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

[redacted] **2014**
Signature Confirmation

Client ID # [redacted]
Request # 596508

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2014, the Department of Social Services (the "Department") sent [redacted] (the "Appellant") a Notice of Action ("NOA") denying Long Term Care Medicaid benefits for the months of [redacted] 2013 through [redacted] 2014.

On [redacted] 2014, the Appellant requested an administrative hearing to contest the denial of the Long Term Care Medicaid benefits as determined by the Department.

On [redacted], 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for [redacted] 2014.

On [redacted] 2014, 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:

[redacted], the Appellant's daughter and authorized representative
Linda Comen, Department's representative
Maureen Foley-Roy, Hearing Officer

The hearing record remained open for the submission of additional evidence. On [redacted] 2014, the record closed.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [redacted] 2013, the Appellant was admitted to the facility for long term care. (Exhibit A: Bill from facility)

2. On [redacted], 2014, the Appellant had a checking account with a balance of $5531.69 and a club account showing a balance of $185.(Exhibit 9: bank statement)

3. On [redacted], 2014, the Appellant had a checking account with a balance of $1120.64 and a club account showing a balance of $205. (Exhibit 9)

4. On [redacted], 2014, the Appellant had a checking account with a balance of $1851.56 and a club account showing a balance of $230. (Exhibit 9)

5. In addition to her bank accounts, the Appellant was the owner of a life insurance policy with a face value of $5,000 and a cash surrender value of $1979.56. (Exhibits 7: Life insurance certificate and 8: Letter from Torello Funeral Home)

6. On [redacted] 2013, the Appellant was discharged to her home. (Department's summary, Exhibit A)

7. On [redacted] 2013, the Department received the Appellant's application for Medicaid for Long term care, on which she expressed the need for retroactive coverage as she had unpaid medical bills in the previous three months. (Exhibit 1: Application)

8. On [redacted] 2013, the Department sent a W1348 Verification We Need form to the Appellant requesting items needed to determine eligibility including bank statements and verification of the current face and cash value of her life insurance policy and her burial contract, if she had one. (Exhibit 2: Verification We Need, Request #1)

9. On [redacted] 2013, the Department received a letter from a funeral home that the Appellant had a life insurance policy with a cash value of $1,979.56 that she was assigning to the funeral home for services and merchandise. (Exhibit 6: Letter from funeral home)

10. In [redacted] of 2013, the Appellant was admitted to Connecticut Hospice. (Appellant's daughter's testimony)

11. In-patient hospice treatment is covered in full by Medicare and the Appellant did not need and was not interested in Medicaid coverage beginning in [redacted] of 2013 and going forward. (Appellant's daughter's testimony and Department representative's testimony)

12. On [redacted] 2014, the Department denied the Appellant's application for long term care Medicaid for the months of [redacted] 2013 through [redacted] 2014 because there were no eligible people in the household. (Exhibit 11: Notice of Denial for Long Term Care)

13. On [redacted] 2014, the Appellant passed away. (Appellant's daughter's testimony)

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 § 4005.10 provides that the Medicaid asset limit for a needs group of one is $1,600.00 per month.

4. UPM § 4005.05 (D) (1) provides that the Department compares the assistance unit's equity in counted assets with the program asset limit when determining whether the unit is eligible for benefits.

5. UPM § 4030.30 C 1 and 2 provides that the cash surrender value of life insurance policies owned by the individual is counted towards the asset limit unless the total face value of all life insurance policies owned by the individual does not exceed $1,500, in which case the cash surrender value of such policies is excluded.

6. The Department correctly determined that the cash surrender value of the Appellant's life insurance policy was a counted asset.

7. 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.

8. The Department correctly determined that the Appellant's assets exceeded the allowable limit of $1600 for the months of [redacted] through [redacted] of 2013 based on the $1979.56 cash surrender value of her life insurance in addition to the balance of her bank accounts.

9. UPM § 3000 provides that in order to be eligible an assistance unit must meet certain technical eligibility requirements, including institutional status.

10. The Department was correct when it determined that after [redacted] 2013, the Appellant was not a resident of an institution.

11. The Department correctly denied the Appellant's application for Long Term Care for the months of [redacted] and [redacted] because the Appellant was not a resident of a long term care facility.

DISCUSSION

The Appellant was admitted to a facility for long term care in [redacted] and discharged to her home in [redacted]. The application for Medicaid for coverage for that admission was not received by the Department until [redacted]. The Appellant's daughter testified that there had been previous conversations and forms filled out; both at the facility and the hospital prior to admission, but the Department's only application was received in [redacted]. The Appellant's daughter testified that they would have reduced the assets earlier if they had known the value of the life insurance exceeded the allowable limit. But as the contact with the Department was not initiated until [redacted], there was no way for the Department to have communicated information concerning asset limits. The fact is that for the months that the Appellant was seeking Medicaid for Long Term care, her assets exceeded the allowable limit and there was no eligibility.

DECISION

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

Maureen Foley-Roy
Maureen Foley-Roy,
Hearing Officer

Pc: Peter Bucknall, Operations Manager
Bonnie Beal Shizume, Program Manager
DSS R.O. # 20, New Haven

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.