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

2014
Signature Confirmation

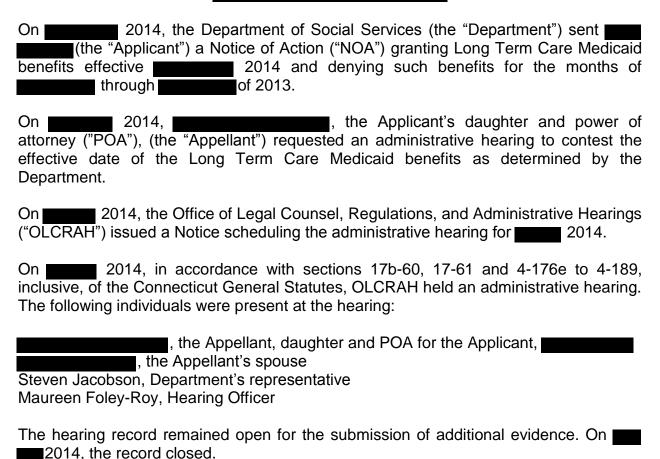
Client ID # Request # 606318

# **NOTICE OF DECISION**

### **PARTY**

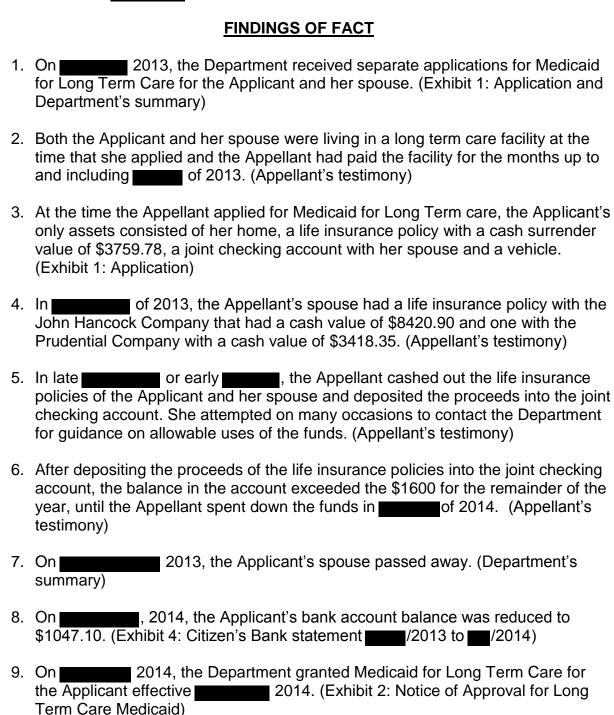


#### PROCEDURAL BACKGROUND



#### STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to grant Long Term Care benefits effective 2014 was correct.



#### **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 § 4030.30 C 1 and 2 provides that unless the total value of all life insurance policies owned by an individual does not exceed \$1500, the cash surrender value of life insurance policies owned by the individual is counted towards the asset limit.
- 5. 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.
- 6. The Department was correct when it determined that the \$3759.78 cash surrender value of the Applicant's whole life insurance policy was counted towards the asset limit.
- 7. The Department was correct when it determined that the Applicant was ineligible for Medicaid for Long Term Care for the month of of 2013 because the cash surrender value of her life insurance policy exceeded the allowable asset limit.
- 8. The Department was correct when it determined that the Applicant was ineligible for Medicaid for Long Term Care for the months of 2013 through 2013 through 2013 because the balance of her bank account exceeded the allowable asset limit of \$1600.
- 9. The Department was correct when it denied the Applicant's application for Medicaid for Long Term Care for the months of through 2013 because the Applicant's assets exceeded the limit.
- 10. 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.
- 11. The Department correctly determined that the Applicant's assets were reduced to below \$1600 in \_\_\_\_\_\_\_ of 2014.

12. The Department correctly granted Medicaid for Long Term Care effective | 2014.

#### **DISCUSSION**

The Department's responsibility is to review the information and determine whether eligibility for Medicaid exists at a certain point in time per the policy and regulations. The Appellant does not dispute the Department's figures of total assets. (Note that the Department could not provide all of the bank statements for the time period in question, however, the Appellant agreed with the figures that the Department provided in the hearing summary.) The undisputed fact is that the Applicant's total assets exceeded the allowable limit until the Appellant reduced those assets in of 2014. The Appellant contends that she could have reduced those assets sooner if the Department had been available to offer guidance on the reduction of assets. There are no provisions or exceptions in policy that permit the Department to grant benefits in a month when there is no eligibility due to excess assets. The bottom line is that the Applicant's assets exceeded the allowable limit until of 2014. The Department was correct when it determined that the Applicant was not eligible for Medicaid for Long Term care prior to of 2014.

## **DECISION**

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

Maureen Foley-Roy, Maureen Foley-Roy, Hearing Officer

Pc: Cheryl Parsons, Operations Manager DSS R.O. # 40, Norwich

#### 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.