

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

REQUEST #608967

CLIENT ID # ██████████

NOTICE OF DECISION

PARTY

██████████  
██  
██  
██

PROCEDURAL BACKGROUND

On ██████████ 2014, Department of Social Services (the “Department”) sent ██████████ ██████████ (the “Appellant”) a Notice of Approval stating that the Appellant was eligible for medical assistance under the Medicaid program, effective ██████████ 2014, the month that the value of her countable assets did not exceed the allowable asset limit for the Medicaid program.

On ██████████, 2014, the Appellant’s representative, ██████████ ██████████ requested an administrative hearing on behalf of the Appellant to contest the Department’s effective date of Medicaid eligibility for the Appellant. The Appellant was seeking a Medicaid eligibility effective date of ██████████ 2014.

On ██████████ 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice of Administrative Hearing scheduling a hearing for ██████████ ██████████ 2014 @ ██████████ to address the Department’s effective date of Medicaid eligibility for the Appellant. OLCRAH granted the Appellant’s representative a continuance.

On ██████████ 2014, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing to address the Department’s effective date of Medicaid eligibility for the Appellant.

The following individuals were present at the hearing:

██████████ Appellant’s Representative/Daughter  
██, Counsel for the Appellant  
Noah Cass, Representative for the Department  
Hernold C. Linton, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Appellant is ineligible for retroactive medical assistance under the Medicaid program for the period of [REDACTED] 2014 through [REDACTED] 2014, due to excess assets.

## **FINDINGS OF FACT**

1. On [REDACTED] 2014, the Department received the Appellant's application for medical assistance under Medicaid program. (Hearing Summary)
2. The Appellant was seeking a Medicaid eligibility effective date of [REDACTED] 2014, to cover the cost of her stay in a long-term care facility ("LTCF"). (Hearing Summary; Dept.'s Exhibit #2: Case Narrative Screens)
3. On [REDACTED] 2014, the Department sent the Appellant's representative Form W-1348LTC ("Verification We Need") requesting additional information needed to determine the Appellant's eligibility for medical assistance under Medicaid program. (Hearing Summary; Dept.'s Exhibit # 1: Form W-1348, dated [REDACTED]/14)
4. The Department sent the Appellant's representative Form W-1348 LTC Addendum providing hints to speed up the application process. (Hearing Summary; Dept.'s Exhibit # 1)
5. The Department informed the Appellant's representative that there would be no Medicaid eligibility for the Appellant in any month in which her total countable assets exceeded \$1,600.00. (Hearing Summary; Dept.'s Exhibit # 1)
6. On [REDACTED], 2014, the Department received the information needed to determine the Appellant's eligibility for medical assistance under Medicaid program. (Hearing Summary; Dept.'s Exhibit # 2)
7. On [REDACTED] 2014, the Department granted the Appellant's application for medical assistance under the Medicaid program, effective [REDACTED] 2014 to cover the cost of her stay in a LTCF. (Hearing Summary; Dept.'s Exhibit #2)
8. The Department denied the Appellant's request for retroactive medical assistance under the Medicaid program for the period of [REDACTED] 2014 through [REDACTED] 2014, claiming that the value of her countable assets exceeded the allowable asset limit for the program. (Hearing Summary; Dept.'s Exhibit #2)
9. The Appellant owed the facility \$9,766.45 to cover the cost of her stay for the month of [REDACTED] 2014. (Hearing Summary)
10. For the period of [REDACTED] 1, 2014 through [REDACTED] 31, 2014, the Appellant had an account (Ending in [REDACTED]) at the Savings Institute Bank & Trust valued at \$12,562.49. (Hearing Summary; Dept.'s Exhibit #6: Bank Statements)

11. For the period of [REDACTED] 2014 through [REDACTED], 2014, the Appellant deposited \$6,530.86 in income into her account (Ending in [REDACTED]) at the Savings Institute Bank & Trust. (Hearing Summary; Dept.'s Exhibit #6)
12. For the period of [REDACTED] 2014 through [REDACTED], 2014, the Appellant had available countable assets in her account (Ending in [REDACTED]) at the Savings Institute Bank & Trust valued at \$6,031.63. (Hearing Summary; Dept.'s Exhibit #6)
13. The allowable asset limit for the Medicaid program is \$1,600.00 per month. (Hearing Summary)
14. On [REDACTED], 2014, the Appellant's representative withdrew \$11,987.00 from the Appellant's bank account and paid it towards the cost of the Appellant's LTC, thus reducing the Appellant's total countable assets. (Dept.'s Exhibit #6)
15. On [REDACTED] 2014, the Appellant's countable assets were reduced to \$575.45. (Hearing Summary)
16. The Appellant expired on [REDACTED] 2014. (Hearing Summary; Dept.'s Exhibit #2: Case Narrative)

### **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. Uniform Policy Manual ("UPM") Section 1560.10 provides that the beginning date of assistance for Medicaid may be one of the following:
  - A. the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month; or
  - B. the first day of the month of application when all non-procedural eligibility requirements are met during that month; or
3. The Appellant met all non-procedural eligibility requirements, effective [REDACTED] 2014.
4. UPM § 4005.05(A) provides that for every program administered by the Department, there is a definite asset limit.
5. 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.

6. 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.
7. 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.
8. UPM § 4005.05(D)(2) 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, unless the assistance unit is categorically eligible for the program and the asset limit does not apply (cross reference: 2500 Categorically Eligibility Requirements).
9. UPM § 4005.10 provides that the Medicaid asset limit for a needs group of one is \$1,600.00 per month.
10. UPM § 4005.15(A)(2) provides that 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. UPM § 4015.05(A)(1) provides that subject to the conditions described in this section, equity in an asset which is inaccessible to the assistance unit is not counted as long as the asset remains inaccessible.
12. UPM § 4015.05(B)(1) provides that the burden is on the assistance unit to demonstrate that an asset is inaccessible.
13. UPM § 4099.30(A) provides that the assistance unit must verify the following for the Department to evaluate each asset held by the assistance unit. (2) the asset's status as either inaccessible or excluded, if there is a question, as described in 4015 and 4020, respectively.
14. The equity in the Appellant's bank accounts at the Savings Institute Bank & Trust was accessible and available to meet the Appellant's needs and general support.
15. For the period of [REDACTED] 2014 through [REDACTED] 2014, the Appellant's countable assets exceeded the Medicaid asset limit of \$1,600.00 per month.
16. The Department correctly denied the Appellant's request for Medicaid coverage for the period of [REDACTED] 2014 through [REDACTED], 2014, due to excess assets.
17. The Department correctly granted the Appellant's request for Medicaid coverage effective [REDACTED] 2014, the month in which she reduced her countable assets within the program's asset limit.

**DISCUSSION**

The Appellant's representative argued that the delay in the reducing the Appellant's countable assets was due to a delay by the State Retirement Division in processing a change of address for the Appellant's pension check, and he did not want to make a partial payment to the facility. Additionally, he stated that the Appellant's monthly income, directly deposited into her bank account, also played a factor in her countable assets exceeding the asset limit for the program. However, the Department did take into consideration the Appellant's income for the month in question, as her monthly income was subtracted from the highest balance for her bank account in the month of [REDACTED] 2014, before comparing the equity with the program's asset limit.

The equity in the Appellant's account at the Savings Institute Bank & Trust was always readily available for the Appellant's general support. Therefore, the undersigned finds the equity in the Appellant's bank accounts as available and accessible, as defined by relevant Medicaid regulations. Therefore, for the period of [REDACTED] 2014 through [REDACTED] 2014, the Appellant's countable assets exceeded the Medicaid asset limit of \$1,600.00 per month.

**DECISION**

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



Hernold C. Linton  
Hearing Officer

Pc: **Tonya Cook-Beckford**, Social Service Operations Manager,  
DSS, R.O. # 42, Willimantic

[REDACTED]  
[REDACTED]

### **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, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **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.