

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

[REDACTED] 2024  
Signature Confirmation

Case # [REDACTED]  
Client ID # [REDACTED]  
Request # [REDACTED]

**NOTICE OF DECISION**

**PARTY**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**PROCEDURAL BACKGROUND**

On [REDACTED] 2024, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") denying his Husky C Medicaid application for Long Term Services and Supports ("LTSS").

On [REDACTED] 2024, [REDACTED] the Nursing Facility [REDACTED] requested an administrative hearing to contest the Department's decision to deny the Husky C LTSS application.

On [REDACTED] 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] 2024.

On [REDACTED] 2024, 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:

[REDACTED] Appellant's Representative  
[REDACTED] Business Office Manager, [REDACTED]  
Lakeasha Concepcion, Department's Representative  
Alisha Laird, Fair Hearing Officer

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

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny the Appellant's Husky C Long-Term Care Facility benefits was correct.

### **FINDINGS OF FACT**

1. On [REDACTED] 2023, the Appellant was admitted to [REDACTED] (the "Facility"), a nursing care facility, in [REDACTED] Connecticut. (Hearing Record and Exhibit 12: Case Note [REDACTED]/2024)
2. The Appellant is [REDACTED] years old (DOB: [REDACTED]/1952) and divorced. (Exhibit 1: W1LTSS)
3. [REDACTED] (the "AREP") is the Appellant's [REDACTED] and authorized representative. (Exhibit 1 and Exhibit 10: AREP Summary)
4. On [REDACTED] [REDACTED] 2024, the Department received an Authorization for Disclosure of Information form authorizing [REDACTED] (the "Facility AREP") as an authorized representative for the Appellant's LTSS application. (Exhibit 3: W298 and Exhibit 10)
5. On [REDACTED] 2024, the Department received an application ("W1LTSS") requesting Husky C LTSS coverage on behalf of the Appellant. (Exhibit 1)
6. On [REDACTED] 2024, the Department issued a Worker Generated Request for Proofs form ("W1348M") to the Appellant, the AREP, and the Facility AREP requesting the following documentation required to determine Husky C LTSS eligibility: Bank Statements from [REDACTED] [REDACTED] from [REDACTED] 2019, 2020, 2021 and from all statements from [REDACTED] 2022 through [REDACTED] 2022 and [REDACTED] 2024, Invoice from [REDACTED] for transactions over [REDACTED] the [REDACTED] 2022 transaction for [REDACTED] and the [REDACTED] [REDACTED] 2022 transaction for [REDACTED], a clear copy or invoice for the [REDACTED], [REDACTED] dated [REDACTED] 2022, an explanation of the purpose of the [REDACTED] payment transaction of [REDACTED] on [REDACTED] 2022, verification of closure for the [REDACTED] with a balance of [REDACTED] as of [REDACTED] 2024, and a [REDACTED] year look back for [REDACTED] [REDACTED] for statements issued [REDACTED] 2019, 2020, 2021 and all statements from [REDACTED] 2022 through current. The request gave a due date of [REDACTED] 2024. (Exhibit 8: W1348M [REDACTED]/2024)

7. On [REDACTED] 2024, the Department received the following verifications from the Facility AREP via email: an invoice from [REDACTED]  
[REDACTED]. The Department stated that payment [REDACTED]  
[REDACTED] was visible on the statement, and all transactions over [REDACTED] were matched to the statement. (Hearing Record and Exhibit 12: Case Note [REDACTED]/2024)
8. On [REDACTED] 2024, the Department issued a second W1348M to the Appellant and the Facility AREP via mail, and the document was sent to the AREP via email requesting the following documentation required to determine Husky C LTSS eligibility: Bank Statements from [REDACTED]  
[REDACTED] from [REDACTED] 2019, 2020, 2021 and from all statements from [REDACTED] 2022 through [REDACTED] 2022 and [REDACTED] 2024, an explanation of the purpose of the [REDACTED] payment transaction of [REDACTED] on [REDACTED] 2022, verification of closure for the [REDACTED]  
[REDACTED] with a balance of [REDACTED] as of [REDACTED] 2024, and a [REDACTED] year look back for [REDACTED] for statements issued [REDACTED] 2019, 2020, 2021 and all statements from [REDACTED] 2022 through current. The request gave a due date of [REDACTED] 2024. (Hearing Record, Exhibit 9: W1348M [REDACTED]/2024 Exhibit 11: Historical Correspondence and Exhibit 12: Case Note [REDACTED]/2024)
9. On [REDACTED] 2024, the Department issued a NOA Appellant denying the Husky C LTSS application for failure to provide the required proof by the due date. (Exhibit 2: [REDACTED]/2024)
10. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that the Department render a decision within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2024; therefore, this decision is due no later than [REDACTED] 2024.

### **CONCLUSIONS OF LAW**

1. Connecticut General Statutes ("Conn. Gen. Stat.") section 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.
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)).

**The Department has the authority to administer and determine eligibility for the Husky C LTSS Medicaid program.**

3. Conn. Gen. Stat. § 17-261a(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 are 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 in a long-term care facility who applied for Medicaid coverage with the Department on [REDACTED] 2024.**

4. UPM § 1010 provides the assistance unit, by the act of applying for or receiving benefits, assumes certain responsibilities in its relationship with the Department.
5. UPM § 1015.05(C) provides for providing information to the assistance unit. The Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.
6. UPM § 1015.10(A) provides 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 issued two separate W1348M Worker Generated Request for Proofs forms to the Appellant on [REDACTED] 2024, and [REDACTED] 2024, requesting information to establish the Appellant’s eligibility for the Husky C LTSS Medicaid program.**

7. UPM § 1505.40(B)(5)(a) provides 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.
8. UPM § 1505.40(B)(5)(b) provides 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 issued a subsequent request for additional information, allowing a 10-day extension, after receiving documentation, from the Appellant's AREP, from the first request for verification.**

9. UPM § 1505.35(C)(1)(d) provides for the standard of Promptness for Processing Applications. The following promptness standards are established as maximum time periods for processing applications: (d) ninety calendar days for AABD or MA applicants applying on the basis of disability.
10. UPM § 1505.35(D)(2) provides for the use of the Standard of Promptness. 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.
11. UPM § 1010.05(A)(1) provides for Supplying Information. 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.

**The Appellant did not submit the requested information by the [REDACTED] 2024, due date. The Appellant did not have good cause for failure to provide the requested documentation.**

**The Department correctly denied the Appellant's [REDACTED] 2024, application for Husky C LTSS application on [REDACTED] 2024.**

### **DECISION**

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

*Alisha Laird*

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Alisha Laird  
Fair Hearing Officer

CC: Brian Sexton, SSOM

[REDACTED] Appellant's Representative

[REDACTED] Business Office Manager, [REDACTED]



### **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, 165 Capitol Avenue, 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.