

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

██████████ 2021
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT ID # ██████████
REQUEST # ██████████

NOTICE OF DECISION

PARTY

██████████
██
██████████
██

PROCEDURAL BACKGROUND

On ██████████, 2021, ██████████ (the "Appellant") ██████████ representative ██████████
██████████ ("Representative"), requested an Administrative Hearing to address the
Department of Social Services (the "Department") delay of processing Appellant's
HUSKY C application.

On ██████████, 2021, the Office of Legal Counsel, Regulations and Administrative
Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for
██████████, 2021.

On ██████████ 2021, the OLCRAH issued a second notice scheduling the
administrative hearing for ██████████, 2021.

On ██████████, 2021, the OLCRAH issued a notice scheduling the administrative
hearing for ██████████, 2021.

On ██████████, 2021, 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
with the Hartford regional office.

The following individuals participated in the hearing on [REDACTED] 2021:

[REDACTED]
[REDACTED]
Lindsey Brathwaite, Department's Representative (Host)
Anellyse Boebel, Department's Long Term Support Services Representative
Joseph Alexander, Administrative Hearing Officer

The Appellant did not participate in the hearing due to his institutionalization.

STATEMENT OF THE ISSUE

The original issue scheduled for [REDACTED] 2021 was the Department's delay in the processing of the Appellant's HUSKY C – Home and Community Based Services application. During the hearing however the issue was altered by the Appellant's Representative to address the effective date of the approval of the Appellant's application/services which was [REDACTED] 2021.

FINDINGS OF FACT

1. On [REDACTED], 2021, a Long-Term Care Medicaid application was received and assigned to a representative of the Department's Long Term Care Unit.
(Department's Testimony)
2. On [REDACTED], 2021, the Department sent a W-1348LTC Verification We Need form to the Appellant's representative requesting the following information which was due to be returned to the Department by [REDACTED] 2021:
 1. Complete pages 11 and 12 of the WLTC app and form W-1J
 2. Copy of Medicaid card
 3. Copy of any private medical insurance card (front/back)
 4. Proof of any private medical insurance premium amount
 5. Complete form W-1685 concerning Appellant's private medical insurance coverage.
 6. Current statement for [REDACTED] account ending in [REDACTED]
 7. Proof of current rent or mortgage, property taxes and homeowner's insurance premium or renter's insurance.
(Department Exhibit 1: W-1348LTC dated [REDACTED] 2021)
3. On [REDACTED], 2021, the Department spoke with the Appellant's representative regarding the information requested on the W-1348LTC dated [REDACTED], 2021. That same day the Department received proof of the Appellant's shelter expenses.
(Hearing Record)

4. On [REDACTED], 2021, the Department sent a second W-1348LTC Verification We Need form to the Appellant's representative requesting the following information which was due to be returned to the Department by [REDACTED], 2021:
 1. Complete pages 11 and 12 of the WLTC app and form W-1J
 2. Copy of Medicaid card
 3. Current statement for [REDACTED] account ending in [REDACTED] (Department Exhibit 1: W-1348LTC dated [REDACTED], 2021)

5. On [REDACTED] 2021, the Department sent a third W-1348LTC Verification We Need form to the Appellant's representative requesting the following information which was due to be returned to the Department by [REDACTED], 2021:
 1. Current statement for [REDACTED] account ending in [REDACTED] (Department Exhibit 1: W-1348LTC dated [REDACTED] 2021)

6. On [REDACTED] 2021, the Department received proof of the Appellant's [REDACTED] [REDACTED] account [REDACTED] balance. (Department Exhibit 3: Email correspondence dated [REDACTED], 2021)

7. On [REDACTED] 2021, the Department approved HUSKY C-Home and Community Based Services effective [REDACTED] 2021. (Department's Testimony, Hearing Record)

8. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be rendered within [REDACTED] days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2021, with this decision due no later than [REDACTED], 2021. However, due to the rescheduling of the administrative hearing, an additional [REDACTED] days are added to the due date making this decision due no later than [REDACTED] 2021. (Record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes (“Conn. Gen. Stat.”) § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (6) the Medicaid program pursuant to Title XIX of the Social Security Act.

Conn. Gen. Stat. § 17b-261a (d) (1) provides for purposes of this subsection, an “institutionalized individual” means an individual who has applied for or is receiving (A) services from a long-term care facility, (B) services from a medical institution that is equivalent to those services provided in a long-term care facility, or (C) home and community-based services under a Medicaid waiver.

The Appellant is an institutionalized individual of a long-term care facility who has applied for Medicaid coverage with the Department.

2. “The Department’s Uniform Policy Manual (“UPM”) is the equivalent of state regulation and, as such, carries the force of law.” *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. UPM § 1015.10 (D) (1)(2) provides for the date of application as follows:
 1. For AFDC, AABD and MA application, 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

The Department correctly determined the Appellant’s application submission date was [REDACTED] 2021.

4. 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 several Application Verification Requirements lists requesting information needed to establish eligibility.

5. 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

6. 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 with each extension period.

The Department correctly determined additional W-1348LTC "Verification We Need" form(s) should be issued following the W-1348LTC issued on [REDACTED], 2021, and allowed for [REDACTED] day extensions following each additional request.

7. 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.

The Appellant's representative correctly supplied the Department with the information needed to establish the Appellant's eligibility for HUSKY C.

8. UPM § 4005.10 (A)(2) provides that under the AABD and MAABD-Categorically and Medically Needy coverage groups, the asset limit is \$1,600.00 for a needs group of on.

The Department correctly determined the Appellant is considered a needs group of one and is therefore subject to the \$1,600.00 asset limit.

The Department correctly determined the Medicaid coverage would begin [REDACTED] 2021, the date the Appellant's asset were at or below the \$1,600.00 asset limit.

9. UPM § 1505.35 (C) provides that the standard of promptness for processing applications shall be forty-five calendar days for:

1. AFDC applicants; and
2. AABD or MA applicants applying on the basis of age or blindness.

The Department correctly processed the Appellant's application for Long-Term Care Medicaid coverage within the [REDACTED]-calendar day standard of promptness.

DISCUSSION

The [REDACTED] representative testified that she had applied for assistance on behalf of the Appellant on [REDACTED], 2021, via email to the Department of Developmental Services ("DDS") Waiver unit as well as in person using the "drop box" located directly outside of the Department's (DSS) New Britain regional office. The [REDACTED] representative also testified that on [REDACTED] 2021, a copy of the application along with a copy of the W-298 "Authorization of Disclosure of Information" form that was submitted on [REDACTED], 2021, to both DDS and the Department was emailed to the DDS waiver unit. The Appellant's representative testified they tried to submit the application online via the Appellant's "MyAccount" but was unable to do so and no information regarding the status of the application, or the review process was given to the representative despite a W-298 "Authorization of Disclosure of Information" form being attached to the submitted application.

The Department testified the Appellant's application was received on [REDACTED], 2021.

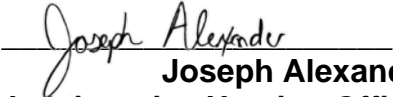
The Appellant's evidence regarding the application submission date is an email correspondence between their representative and the DDS waiver unit. There was no evidence presented that an actual application was successfully sent via email to the DDS Waiver Unit on [REDACTED], 2021, or on [REDACTED] 2021. In addition, the Appellant's representative testified they were unable to upload an application online via the Appellant's "MyAccount"

Due to lack of sufficient evidence to support the submission of an application on [REDACTED], 2021, or [REDACTED] 2021, the undersigned hearing officer finds the following:

1. **The Department correctly determined the application submission date to be [REDACTED] 2021.**
2. **The Appellant's Medicaid coverage correctly began on [REDACTED] 2021.**

DECISION

The Appellant's appeal is **DENIED**



Joseph Alexander
Administrative Hearing Officer

CC. Musa Mohamud, Operations Manager, DSS, Hartford Regional Office
Judy Williams, Operations Manager, DSS, Hartford Regional Office
Jessica Carroll, Operations Manager, Hartford Regional Office
Jay Bartolomei, Fair Hearing Liaison Supervisor, Hartford Regional Office
Anellyse Boebel, Long Term Support Services Representative, Hartford 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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 06105-3725.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court with 45 days of the mailing of this decision, or 45 days after the agency denies 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, 165 Capitol Avenue, 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 her 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.