

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

██████████ 2014
Signature Confirmation

Client ID#: ██████████
Hearing ID#: 606042

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
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PROCEDURAL BACKGROUND

On ██████████ 2014, the Department of Social Services (the "Department") sent ██████████ ██████████ (the "Appellant's Power of Attorney") a notice stating that the agency denied ██████████ ██████████ (the Appellant) application for Long Term Care Medicaid because her assets exceeded the Medicaid asset limit.

On ██████ ██████ 2014, the Appellant's Power of Attorney ("POA") requested an administrative hearing to contest the Department's denial of the Appellant's Medicaid application.

On ██████████ 2014, the Office of Legal Counsel, Regulations and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2014.

On ██████████ 2014, the Appellant's POA requested that OLCRAH reschedule her hearing.

On ██████████ 2014, OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2014.

On ██████████ 2014, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-184 of the Connecticut General Statutes, inclusive, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████ Appellant's Power of Attorney and daughter
██████████, Attorney for the POA
Jaime LaChapelle, Department's Representative
Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's Medicaid application due to excess assets.

FINDINGS OF FACT

1. On ██████████ 2004, the POA received her appointment for the Appellant. (Appellant's POA's testimony)
2. Effective ██████████ 2013, the Appellant was a resident at ██████████ Health Care Center in ██████████, CT. (Hearing Summary, Appellant's Exhibit A : W-1 LTC Long-Term Care/Waiver Application dated ██████████ 2013)
3. On ██████████ 2013, the Appellant applied for Title XIX Long-Term Care Medical Assistance. (Hearing Summary, Exhibit. A)
4. The asset limit for Title XIX Long-Term care Medical Assistance is \$1600.00. (Hearing record)
5. The Appellant is widowed. (Ex. A: Application form)
6. On ██████████ 2013, the Department mailed the POA a W-1348LTC – We Need Verification from You requesting verifications that were needed to establish eligibility. Among the items requested were bank statements from ██████████ 2008 to present for all open or closed accounts, verify all deposits / withdrawals of \$5000.00 or more, documentation of life insurance policies showing current face and cash surrender values and reduce total countable assets to below the \$1600.00 limit and verify. (Hearing Summary, Departments Ex A: W1348LTC – We Need Verification from You, ██████████ 13)
7. In response to the request, the Appellant's POA provided a statement from Metlife indicating the Appellant was the owner of 94 shares of Metlife stock. (Hearing Summary, Appellant's representative testimony, Department's Ex. E: Metlife Policyholder Trust # ██████████ /14)
8. On ██████████ 2013 the Department mailed the POA a W-1348LTC – We Need Verification from You, requesting verifications that were needed to establish eligibility. Among the items requested was verification that the 94 shares of

Metlife were liquidated and the amount received. In addition it requested verification of how the proceeds were reduced. (Hearing Summary, Ex. D: W-1348LTC, [REDACTED]/13)

9. On [REDACTED] 2013, the Appellant passed away. (Appellant's POA testimony, hearing summary)
10. On [REDACTED] 2014, the Department mailed the POA a W-1348LTC, requesting verifications that were needed to establish eligibility. Among the items requested was verification that the 94 shares of Metlife were liquidated and the amount received. In addition it requested verification of how the proceeds were reduced. (Hearing Summary, Ex. E: W-1348LTC, [REDACTED]/14)
11. The Appellant was the owner of 94 shares of MetLife stock throughout the application process. (Hearing Record)
12. The price per share of the Metlife stocks were as follows: On [REDACTED]/13, \$47.080 per share x 94 shares = \$4425.52; on [REDACTED]/13, \$47.080 per share x 94 shares = \$4452.52; on [REDACTED]/13, \$52.190 per share x 94 shares = \$4905.86; On [REDACTED] 2013, \$51.190 per share x 94 shares = \$4811.86. (Ex. C: Metlife Investor Relations, Historical Price Lookup, [REDACTED] 14, Ex. H: Metlife historical price lookup, [REDACTED] 14, Ex. I: Melife historical price lookup, [REDACTED]/14 and Ex. F: Metlife historical price lookup, [REDACTED]/14)
13. The Appellant had the following bank accounts during the application process: Windsor Federal Savings Acct # [REDACTED] and Hebrew Health Care PNA acct. (Departments Ex: G: Monthly Asset Worksheet, Department's Ex. J, Windsor Federal Savings, account history [REDACTED]/13 to [REDACTED]/13)
14. The Appellant had the following life insurance policy during the application process: Metlife policy # [REDACTED] (Department's Ex. G: Monthly Asset Worksheet)
15. The Appellant's assets for the months of [REDACTED] 2013 through [REDACTED] 2013 were the following :

Month	Metlife Stock	Metlife # [REDACTED]	Windsor Federal # [REDACTED]	Hebrew Health PNA Acct
[REDACTED] 2013	\$4452.52	\$59.04	\$14,748.55	\$37.00
[REDACTED] 2013	\$4452.52	\$59.04	\$1,074.96	\$37.00
[REDACTED] 2013	\$4905.86	\$59.04	\$0	\$37.00
[REDACTED] 2013	\$4811.86	\$59.04	\$0	\$37.00

(Ex. C, Ex. H, Ex. F, Ex. G, Ex. I, Ex. J)

16. For the period [REDACTED] 2013 through [REDACTED] 2013, the value of the shares of Metlife stock in combination with the Metlife insurance policy cash value, Windsor Federal acct values and Hebrew Health acct, exceeded \$1600.00. (Fact # 14)
17. On [REDACTED] 2014, the Department denied the Appellant's Title XIX Long-Term Care Medical Assistance application because her assets for the months of [REDACTED] 2013 through [REDACTED] 2013 exceeded the asset limit. (Ex. O: Notice content, [REDACTED]/14)

CONCLUSIONS OF LAW

1. Connecticut General Statutes §17b-2 provides in part that the Commissioner is authorized to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual § 4005.05 (B)(1) 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: available to the unit; or deemed available to the unit.
3. UPM § 4005.05 (B)(2) provides that under all programs except Food Stamps, the Department considers an asset available when actually available to the individual or when the individual has the legal right, authority or power to obtain the asset, or to have it applied for, his or her general or medical support.
4. UPM § 4030.75 provides for the treatment of: A. Stocks 1. The equity value of a share of stock is the net amount the owner would receive upon selling the share. 2. In computing this net amount due the owner, the Department subtracts the broker's fee, if any, from the market value of the share of stock
5. The Department correctly determined that the Appellant's Metlife Stocks, Metlife Insurance surrender value, Windsor Federal savings account and Hebrew Health account were available to the Appellant.
6. UPM § 4026.05 pertains to the calculation method for counted assets and states:

The amount of assets counted in determining the assistance unit's eligibility is calculated in the following manner:

 - A. The Department determines the amount of the assistance unit's available non-excluded assets by subtracting the value of the following assets owned by the assistance unit:
 1. those assets considered to be inaccessible to the assistance unit at the time of determining eligibility; and
 2. assets which are excluded from consideration.

- B. The Department adjusts the amount of the assistance unit's available non-excluded assets by:
1. subtracting a Community Spouse Disregard (CSD), when appropriate, for those individuals applying for assistance under the MAABD program (Cross Reference: 4022.05); and
 2. adding any amount of assets deemed to be available to the assistance unit (Cross Reference: 4025); and
 3. subtracting a Long-Term Care Insurance Disregard (LTCID), when appropriate, for those individuals applying for or receiving assistance under the MAABD program (Cross Reference: 4022.10).
- C. The amount remaining after the above adjustments is counted.

7. The Department correctly counted the Appellant's assets for the months of [REDACTED] 2013 through [REDACTED] 2013.
8. UPM Section 4005.10 (A) provides that in the Medicaid program, the asset limit for one person is \$1,600.00.
9. The Department correctly denied the Appellant's application for Long-term Care Medical Assistance for the months of [REDACTED] 2013 through [REDACTED] 2013 due to excess assets.

DISCUSSION

The hearing centered around 94 shares of Metlife Stock belonging to the Appellant. The Appellant's POA and Attorney testified that the POA was unaware that the Appellant owned any Metlife stock and was considering it newly found. They testified that the letter showed a dividend distribution and the POA was unaware that the Appellant owned stock. I find that the Department acted correctly when processing the Appellant's application. The POA had provided the Department with the Metlife statement from [REDACTED]/13 which led to the discovery of the stocks by the Department. There is nothing in Departmental regulations which would exclude the value of the stocks because they were unknown.

DECISION

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



Scott Zuckerman
Hearing Officer

Cc: Albert Williams, Operations Manager, DSS, Hartford DO #10
Musa Mohamud, Operations Manager, DSS, Hartford DO #10

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, 25 Sigourney Street, Hartford, CT 06106.

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 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.