

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

██████████ 2013
Signature Confirmation

Client ID # ██████████
Request # 539064

NOTICE OF DECISION

PARTY

██████████
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████████████████████

PROCEDURAL BACKGROUND

On ██████████ 2013, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA) granting Long Term Care Medicaid benefits for the month of ██████████ 2013, effective ██████████ of 2013 going forward and denying Long Term Care Medicaid benefits for the months from ██████████ 2012 through ██████████ 2013, with the exception of ██████████ 2013.

On ██████████ 2013, the Appellant requested an administrative hearing to contest the effective date of the Long Term Care Medicaid.

On ██████████ 2013, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2013.

The hearing was rescheduled multiple times for various reasons.

On ██████████ 2013, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice rescheduling the administrative hearing for ██████████ 2013.

On ██████████ 2013 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:

██████████, the Appellant,
Emma Figueroa, Business Office Coordinator, Wintonbury Care Center
Kathy Sullivan, Business Office Manager, Wintonbury Care Center

Liza Perez, for the Department
Maureen Foley-Roy, Hearing Officer

The Appellant's daughter and authorized representative, [REDACTED], was notified of the hearing but did not attend.

The hearing officer held the record open to allow for the possibility of the submission of additional evidence. No additional evidence was received and the hearing record closed on [REDACTED] 2013.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny Long Term Care Medicaid benefits for the months of [REDACTED] 2012 through [REDACTED] 2012, [REDACTED] [REDACTED] and [REDACTED] of 2013 and to grant such benefits only for the month of [REDACTED] 2013 and effective [REDACTED] of 2013 and ongoing, was correct.

FINDINGS OF FACT

1. On [REDACTED] 2012, the Appellant was admitted to a skilled nursing facility for long term care. (Business Office Coordinator's testimony).
2. On [REDACTED] 2012, the Department received the Appellant's application for Title 19- Medicaid for Long term care. (Department's summary)
3. In [REDACTED] of 2012, the balance of all of the Appellant's bank accounts totaled \$36,826.76. (Exhibit K : Asset screen prints)
4. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$38,001.66. (Exhibit K)
5. On [REDACTED] 2012, the Department sent to the authorized representative the first of seven requests for information, each of which included notification that the asset limit for Medicaid was \$1600 and eligibility for Medicaid would not exist for any month in which the assets exceeded the limit (Exhibit B: Verification We Need Request #1)
6. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$38,327.42. (Exhibit K)
7. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$18,229.06. (Exhibit K)
8. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$9,416.12.(Exhibit K)
9. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$11,526.64. (Exhibit K)

10. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$3,179.12. (Exhibit K)
11. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$3,744.28. (Exhibit K)
12. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$6,045.57. (Exhibit K)
13. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$7,136.91. (Exhibit K)
14. In [REDACTED] of 2012, the Appellant's bank account balances totaled \$9,096.69. (Exhibit K)
15. In [REDACTED] of 2013, the Appellant's bank account balances totaled \$10,759.60. (Exhibit K)
16. In [REDACTED] of 2013, the Appellant's bank account balances totaled \$12,623.39. (Exhibit K)
17. In [REDACTED] of 2013, the Appellant's bank account balances totaled \$1581.04. (Exhibit K)
18. In [REDACTED] of 2013, the Appellant's bank account balances totaled \$3,185.97. (Exhibit K)
19. In [REDACTED] of 2013, the Appellant's bank account balances totaled \$1,978.48. (Exhibit K)
20. The Appellant's assets included burial accounts, two bank accounts at Webster Bank, three accounts at the [REDACTED] Credit Union and an annuity with a cash value of \$1029.91. (Exhibit I: Case Narrative)
21. The Appellant's annuity is not listed on the AST screen. (Exhibit K: Asset screen prints)
22. On [REDACTED] 2013, the Appellant surrendered her annuity. (Exhibit I)
23. In [REDACTED] of 2013, the Appellant's assets totaled \$35.18. (Exhibit K)
24. On [REDACTED], 2013, the Department denied Medical assistance for long term care for the months of [REDACTED] through [REDACTED] of 2012, [REDACTED] and [REDACTED] of 2013. (Exhibit O: Notice dated [REDACTED] 2013)
25. On [REDACTED] 2013, the Department granted medical assistance for long term care for the month of [REDACTED] 2013 and effective [REDACTED] of 2013 going forward. (Exhibit O)

CONCLUSIONS OF LAW

1. Section 17b-2 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”) Section 4030 provides that the Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits.
3. UPM § 4005.05 provides that the Department counts the assistance unit's equity in an asset toward the asset limit if the asset is not excluded by state or federal law and is either: 1. available to the unit; or 2. deemed available to the unit. It further provides that an assistance unit is not eligible for benefits under a particular program if the unit's equity in counted assets exceeds the asset limit for the particular program.
4. UPM § 4005.10 provides that the Medicaid asset limit for a needs group of one is \$1,600.00 per month.
5. UPM § 4005.15 provides that in the Medicaid program at the time of application, the assistance unit is ineligible until the first day of the month in which it reduces its equity in counted assets to within the asset limit.
6. The Department was correct when it denied the application for Medicaid for Long Term care benefits because the Applicant's assets exceeded the limit.

DISCUSSION

Each time the Department sent a “Verification We Need” list, The Department advised the Appellant's authorized representative that the asset limit for Medicaid was \$1600. The Appellant's one annuity had a cash value of just over \$1,000. The value of that annuity, combined with the balances of the Appellant's bank accounts exceeded the allowable limit for the months in question with the exception of [REDACTED] of 2013. In [REDACTED] of 2013, when the annuity was cashed in and the bank balances came under the \$1600 limit, the Appellant became eligible for Medicaid for Long Term care benefits on an ongoing basis.

DECISION

The Appellant's appeal is DENIED.

Maureen Foley-Roy
Maureen Foley-Roy,
Hearing Officer

PC: Lisa Wells, Operations Manager, DSS, R.O. #10, Hartford

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, 25 Sigourney Street, Hartford, CT 06106-5033.

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, 25 Sigourney Street, Hartford, CT 06106. 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.