

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

██████████ 2016
Signature Confirmation

Client ID # ██████████
Request # 756303

NOTICE OF DECISION

PARTY

██████████
C/O ██████████
██████████ ██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying benefits under the Medicaid for Long Term Care Program.

On ██████████ 2016 the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, OLCRAH issued a notice rescheduling the administrative hearing ██████████ 2016.

On ██████████ 2016, the Appellant requested another continuance of the hearing in order to have a conservator appointed. OLCRAH again granted the Appellant's request for a continuance.

On ██████████ 2016, OLCRAH issued a notice rescheduling the hearing for ██████████ 2016.

On [REDACTED] 2016, [REDACTED] was appointed conservator of person and estate for the Appellant.

On [REDACTED] 2016, 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] the Appellant
 [REDACTED], Conservator for the Appellant
 [REDACTED], Business Office Assistant and authorized representative for the Appellant prior to the appointment of the Conservator,
 [REDACTED] Administrator, [REDACTED]
 [REDACTED], Attorney, [REDACTED]
 [REDACTED], Business Office Manager, [REDACTED]
 Michael Plausse, CFO, I Care Management, via telephone conference call
 Pamela Corbin -Riddick, DSS, Eligibility Worker, Waterbury, Department's representative
 Amy Kreidel, Fair Hearing Liaison, DSS, Waterbury regional office
 Maureen Foley-Roy, Hearing Officer

The hearing record remained open for the submission of additional evidence. On [REDACTED] 2016, the record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for medical assistance for long term care for failing to provide information was correct.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Appellant was admitted to [REDACTED] [REDACTED] ("the "facility"). At the time of his admission, the facility verified that the Appellant had medical coverage. (Department's summary)
2. Prior to being admitted to the facility, the Appellant was living in a shelter and had lost all of his identification. (Appellant's testimony)
3. The Appellant had medical assistance coverage through [REDACTED] 2015. (Exhibit I: Client participation screen)
4. After [REDACTED] 2015, the facility did not receive payment for the Appellant. When the business office assistant contacted the Department, she was informed via email that it appeared the Appellant was not in the United States legally and would be ineligible for coverage. The Department sent a second email advising that there were no paper files and recommending

- that the Appellant reapply for benefits with the facility's assistance. (Business Office Assistant's testimony and Appellant's exhibit 2: Emails from DSS Waterbury dated [REDACTED] 2015)
5. On [REDACTED] 2015, the Department received an application for Medicaid for Long Term Care. The application listed the facility's business office assistant as the Appellant's helper. (Exhibit H2: STAT screen and Exhibit A: application)
 6. The Appellant did not state his immigration status on the application; only that he had entered the United States from [REDACTED] on [REDACTED] 1982. (Exhibit A)
 7. On [REDACTED] 2015, the Department sent a W1348 Verification We Need form requesting verification of the Appellant's citizenship status. (Exhibit E-1: W1348 due [REDACTED] 2015)
 8. On [REDACTED] 2015, the Department's representative extended the due date for obtaining the outstanding information to [REDACTED] 2015. (Exhibit C: Case Narrative)
 9. On [REDACTED] [REDACTED] 2015, the Department denied the Appellant's application for failing to provide the requested information. (Exhibit J: Denial notice of [REDACTED] 2015)
 10. In [REDACTED] of 2015, the Department reopened the Appellant's application for Medicaid for Long Term Care effective [REDACTED] 2015. (Exhibit C)
 11. On [REDACTED] [REDACTED] 2015, the business office assistant advised the Department that the Appellant was a legal permanent resident of the USA who had lost all of his identification. The facility staff informed the Department that they had been in touch with the Consulate of [REDACTED] to obtain a copy of the Appellant's birth certificate as a starting point to obtaining the outstanding documentation regarding citizenship. (Exhibit C)
 12. On [REDACTED] 2015, the Department sent a W1348 Verification We Need form advising that the Department was aware that the Appellant was in the process of obtaining information necessary for him to procure a duplicate of his Legal Permanent Resident Card. The Department requested a written statement to include the Appellant's alien number as well as other information. (Exhibit E3: W1348 sent [REDACTED] 2015)
 13. On [REDACTED] 2015, the Department sent a W1348 Verification We Need form request number 4 again requesting a written statement from

the Appellant to include his alien number as well as other information. (Exhibit E4: W1348 sent [REDACTED] 2015)

14. The facility returned a copy of W1348 request number 4 to the Department with hand written responses to the Department's questions regarding income and assets but did not include an alien number for the Appellant. (Exhibit E5: W1348 Request #4 with responses)
15. On [REDACTED] 2016, the Department sent a W1348 Verification We Need form request number 5 again requesting a written statement from the Appellant to include his alien number. (Exhibit E6: W1348 Request # 5)
16. On [REDACTED] 2016, the Department sent a W1348 Verification We Need form request number 6, with a deadline of [REDACTED] 2016, requesting a copy of the Appellant's Legal Permanent Resident card when received and the number. (Exhibit E7: W1348 Request #6)
17. On [REDACTED] 2016, the facility staff sent an email to the Department advising that they did not have any more information to provide. (Exhibit D, page 11: Email of [REDACTED] 2016)
18. On [REDACTED] 2016, the Department denied the Appellant's application for Medicaid for Long Term Care because the Appellant did not provide all of the required verification necessary to determine eligibility. (Appellant's Exhibit 1: Denial Notice of [REDACTED] 2016)
19. The Appellant continues to reside at the facility and the facility is currently owed \$147,000 for his stay. (Facility Administrator's testimony)

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. Uniform Policy Manual ("UPM") § 3005 provides that an individual must be either a citizen or an eligible non-citizen in order to receive benefits from any program.
3. 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.

4. UPM § 1015.05 C states that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.
5. The Department was correct when it sent W1348 Verification We Need forms requesting information regarding the Appellant's citizenship status.
6. UPM § 1505.40 B 5 provides for delays in application processing due to insufficient verification in the AFDC, AABD and MA programs.
7. UPM § 1505.40 B 5 a (1) and (2) provide that regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the Department has requested verification and 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.
8. UPM § 1505.40 B 5 b provides that an additional 10 day extension 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.
9. The Department was correct when it granted extensions to the deadlines for outstanding information when the Appellant requested extensions and was pursuing the information regarding citizenship.
10. The Department was correct on [REDACTED] 2016 when it denied the application for failure to provide information that it had requested on [REDACTED] 2016 when it had received the email stating there would be no more information forthcoming.

DISCUSSION

The Department initially denied this application in [REDACTED] of 2015 because the Appellant did not provide the information necessary to establish eligibility, including verification of his citizenship status. The Appellant has given conflicting statements regarding his citizenship status. Based on statements that the Appellant was a legal permanent resident who had lost his documentation and needed time and assistance to replace it, the Department reopened the application. The Department continued to request the required information and grant extensions to the Appellant and the facility to obtain the information. However, it appears that the Appellant never was a legal permanent resident and the information that the Department was requesting does not exist. The Appellant testified that he wasn't sure of his status. The facility did everything it could, including going to the [REDACTED] consulate in New York to obtain information needed to obtain a copy of the client's alien card. The Department correctly

denied the application because the Appellant failed to provide verification that he was a U. S. citizen or qualified non-citizen.

DECISION

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

Maureen Foley-Roy
Maureen Foley-Roy,
Hearing Officer

CC: Musa Mohamud, Judy Williams, Operations Managers, DSS Hartford
Tricia Morelli, Program Manager, Hartford
Amy Kreidel, DSS Fair Hearing Liaison, Waterbury
Pamela Corbin-Riddick, DSS Eligibility Services Worker, Waterbury

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.

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.