

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 # 617835

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████ ██████ 2014, the Department of Social Services (the "Department") sent ██████████, the Appellant's Authorized Representative ("AREP"), a Notice of Action ("NOA") denying Long Term Care benefits for the time period of ██████████ 2013 through ██████ 2014.

On ██████ 7, 2014, the Appellant's AREP requested an administrative hearing to contest the denial of the Long Term Care Medicaid benefits as determined by the Department.

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

On ██████████, 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:

██████████, Appellant's Daughter and AREP
██████████, AREP's Spouse
Paula Wilczynski, Department's Representative
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's Long Term Care ("LTC") Medicaid application due to excess assets.

FINDINGS OF FACT

1. On [REDACTED], 2013, the Appellant was admitted to Paradigm nursing home. (Hearing summary)
2. On [REDACTED] 2013, the Department received a LTC application from the Appellant's daughter on behalf of the Appellant. (Exhibit 2: W-1 LTC)
3. The Appellant's daughter, [REDACTED], is the Appellant's AREP. (Exhibit 2: Application; Hearing summary)
4. The Appellant's spouse, [REDACTED], is a resident of a long-term care facility. (Exhibit 2)
5. On [REDACTED], 2014, a withdrawal of \$715.00 was made from Wells Fargo account [REDACTED]. (Exhibit 6: Bank statement page 1 of 27)
6. On [REDACTED] 2014, the following deposits were made to Wells Fargo account [REDACTED]: \$1,507.00, \$715.00, and \$587.62. The total amount deposited was \$2,809.62. (Exhibit 6: Bank statement page 1 of 27)
7. On [REDACTED] 2013, the Department screened the Appellant's request for LTC. (Exhibit 1: Assistance Request Form)
8. On [REDACTED] 2013, the Department sent the Appellant's representative a We Need Verification from You form ("W-1348LTC") requesting Wells Fargo bank statements for three accounts; Life insurance verification; Funeral Contract; Bill of sale for '88 Plymouth; copy of United Healthcare premium. The request noted the Medicaid asset limit is \$1,600.00. A due date of [REDACTED]/13 was given. (Exhibit 3: W-1348LTC dated [REDACTED]/13; Exhibit 8: Department's narrative page 1 of 7)
9. On [REDACTED] 2013, the Appellant's Wells Fargo Bank balance for account [REDACTED] was \$2,800.62. The bank statement lists the names of the Appellant and [REDACTED]. (Exhibit 6: Bank statement page 1 of 27)
10. On [REDACTED] 2013, the Appellant's Wells Fargo Bank balance for account [REDACTED] was \$0.03. The bank statement lists the names of the Appellant and [REDACTED]. (Exhibit 6: Bank statement page 1 of 27)
11. On [REDACTED] 2014, a deposit of \$1,594.62 was made to Wells Fargo account [REDACTED]. (Exhibit 6: page 11 of 27)

12. The Appellant's bank account balances at the end of each month is detailed below:

Asset	Balance █/2013	Balance █/2013	Balance █/2014	Balance █2014	Balance █2014
Wells Fargo █	\$2,800.62	\$2,800.62	\$2,800.62	\$2,800.62	\$1,590.62
Wells Fargo █	\$ 0.03	\$ 0.03	\$ 0.03	\$ 0.03	\$ 0.03
Wells Fargo █	\$ 817.91	\$1,462.55	\$ 444.75	\$1,005.68	\$ 0.00
Total	\$3,618.56	\$4,263.20	\$3,245.40	\$3,806.33	\$1,590.65

(Exhibit 6)

13. On █, 2013, the Department received a copy of the Appellant's funeral contract. (Exhibit 8: Page 2 of 7)
14. On █ 2013, the Department sent the Appellant's representative a W-1348LTC requesting; Life insurance verification; copy of United Healthcare premium. A due date of █/14 was given. The request noted the Medicaid asset limit is \$1,600.00. (Exhibit 4: W-1348LTC dated █/13)
15. On █ 2014, the Appellant's \$640.00 Social Security check was deposited to Wells Fargo account █. (Exhibit 6: page 11 of 27)
16. On █ 2014, a deposit of \$2,116.62 was made to Wells Fargo account █. (Exhibit 6: page 11 of 27)
17. On █ 2014, the Department sent the Appellant's representative a W-1348LTC requesting; Life insurance verification; copy of United Healthcare premium; Property taxes/Insurance bills. A due date of █/14 was given. The request noted the Medicaid asset limit is \$1,600.00. (Exhibit 5: W-1348LTC dated █/14)
18. On █ 2014, the Appellant was discharged from the facility to home. (Hearing summary; Testimony)
19. On █, 2014, a withdrawal of \$1,210.00 was made from Wells Fargo account █ (Exhibit 6: page 22 of 27)
20. On █, 2014, the Department denied the Appellant's application for LTC due to assets in excess of \$1,600.00. (Exhibit 9: Notice content dated █/14; Exhibit 8: Page 6 of 7)

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 evaluate all types of assets available to the assistance unit when determining the unit's eligibility for benefits.
3. UPM § 4005.05 (A) 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.
4. 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.
5. The Department correctly determined the Appellant had access to the Wells Fargo bank accounts.
6. UPM § 4005.05 (D) 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.
7. UPM § 4005.10 provides that the Medicaid asset limit for a needs group of one is \$1,600.00 per month.
8. 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.
9. UPM § 4030.05 (B) provides that part of a checking account to be considered as an asset during a given month is calculated by subtracting the actual amount of income the assistance unit deposits into the account that month from the highest balance in the account for that month.
10. UPM § 4030.05 (C) provides for money which is received as income during a month and deposited into an account during the month is not considered an asset for that month, unless the source of the money is: 1. an income tax refund; or 2. Cash received upon the transfer or sale of property; or 3. A security deposited returned by the landlord.
11. The Department correctly calculated the bank balances in all of the Wells Fargo accounts.

12. The Appellant's AREP did not reduce the Appellant's assets to within the Medicaid asset limit from [REDACTED] 2013 through [REDACTED] 2014.
13. The Appellant had assets that exceeded the Medicaid asset limit of \$1,600.00 for the period of [REDACTED] 2013 through [REDACTED] 2014.
14. The Department correctly denied the Appellant's application for Long Term Care Medicaid assistance from [REDACTED] 2013 through [REDACTED] 2014 due to excess assets.

DISCUSSION

The Appellant's AREP expressed difficulty in reaching a department representative in order to clarify the bank account balances and her trouble working with the nursing home. The Department met its responsibility to the Appellant by communicating openly the asset limit for the program for which the Appellant applied. The asset limit was clearly noted on all correspondence sent to the Appellant and was never questioned.

There is no provision in Departmental regulations that would exclude the value of the Appellant's bank accounts because of a lack of understanding of departmental guidelines. The Department was correct in its decision to deny the Appellant's L01 application due to excess assets.

DECISION

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

Christopher Turner

Christopher Turner
Hearing Officer

Cc: Peter Bucknall, Operations Manager New Haven
Marc Shok, DSS Central 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, 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 06105-3725. 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.