

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

██████████ 2017
Signature Confirmation

Client ID # ██████████
Request # 795288

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

The Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") granting Husky C Medicaid Spend down effective for ██████████ 2016.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the Department's decision of the effective date.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, 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 participated at the hearing via conference call:

Attorney ██████████ Appellant's Conservator of Estate & Person
Christine Morin, Department's Representative
Miklos Mencseli, Hearing Officer

The Appellant was not present.

STATEMENT OF THE ISSUE

The issue to be decided is whether or not the Department was correct in its determination of the effective date of the Applicant's HUSKY C Medicaid benefits.

FINDINGS OF FACT

1. The Appellant was a resident of the Hebrew Home until [REDACTED] 2016. (Testimony)
2. The Appellant was last active Medicaid benefits in [REDACTED] 2014. (Testimony)
3. On [REDACTED] 2016, the Appellant was appointed a Conservator of Estate and Person. (Exhibit 2: Certificate of Conservatorship)
4. The Appellant was discharged on [REDACTED] 2016 to Southeastern Mental Health Authority Brief Care Unit (BCU). (Testimony)
5. The BCU completed a W-1PE Application for Husky Presumptive Eligibility form and faxed it to the Appellant's Conservator. (Exhibit 2: W-1PE, Testimony)
6. The Appellant's Conservator returned the signed form with attachments of certificate of conservatorship, copy of Medicare card and Social Security Administration award letter. (Exhibit 2 with attachments)
7. The W-1PE section of "To be completed by the Presumptive Eligibility site" is not completed. (Exhibit 2)
8. On [REDACTED] 2016, the W-1PE form was delivered to the Department with attachments. (Exhibit 1: printout of Departments ConneCT system, Testimony)
9. The Appellant does not have presumptive eligibility as she is not pregnant or a child under the age of 19. (Testimony)
10. On [REDACTED] 2016, the Appellant was discharged to [REDACTED] [REDACTED] (Testimony)
11. This address is a community resident and not recognized as a licensed boarding facility by the Department. (Testimony)
12. On [REDACTED] 2016, the Conservator completed an on-line application for the Appellant requesting Medical Benefits/Health Care Coverage, Cash Assistance, Medicare Savings Program. (Exhibit 3: on-line application)

dated [REDACTED]-17)

13. The Department granted the Appellant HUSKY C Medicaid with a spend down effective for [REDACTED] 2016. (Testimony)
14. The Appellant has outstanding Medical bills back to [REDACTED] 2015. (Testimony)
15. The Department based on an application date of [REDACTED] 2016 is able to grant retro medical back to [REDACTED] 2016 and apply the bills to the Appellant's spend down. (Testimony)
16. The Appellant's Conservator is requesting the Department use the [REDACTED] 2016 as the Appellant's date of application and retro medical back to [REDACTED] 2015. (Testimony)
17. The Conservator relied on BCU to provide and submit a proper application for medical benefits for the Appellant. (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") §1521 provides for the Eligibility process.

Presumptive eligibility for pregnant women is a method of determining temporary Medicaid eligibility for pregnant women. The determination is made by providers authorized under federal and state law and approved by the Department to make presumptive eligibility determinations. These organizations are called "qualified providers." Presumptive eligibility determinations made by "qualified providers" are temporary and end when a final determination of eligibility is made by the Department, or on an earlier date as specified in section 1521.10 A.2.

3. UPM §1523 provides for the Eligibility process.

Presumptive eligibility for children is a method of determining temporary Medicaid eligibility for children under the age of nineteen (19). The determination is made by organizations authorized under Federal and State law and approved by the Department to make presumptive eligibility determinations. These organizations are called "Qualified Entities."

4. The W-1PE form submitted by the Appellant's Conservator on her behalf does not apply. The Appellant is neither pregnant or a child under the age of 19.

5. The Department is correct in its determination that the W-1PE is not an application for Medicaid benefits for the Appellant.

6. UPM §1505.10 provides for Filing an Application

A. Application Form

1. All applicants are required to complete an application form, except as noted below in 1505.10 A.3.

2. The Department may utilize a single uniform application for multiple programs, or separate applications for individual programs.

B. Requesting Assistance

1. Individuals who desire to obtain aid must file a formal request for assistance.

2. The formal request must be made in writing on the application form.

3. At a minimum, the following information must be presented:

a. the full name and address of the applicant; and

b. the signature of the applicant, caretaker relative or other individual who is requesting assistance on behalf of the applicant.

D. Date of Application

1. For AFDC, AABD and MA applications, except for the Medicaid coverage groups noted below in 1510.10 D.2, the date of application is considered to be the date that a signed application form is received by any office of the Department.

2. For the Healthy Start coverage groups, the date of application is the date that a signed application is received at an outreach site or the date it is received by any office of the Department, whichever is sooner. The following are the Healthy Start coverage groups:

a. Pregnant Women Under 250% of the Poverty Level;

b. Pregnant Women Extension;

c. Children Under 185% of the Poverty Level;

d. Children Under 133% of the Poverty Level; and

e. Children Under the Poverty Level

7. The Department received an application for Medicaid benefits from the Appellant on [REDACTED] 2016.
8. The Department correctly determined the Appellant's application date is [REDACTED] 2016.
9. UPM §1560.10 provides for Beginning Dates of Assistance.

The beginning date of assistance for Medicaid may be one of the following:

- A. the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month.
10. The Department is correct to grant retro medical back to [REDACTED] 2016 and apply medical bills to the Appellant's spend down.

DISCUSSION

The Department correctly determined the Appellant's application date as [REDACTED] 2016.

DECISION

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



Miklos Mencseli
Hearing Officer

C: Cheryl Parsons, Operations Manager DSS R.O. # 40 Norwich

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.