

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

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

NOTICE OF DECISION

PARTY

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████████████████████  
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PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying his application for HUSKY C Long-Term Care (“LTC”) Medicaid benefits.

On ██████████ ██████████ 2021, Attorney ██████████ ██████████, the Appellant’s Conservator (the “Conservator”), requested an administrative hearing to contest the Department’s decision to deny the Appellant’s application for Medicaid.

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, 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:

Attorney ██████████, the Appellant’s Conservator  
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 HUSKY C LTC Medicaid due to failure to provide information needed to establish eligibility was correct.

## FINDINGS OF FACT

1. On [REDACTED], 2021, Attorney [REDACTED] was appointed as the Appellant's Conservator of person and estate. (Exhibit 2: CT Probate Court certificate of conservatorship and Hearing summary)
2. On [REDACTED], 2021, the Appellant's Conservator applied for LTC Medicaid assistance for the Appellant. (Exhibit 1: W-1LTC Application form and Hearing summary)
3. On [REDACTED], 2021, the Department sent a *W-1348 Request for Proofs* form to the Appellant and his Conservator requesting documentation of the Appellant's Bank of America statements, Navy Federal Credit Union account statements, verification of the community spouse's household expenses, and verification of the Appellant's monthly pension amount. The due date for the information was [REDACTED], 2021. (Exhibit 3: W-1348 form dated [REDACTED] and Hearing summary)
4. The Department received some of the requested information. (Exhibit 11: Case notes and Hearing summary)
5. On [REDACTED], 2021, the Department received a letter from the Conservator indicating that the Appellant does not currently own any accounts with Bank of America and that the Conservator was in the process of obtaining records from Navy Federal Credit Union and other documentation from the community spouse. (Exhibit 5: Letter dated [REDACTED] and Hearing summary)
6. On [REDACTED] 2021, the Department sent a *W-1348 Request for Proofs* form to the Appellant and the Conservator requesting statements for Navy Federal Credit Union and verification of the community spouse's household expenses. The due date for this information was [REDACTED], 2021. (Exhibit 11 and Hearing summary)
7. On [REDACTED], 2021, the Department received one bank statement for Navy Federal Credit Union. (Exhibit 11 and Hearing summary)
8. On [REDACTED], 2021, the Department sent a *W-1348 Request for Proofs* form to the Appellant and the Conservator requesting documentation of Finex [REDACTED] Union accounts and Navy Federal Credit Union statements from [REDACTED] 2019 through the current date. The due date for this information was [REDACTED] 2021. (Exhibit 6: W-1348 form dated [REDACTED] and Hearing summary)
9. The Appellant's Conservator did not contact the Department about or indicate that he

was having difficulty in obtaining the required verifications. (Department's testimony)

10. On [REDACTED] 2021, 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 8: Notice of action dated [REDACTED], Exhibit 11 and Hearing summary)
11. The Appellant's community spouse has abandoned him and has not responded to the Conservator's or the Appellant's family's requests for information. (Conservator's testimony)
12. Navy Federal Credit Union was unable to locate any information for the Appellant in their database. The Appellant has a twin brother who may have an account with the Navy Federal Credit Union. (Conservator's testimony)
13. On [REDACTED] 2021, the Appellant re-applied for HUSKY C Long Term Care Medicaid assistance. The Department has agreed to assist the Conservator in obtaining documentations necessary to complete the Appellant's application for Medicaid. (Department's testimony)
14. 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's Conservator requested an administrative hearing on [REDACTED] 2021. Therefore, this decision is due not later than [REDACTED] 2022, 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 Conservator did not indicate to the Department that he was having difficulty obtaining verifications or that there were circumstances beyond his control in regards to a failure to submit the verification within the required time frame.**

**On [REDACTED], 2021, 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 HUSKY C Long Term Care Medicaid assistance. The Department sent out three requests for documentation, allowing for additional 10-day periods after receiving some of the requested information. On [REDACTED] 2021, the Department received one bank statement for Navy Federal Credit Union. At this time the Conservator did not indicate to the Department that there was any difficulty in obtaining verification or complying with the Department's request for information. On the date of the administrative hearing the Conservator made the Department aware of issues with the Appellant's community spouse and that Navy Federal Credit Union was unable to locate any information for the Appellant in their database. The Appellant has since re-applied for assistance and the Department has agreed to work with the Conservator to establish eligibility for Medicaid assistance.

### **DECISION**

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

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Roberta Gould  
Hearing Officer

Pc Musa Mohamud, Social Services Operations Manager, DSS Manchester  
Paula Wilczynski, Eligibility Services Worker, DSS New Haven  
Attorney [REDACTED], Appellant's Conservator

### **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.