

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 #619482

CLIENT ID # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2014, Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Denial stating that the Appellant was not eligible for medical assistance under the Medicaid program from ██████████ 2013 through ██████████ 2013, due to the value of her countable assets exceeded 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 denial of the Appellant's request for medical assistance under the Medicaid program.

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 denial of medical assistance under the Medicaid program.

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 denial of medical assistance under the Medicaid program.

The following individuals were present at the hearing:

██████████, Appellant's Representative
██████████ Witness for the Appellant

Liza Morais, 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 medical assistance under the Medicaid program for the period of [REDACTED] 2013 through [REDACTED], 2013, due to excess assets.

FINDINGS OF FACT

1. On [REDACTED], 2013, the Department received the Appellant's application for medical assistance under Medicaid program. (Hearing Summary)
2. The Appellant is seeking a Medicaid eligibility effective date of [REDACTED] 2013, 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 a portion of the information requested. (Dept.'s Exhibit #2)
7. On [REDACTED] 2014, the Department received the remaining information needed to determine the Appellant's eligibility for medical assistance under Medicaid program. (Hearing Summary; Dept.'s Exhibit # 2)
8. On [REDACTED], 2014, the Department denied the Appellant's request for medical assistance under the Medicaid program for the period of [REDACTED] 2013 through [REDACTED] 2013, claiming that the value of her countable assets exceeded the allowable asset limit for the program. (Hearing Summary; Dept.'s Exhibit #2)
9. On [REDACTED] 2014, the Department granted the Appellant's application for medical assistance under the Medicaid program, effective [REDACTED] 2013 to cover the cost

of her stay in a long-term care facility (“LTCF”). (Hearing Summary; Dept.’s Exhibit #2)

10. For the period of [REDACTED] 2013 through [REDACTED], 2013, the Appellant had an account ([REDACTED]) at the Jewett City Savings Bank valued at \$4,259.50. (Hearing Summary; Dept.’s Exhibit #5: Monthly Asset Worksheet)
11. For the period of [REDACTED] 2013 through [REDACTED], 2013, the Appellant had an account ([REDACTED]) at the Jewett City Savings Bank valued at \$1,006.89. (Hearing Summary; Dept.’s Exhibit #5)
12. For the period of [REDACTED] 2013 through [REDACTED] 2013, the Appellant had total countable assets of \$5,266.39. (Hearing Summary; Dept.’s Exhibit #5)
13. The allowable asset limit for the Medicaid program is \$1,600.00 per month. (Hearing Summary)
14. On [REDACTED] 2013, the Appellant’s representative withdrew \$4,750.00 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 #3: Bank Statements)
15. The Appellant expired on [REDACTED], 2013. (Hearing 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. Uniform Policy Manual (“UPM”) Section 1561.10 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] 2013.
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 Jewett City Savings Bank was accessible and available to meet the Appellant's needs and general support.

15. For the period of [REDACTED] 2013 through [REDACTED] 2013, 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] 2013 through [REDACTED] 2013, due to excess assets.
17. The Department correctly granted the Appellant's request for Medicaid coverage effective [REDACTED] 2013, the month in which she reduced her countable assets within the program's asset limit.

DISCUSSION

The Appellant's representative argued that the Department's delay in the processing of the Appellant's application contributed to the delay in reducing the Appellant's countable assets. 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] 2013, before comparing the equity with the program's asset limit.

The combined equity in the Appellant's accounts at the Jewett City Savings Bank 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] 2013 through [REDACTED], 2013, the Appellant's total 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

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.