DECISION

The Appellant's appeal is denied.

Joseph Alexander

**Joseph Alexander
Administrative Hearing Officer**

CC: Jamel Hilliard
Michelina Zogby

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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 with 45 days of the mailing of this decision, or 45 days after the agency denies 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, 165 Capitol Avenue, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105-3725. 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 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.

