

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 (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying the Appellant's Medicaid application for long term care ("LTC") benefits.

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, the Appellant requested a re-schedule of the hearing, which was granted.

On ██████████ 2019, 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:

Attorney ██████████, Conservator of Estate on behalf of ██████████
██████████, Social Worker for ██████████
Darlene Rogers, Department Representative
Amy Koropatkin, Hair Hearing support in New Britain Regional Office
Almelinda McLeod, Hearing Officer

8. The Department had provided a couple of extensions to the Attorney as he requested more time to obtain the Appellant's SSN. (Departments testimony)
9. On [REDACTED], 2019, the Department granted the last extension to [REDACTED] 2019, because the attorney requested more time in order to obtain the Appellant's SSN. (Department testimony)
10. During the course of this application, the Department discovered that the Appellant had expired prior to the [REDACTED] 2019 application. His date of death was [REDACTED] 2018. (Department's testimony and Exh.9, Termination of Conservatorship letter dated [REDACTED] 2019)
11. On [REDACTED] 2019, the Department denied the Appellant's application for Medicaid for Long Term Care because the Appellant failed to return the information requested to determine eligibility. (Exhibit 11)

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 the Appellant an Application Verification Requirements lists requesting information needed to establish eligibility.

3. UPM § 3505.05 (A) provides that an individual must disclose or apply for a Social Security Number (SSN) as a mandatory eligibility requirement for every member of the assistance unit.

The Department correctly requested the SSN for the Appellant as is required by policy.

4. UPM § 3505.05 (G). provides when an assistance unit member does not recall or have an SSN, the Department must offer to assist the person and, if requested, help him or her in the following ways: 1. Assist the individual in completing an SSN application; and 2. Obtain evidence as required by the Social Security Administration of the individual's citizenship or alien status, age, and identity to complete the SSN application; and 3. When appropriate, send the SSN application to the Social Security Administration or request from the Social Security Administration the SSN of the assistance unit member if there is evidence that an SSN has been previously issued.

UPM § 1540.15 (E) provides that the Department also uses federally – mandated Income Eligibility Verification System (“IEVS”) to obtain and utilize information on income.

UPM § 1540.15 (E) (1) Provides that IEVS is used in regard to the income of applicants for and recipients of assistance under all programs.

UPM § 1540.15 (E) (2) Provides that all information obtained through IEVS is verified whenever the information is not obtained from its primary source.

UPM § 1540.15 (E) (4) (a) Provides IEVS obtains and utilized information from the Social Security Administration.

UPM § 3505.20 (A) provides that the penalty for failure to comply with the eligibility requirements regarding a Social Security numbers is ineligibility of the individual, or the ineligibility of the assistance unit, in accordance with the provision of this subject.

The Department correctly used IEVS to attempt to obtain the SSN for the Appellant; however, was unable to obtain or verify the Appellant's SSN through IEVS.

The Department correctly requested assistance from the Social Security Administration in order to verify the SSN of the Appellant, however, was unable to verify the Appellants SSN through the Social Security Administration.

The Department correctly determined ineligibility for the Appellant as the eligibility requirement regarding SSN was not met.

5. UPM § 3505.10 (D) (1) provides that eligibility determinations are not delayed pending Social Security number confirmation unless there is a discrepancy between a Social Security Number given for an assistance unit member and information from a source used by the Department which raises a question of identity.

The Department correctly delayed the determination of eligibility because the SSN given and the lack of a date of birth on the application raised a question about his identity.

6. 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.

The Department correctly allowed an extension to [REDACTED] 2019, when the conservator requested more time.

The conservator failed to submit at least one item of verification within the extension period granted by the Department.

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 extended due date of [REDACTED] 2019.

7. UPM 1560.10 (A) provides the beginning date of assistance for Medicaid is 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.

During the application process, the Department discovered the Appellant passed away on [REDACTED] 2018; therefore the application submitted on behalf of the Appellant was inappropriate because Departmental policy states that the Department can only go back three months.

The third month from the application date of [REDACTED] 2019 was [REDACTED] 2018. It is reasonable to conclude that no medical service had to be covered in the month of [REDACTED] 2018 because the Appellant had expired on [REDACTED] 2018.

DISCUSSION

The verification process between the state of New York and the State of Connecticut differed in that the state of Connecticut mandate the verification of SSN, date of birth and identity before eligibility can be established.

In this case, the Appellant had 2 client identification numbers and two different social security numbers and no date of birth had been provided on the application. The Department, through its own investigation through data match systems interface and a direct call to the Social Security Administration, was unable to verify his SSN or his identity, thus it's up to the Applicant to provide.

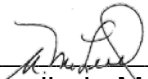
The hearing record shows the conservator requested more time in order to obtain the requested verification for the Department and an extension was properly granted with a new due date of [REDACTED] 2019. Equally it shows that the conservator failed to submit information or communicate with the Department by [REDACTED] 2019, the extended due date. Therefore, the denial for failure to submit requested verification is appropriate.

More importantly, it should be noted that the evidence presented in this hearing shows that even with the Appellant's application retroactive to [REDACTED] 2018, there would not have been any services to be covered and thus no eligibility for the Appellant because he had expired [REDACTED] 2018.

The Department's action to deny the Appellant's request for LTC assistance is upheld.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: Patricia Ostroski, SSOM, New Britain Regional Office
Darlene Rogers, Fair Hearing liaison, Waterbury 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.