

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

██████████, 2019
SIGNATURE CONFIRMATION

Client ID # ██████████
Request # 135280

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying his application for Long Term Care ("LTC") Medicaid benefits.

On ██████████, 2019, the Appellant's Representative requested an administrative hearing to contest the Department's decision to deny the Appellant's application for LTC Medicaid.

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, 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:

██████████, Appellant's Representative
Falon Brayman, Department's Representative, Willimantic
William Johnson, Department's Representative, via telephone
Shelley Starr, Hearing Officer

The Appellant was not present at the administrative hearing due to his institutionalization at a skilled nursing facility.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for LTC Medicaid due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT

1. On [REDACTED] 2018, the Appellant was admitted to [REDACTED] a skilled nursing facility. (Hearing Summary; Exhibit 1: W-1LTC)
2. On [REDACTED] 2018, the Department received a W-1LTC application for Medicaid Long Term Care Assistance on behalf of the Appellant. (Hearing Summary; Hearing Record)
3. On [REDACTED] [REDACTED] 2018, the Department sent the Appellant's Representative a W-1348 Verification We Need form listing the verifications required to process the application. The due date for the information was [REDACTED], 2018. (Exhibit B: W-1348 LTC dated [REDACTED], 2018; Hearing Summary)
4. The Department did not receive any documentation by the [REDACTED], 2018, due date from the Appellant's Representative. (Hearing Summary; Hearing Record; Representative's Testimony)
5. On [REDACTED] 2019, the Department denied the Appellant's Long Term Care Assistance Medicaid application for failure to provide information to establish eligibility and issued a Notice of Action informing of the denial. (Exhibit C: Notice of Action dated [REDACTED] 2019; Hearing Summary; Hearing Record)
6. On [REDACTED], 2019, the Department sent the Appellant's Representative a notice informing her that the Appellant's Medicaid application was denied on [REDACTED], 2019, for failure to submit information and a new application would be needed. (Hearing Summary; Exhibit D: Letter to Representative dated [REDACTED] 2019)
7. 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 Representative

requested an administrative hearing on [REDACTED], 2019. Therefore, this decision is due not later than [REDACTED] 2019. (Hearing Record)

CONCLUSIONS OF LAW

1. Section 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 Representative a W-1348 LTC Verification We Need form requesting information needed to establish Long Term Care Medicaid 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: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed.
5. UPM § 1555.10 (B) 1 & 2 provides that assistance units may establish good cause for failing to provide required verification timely. Good Cause may include, but is not limited to illness; severe weather, death in the immediate family, other circumstances beyond the unit’s control.
6. 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.

On [REDACTED], 2018, the Department correctly informed the Appellant's Representative what was needed for the pending Medicaid application by the [REDACTED], 2018, designated due date.

The Department correctly determined that no information was received from the Representative by the [REDACTED], 2018, designated due date.

On [REDACTED], 2019, the Department correctly denied the Appellant's long term Care Medicaid application for failure to submit information needed to establish eligibility.

DISCUSSION

Based on the testimony and evidence, the Department was correct to deny the Appellant's Medicaid application for failure to provide information to establish eligibility. The Appellant's Representative testified that she did not submit any of the requested verification prior to the denial and did not have good cause for not submitting the verification timely.

The Appellant's Representative has reapplied on behalf of the Applicant for long term care Medicaid assistance.

DECISION

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


Shelley Starr
Hearing Officer

pc: Tonya Cook-Beckford, DSS, Willimantic Regional Office
William Johnson, DSS, 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 Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 060105-3725.

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 06105-3725. 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 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.

