

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
25 SIGOURNEY STREET
HARTFORD, CT 06106-5033

██████████, 2019
Signature Confirmation

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

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2019, the Department of Social Services (“DSS”) (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying the Appellant’s Medicaid application for Husky C Medicaid for Medically Needy Aged, Blind and Disabled .

On ██████████ 2019, the Appellant requested an administrative hearing to contest the Department’s decision to deny such benefits.

On ██████████ ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, 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:

- ██████████, Appellant
- ██████████, Appellant’s daughter and POA
- ██████████, POA’s spouse and Appellant’s son-in-law.
- Ellen Croll-Wissner, Department Representative
- Elena Toletti, Host office and helper, Middletown Regional Office
- Almelinda McLeod, Hearing Officer

The hearing record was held open for the submission of additional evidence. On [REDACTED] 2019 the hearing record was closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for Husky C Medicaid for Medically Needy, Aged, Blind and Disabled due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED], 2018, the Appellant was admitted into [REDACTED] a licensed Boarding Facility. (Exhibit 1, DSS application and Exhibit 7- E-mail correspondence)
2. On [REDACTED], 2018, the Department received an application submitted on behalf of the Appellant for medical benefits/ Health Care Coverage, Cash assistance and Medicare Savings Program from [REDACTED] social worker, [REDACTED], the Authorized Representative. (Exhibit 1, Online DSS Application)
3. On [REDACTED], 2018, the Department received a report of admission from [REDACTED] located at [REDACTED] [REDACTED] stating the Appellant was admitted on [REDACTED], 2018 and that she was private pay from [REDACTED], 2018 to [REDACTED], 2018. (Exhibit 3, W-265 Report of Admission or Discharge Rated Housing Facility Residential Care Home)
4. On [REDACTED] 2018, the Department issued a W-1348, Verification We Need form requesting verifications needed to process the application. The due date for the verifications was [REDACTED] 2018. (Exhibit 5- W-1348 Request 1)
5. On [REDACTED] 2018, the Department issued a W-1348 Verification We Need form requesting verifications in order to process the Appellant's application. The due date was [REDACTED] 2018. (Exhibit 5, W-1348, Request 2)
6. On [REDACTED] 2018, the Department issued a W-1348, Verification We Need form requesting Power of Attorney ("POA") verification along with additional verifications in order to continue to process the Appellant's Medical application. The due date was [REDACTED], 2018. (Exhibit 5, W-1348, Request 3)

7. On [REDACTED] 2018, the Department received a letter from the Appellant giving permission for the Department to speak with her daughter and POA, [REDACTED], and provided her address as [REDACTED]. (Exhibit 6, Letter from Appellant at [REDACTED] to DSS)
8. On [REDACTED], 2018, the Department issued a W-1348 Verification We Need Form requesting verifications needed in order to continue the processing of the Appellant's Medical application and verification of the Appellant's Power of Attorney documents. The due date was [REDACTED], 2018. (Exhibit 5, W-1348, Request 4)
9. On [REDACTED], 2018, the Department issued a W-1348 requesting verifications needed in order to continue to process the Appellant's Medical application. The W-1348 was sent to the Appellant at [REDACTED] and to the POA addressed to [REDACTED], [REDACTED]. The due date was [REDACTED], 2018. (Exhibit 5, Request 5)
10. Throughout the application process, the social worker at [REDACTED] [REDACTED] would tell the POA what was needed to provide for the Appellant's application. The POA would obtain the requested information, *usually that very same day*. The POA would then submit requested information to the Social worker; who would then submit the verification to the Department on the Appellant's behalf. (POA's testimony)
11. On [REDACTED] 2018, [REDACTED] social worker told the POA to liquidate the Appellant's insurance policy and spend on future funeral expenses. (POA's testimony and Exhibit 7- E-mail correspondence)
12. On [REDACTED] 2018, the POA notified Liberty Bank that the policy needed to be surrendered; however the process was delayed because additional information was needed. (Appellant's testimony and Exhibit B, letter of explanation)
13. On [REDACTED], 2018, the POA communicated she was unable to get the required verification to the social worker on that day. (Appellant's testimony)
14. The Department did not get a request from the [REDACTED] social worker or the POA for more time in order to obtain the life insurance cash value information prior to the [REDACTED] 2018 deadline. (Hearing record)

15. The Department did not receive any verifications prior to the [REDACTED], 2019 due date. (Department's testimony)
16. On [REDACTED] 2019, the Department denied the Appellant's Husky C Medicaid application for failure to provide information requested to determine eligibility. (Exhibit 1, Notice of Denial and Exhibit 7- E-mail correspondence)
17. The POA and her spouse were away on vacation from [REDACTED] 2018 to [REDACTED] 2019. (Appellant's testimony)
18. On [REDACTED] 2019, the POA received the post marked W-1348 request #5 issued on [REDACTED] 2018 forwarded from [REDACTED] to [REDACTED]; which is the POA's correct address. (Appellant's testimony and Exhibit J- forwarded State mail)

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 that the Department requires to determine eligibility and calculate the amount of benefits.

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 authorized representative, [REDACTED] social worker on behalf of the Appellant more than one Application Verification Requirements lists requesting information needed to establish eligibility.

The Department correctly issued a W-1348 to the POA to the address provided by the Appellant.

There is no evidence that the Department was aware that the Appellants' POA's address reported as [REDACTED] by the Appellant was incorrect.

3. UPM § 1505.35 (C) provides that the following promptness standards be established as maximum times for processing applications: forty-five calendar days for AABD or MA applicants applying based on age or blindness.

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.

UPM § 1505.40 (B) (4) (a) provides that the eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions exists: 1. Eligibility cannot be determined; or 2. Determining eligibility without the necessary information would cause the application to be denied.

UPM § 1505.40 (B) (4) (b) provides that if the application is delayed, the Department continues to process the application until 1. The application is complete; or 2. Good cause no longer exists.

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.

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.

Hearing record shows that [REDACTED] received the last W-1348 dated [REDACTED], 2018 with the due date of [REDACTED] 2018 issued by the Department.

Hearing record shows both [REDACTED] and the POA discussed what was required from the last W-1348 issued on [REDACTED], 2018 by the Department .

There is no evidence that the [REDACTED] social worker or the POA requested more time prior to [REDACTED] 2018 deadline because the POA was unable to get the Bank information by the due date and the POA was on vacation with her spouse from [REDACTED] 2018 to [REDACTED] 2019.

The Department correctly determined that no good cause had been established to the Department prior to the extended due date of [REDACTED], 2018.

The Department correctly determined that the Appellant failed to submit at least one item of verification within the extension period granted in the W-1348 request #5 issued on [REDACTED] 2018 which expired on [REDACTED] 2018.

The Department correctly determined that because no verifications (*or at least one verification*) were provided by the [REDACTED] 2018 deadline; the Appellant was not afforded a 10 day extension.

The Department correctly did not delay the eligibility determination due to insufficient verification.

4. UPM § 1505.35 (D) (3) provides processing standards are not used as a waiting period for granting assistance. Applications are processed with reasonable promptness as soon as the Department is able to make an eligibility determination.

UPM § 1505.35 (D) (4) provides processing standards are not used as the basis for denying assistance. Denial results from the failure to meet or establish eligibility within the applicable time limit.

The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility since requested information was not returned by the due date.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: Brian Sexton, SSOM, Middletown Regional Office
Ellen Croll-Wisner, Fair Hearing Liaison, New Haven 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 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, 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 his 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.