

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

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

Client ID # ██████████
Request # 606189

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2014, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying her benefits under the Medicaid for Long Term Care program for the period of ██████████ 2013 through ██████████ 2014, because the value of her assets was more than the amount allowed for this program.

On ██████████, 2014, the Appellant requested an administrative hearing to contest the Department’s decision to deny such benefits.

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

On ██████████ 2014, the Appellant requested to reschedule the administrative hearing.

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On ██████████ 2014, the OLCRAH issued a Notice to reschedule the administrative hearing for ██████████, 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 Conservator
Elizabeth Clark, Eligibility Services Worker, Department's representative
Roberta Gould, Hearing Officer

The hearing record was held open for the submission of additional evidence. The record closed on [REDACTED], 2014.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's benefits under the Medicaid for Long Term Care program for [REDACTED] of 2013 through [REDACTED] of 2014, was correct.

FINDINGS OF FACT

1. The Appellant is a recipient of the Medicaid program. (Hearing record)
2. In [REDACTED] of 2013, the Appellant entered [REDACTED] Nursing Home. (Exhibit 3: EMS Assistance Request form)
3. On [REDACTED] 2013, the Appellant received a check in the amount of \$9,111.58 from Allianz Life Insurance Company for surrender of her annuity contract. (Exhibit 11: Allianz Life Insurance Check and Letter)
4. On [REDACTED], 2013, a deposit of \$9,111.58 was made into the Appellant's Bank of America account. (Exhibit 4: Asset Spreadsheet and Bank account statements)
5. On [REDACTED], 2013, the Appellant applied for Medicaid benefits to cover the cost of her stay in a long-term care facility. (Exhibit 3 and Department's summary)
6. On [REDACTED] 2013, the Department sent the Appellant's Conservator a W-1348 Verification We Need Form requesting verification that all assets for the Appellant had been reduced to within the asset limit for the Medicaid program. The Department indicated that the asset limit for the Medicaid program for which she was applying for was \$1600.00 and that assets must be reduced to under that amount. (Exhibit 7: W-1348LTC)
7. On [REDACTED] 2014, the Department sent the Appellant's Conservator a W-1348 Verification We Need Form requesting verification of bank account balances from [REDACTED] of 2014 through [REDACTED] of 2014. (Exhibit 8: W-1348LTC)
8. On [REDACTED] 2014, the Department sent the Appellant's Conservator a W-1348

Verification We Need Form requesting the source of a \$9,111.58 deposit into the Appellant's Bank of America account on [REDACTED], 2013. (Exhibit 9: W-1348LTC)

9. The Department verified that the Appellant's combined bank account balances from Bank of America and Liberty Bank as of [REDACTED] 2014, were \$3,478.69. (Exhibit 4)
10. The Department verified that the Appellant's combined bank account balances from Liberty Bank and Bank of America as of [REDACTED] 2014, were \$1,284.66. (Exhibit 4)
11. On [REDACTED] 2014, the Department denied the Appellant's Medicaid for Long Term Care for the period of [REDACTED] of 2013, through [REDACTED] of 2014, because the value of her assets exceeded the allowable limit. (Exhibit 12: EMS Notice and Department's summary)
10. On [REDACTED] 2014, the Department granted the Appellant Medicaid for Long Term Care effective [REDACTED] 2014. (Exhibit 12 and Department's summary)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. UPM § 1505.35(B) provides that the Department notifies applicants of:
 1. any actions taken on applications; and
 2. when applications are not acted upon within the established time limits.
3. UPM § 1505.35(C)(1)(c) provides that the standard of promptness for processing applications for AFDC applicants and AABD or MA applicants applying on the basis of age or blindness is forty-five calendar days.
4. Uniform Policy Manual ("UPM") § 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:
 - a. available to the unit; or
 - b. deemed available to the unit.
5. 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.
6. UPM § 5515.05 C 2 a and b provides in part that the needs group for an MAABD

unit includes the following: the applicant or recipient and the spouse of the applicant or recipient when they share the same home regardless of whether one or both are applying for or receiving assistance.

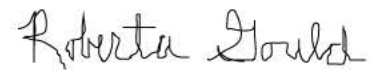
7. UPM § 4005.10.A 2 b provides that in the MAABD program, the asset limit is \$1600 for a needs group of one person.
8. UPM § 4005.15(B)(2)(b) provides that for recipients, if the assistance unit does not reduce its excess assets to an allowable level by the end of the month the excess first occurs, the unit is ineligible as of the first day of the following month and remains ineligible until the first day of the month in which the unit properly reduces its assets to an allowable level.
9. The Appellant had countable assets of \$3,478.69 as of [REDACTED] 2014. (\$2,194.14 Bank of America account balance + \$1,284.55 Liberty Bank account balance).
10. The Department was correct when it determined that the Appellant's assets of \$3,478.69 exceeded the limit of \$1600.
11. The Department was correct when it denied the Appellant's Medicaid for Long Term Care benefits for [REDACTED] 2013, through [REDACTED] 2014, because her assets exceeded the allowable limit.

DISCUSSION

Medicaid policy is clear that the asset limit is \$1600. The Bank of America and Liberty Bank account statements provided clear and convincing evidence that the Applicant's assets exceeded the allowable limit. The Department was correct when it denied the application for Medicaid as the Applicant's assets exceeded the asset limit.

DECISION

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



Roberta Gould
Hearing Officer

PC: Cheryl D. Parsons, Social Services Operations Manager
Nowich 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 §4-181a (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 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.