

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

██████████ 2014  
Signature confirmation

Client: ██████████  
Request: 626916

**NOTICE OF DECISION**

**PARTY**

██  
██  
██  
██

**PROCEDURAL BACKGROUND**

On ██████████ 2014, the Department of Social Services (the "Department") issued ██████████ ██████████ (the "Appellant") a notice denying her Medicaid application for long-term care services for the period from ██████████ 2014 through ██████████ 2014.

On ██████████, 2014, ██████████, the Appellant's daughter and authorized representative, filed a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") to dispute the Department's ██████████ ██████████ 2014 action.

On ██████████ 2014, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2014.

On ██████████ 2014, the Appellant died.

On ██████████, 2014, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held a hearing. The following individuals attended the hearing:

██, Appellant's representative  
██, Villa Maria Nursing & Rehabilitation owner and bookkeeper, Appellant's representative's witness  
Saraid Garcia, Department's representative  
Eva Tar, Hearing Officer

### **STATEMENT OF ISSUE**

The issue to be decided is whether the Department correctly determined that the Appellant was ineligible for Medicaid coverage of her long-term care services for the period from [REDACTED] 2014 through [REDACTED] 2014.

### **FINDINGS OF FACT**

1. On [REDACTED] 2014, Villa Maria Nursing & Rehabilitation (the "Facility") admitted the Appellant as a patient. (Appellant's representative's witness's testimony)
2. The Facility is a skilled nursing facility. (Appellant's representative's witness's testimony)
3. On [REDACTED], 2014, the Department received a Medicaid application for coverage of long-term care services that had been filed on the Appellant's behalf. (Department's Exhibit 4: Narrative-NARR, varying dates)(Department's Exhibit 5: Assistance Status-STAT, varying dates)
4. The Appellant owned Citizens National Bank checking account [REDACTED]. (Department's Exhibit 8: Bank statements, varying dates)(Department's Exhibit 6: Assets 1-AST1, varying dates)
5. The Appellant's only reported source of income was her Social Security benefits. (Department's representative's testimony)
6. In the period from [REDACTED] 2014 through [REDACTED] 2014, the Appellant's net Social Security benefits of \$1,052.00 were direct deposited to Citizens National Bank checking account [REDACTED]. (Department's Exhibit 8)
7. In [REDACTED] 2014, the Facility became the Appellant's protective payee with respect to her monthly Social Security benefits; her Social Security benefits were no longer direct deposited to the Citizens National Bank checking account [REDACTED]. (Appellant's representative's witness's testimony)(Department's Exhibit 8)
8. In the period [REDACTED] 2009 through [REDACTED] 2014, the Appellant owned John Hancock life insurance policy [REDACTED]. (Department's Exhibit 3: *Annual Policy Statement*, [REDACTED]/09)
9. John Hancock life insurance policy [REDACTED] had a face value of \$7,500.00. (Department's representative's testimony)(Department Exhibit 3)
10. On [REDACTED] 2009, John Hancock life insurance policy [REDACTED] had a cash surrender value of \$4,200.83. (Department's Exhibit 3)

11. In [REDACTED] 2014, the highest balance of Citizens National Bank checking account [REDACTED] was \$8,549.02. (Department's Exhibit 8)
12. As of [REDACTED], 2014, Citizens National Bank checking account [REDACTED] had a balance of \$8,549.02. (Department's Exhibit 8)
13. In [REDACTED] 2014, the highest balance of Citizens National Bank checking account [REDACTED] was \$9,551.02. (Department's Exhibit 8)
14. As of [REDACTED], 2014, Citizens National Bank checking account ([REDACTED] had a balance of \$373.99. (Department's Exhibit 8)
15. On [REDACTED] 2014, the Appellant opened a patient trust account at the Facility with a \$50.00 deposit. (Appellant's Exhibit A: Fax, [REDACTED]/14)
16. As of [REDACTED], 2014, the Appellant's patient trust account at the Facility had a balance of \$67.00. (Appellant's Exhibit A)
17. In [REDACTED] 2014, the highest balance of Citizens National Bank checking account [REDACTED] was \$1,425.99. (Department's Exhibit 8)
18. As of [REDACTED] 2014, Citizens National Bank checking account [REDACTED] had a balance of \$367.77. (Department's Exhibit 8)
19. On [REDACTED] 2014, the John Hancock Life Insurance Company issued a check to the Appellant, cashing out John Hancock life insurance policy [REDACTED] for \$5,646.36. (Department's Exhibit 3)
20. As of [REDACTED] 2014, Citizens National Bank checking account ([REDACTED] had a balance of \$367.77. (Department's Exhibit 8)
21. As of [REDACTED] 2014, the Appellant's patient trust account at the Facility had a balance of \$127.00. (Appellant's Exhibit A)
22. On [REDACTED] 2014, \$5,646.36 was deposited into Citizens National Bank checking account ([REDACTED]. (Department's Exhibit 8)
23. As of [REDACTED] 2014, Citizens National Bank checking account [REDACTED] had a balance of \$3,234.13. (Department's Exhibit 8)
24. As of [REDACTED] 2014, the Appellant's patient trust account at the Facility had a balance of \$151.50. (Appellant's Exhibit A)
25. As of [REDACTED] 2014, Citizens National Bank checking account [REDACTED] had a balance of \$2,750.19. (Department's Exhibit 8)

26. As of [REDACTED], 2014, the Appellant's patient trust account at the Facility had a balance of \$193.50. (Appellant's Exhibit A)
27. In [REDACTED] 2014, a Citizens National Bank checking account [REDACTED] check [REDACTED] for \$3,700.00 was issued to the Facility. (Department's Exhibit 7: Emails, varying dates)(Department's Exhibit 8)(Appellant's representative's witness's testimony)
28. The \$3,700.00 check [REDACTED] issued from Citizens National Bank checking account [REDACTED] caused the account to be overdrawn by \$979.31. (Department's Exhibit 8)
29. The Department determined that the Appellant's assets were within the Medicaid program limits beginning in [REDACTED] 2014. (Department's representative's testimony)(Department's Exhibit 7: Emails, varying dates)
30. On [REDACTED] 2014, the Department issued the Appellant a notice denying her Medicaid application for long-term care services for the period from [REDACTED] 2014 through [REDACTED] 2014. (Hearing request)
31. The Department granted the Appellant Medicaid coverage for long-term care services effective [REDACTED] 2014. (Department's representative's testimony)
32. The Appellant died [REDACTED] [REDACTED] 2014. (Department's representative's testimony)(Appellant's representative's testimony)
33. The Appellant has a \$27,000.00 balance owed to the Facility. (Appellant's representative's testimony)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes designates the Department as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Section 4000.01 of the Uniform Policy Manual ("UPM") provides in part the following definitions:  
Asset Limit: The asset limit is the maximum amount of equity in counted assets which an assistance unit may have and still be eligible for a particular program administered by the Department.
3. For every program administered by the Department, there is a definite asset limit. UPM § 4005.05 (A).
4. With respect to the Medicaid program associated with the elderly and disabled, the asset limit is \$1,600.00 for a needs group of one and \$2,400.00 for a needs group of two. UPM § 4005.10 (A)(2).

5. 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. UPM § 4005.05 (B)(1).
6. 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. UPM § 4005.05 (D)(1).
7. For the purposes of the Medicaid program, Citizens National Bank checking account [REDACTED] is a counted asset.
8. For the purposes of the Medicaid program, the Appellant's patient trust account at the Facility is a counted asset.
9. For the purposes of the Medicaid program, the cash value of the John Hancock life insurance policy [REDACTED] is a counted asset.
10. 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 deposit returned by the landlord. UPM § 4030.05 (C).
11. For the purposes of the Medicaid program, the Appellant's Social Security benefits as direct deposited into Citizens National Bank checking account [REDACTED] in the months from [REDACTED] 2014 through [REDACTED] 2014 was "income," in the month of deposit.
12. That part of a checking account to be considered as a counted 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. UPM § 4030.05 (B).
13. Even with deducting the Appellant's Social Security benefits as direct deposited into Citizens National Bank checking account [REDACTED] in the months from [REDACTED] 2014 through [REDACTED] 2014 from the account's highest balances in those months, the value of the Appellant's counted assets exceeded \$1,600.00 in each of those months.
14. 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 requirement does not apply (cross reference: 2500 Categorical Eligibility Requirements). UPM § 4005.05 (D)(2).
15. 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. UPM § 4005.15 (A)(2).

16. For the purposes of the Medicaid program, the counted value of the Appellant's assets exceeded \$1,600.00 by the last day of each month in the period from [REDACTED] 2014 through [REDACTED] 2014.
17. The Appellant reduced the counted value of her assets to less than \$1,600.00 in [REDACTED] 2014.
18. The Appellant was ineligible for Medicaid coverage of her long-term care services for the period from [REDACTED] 2014 through [REDACTED] 2014.
19. The Department correctly determined that the Appellant was ineligible for Medicaid coverage of her long-term care services for the period from [REDACTED] 2014 through [REDACTED] 2014.

### **DISCUSSION**

The Department determined that the Appellant's counted assets exceeded the \$1,600.00 Medicaid program limit in the months from [REDACTED] 2014 through [REDACTED] 2014. The hearing record supports the Department's determination.

The hearing officer affirms the Department's [REDACTED] 2014 denial of the Appellant's Medicaid application for the period from [REDACTED] 2014 through [REDACTED] 2014, as her assets exceeded the program's limit.

### **DECISION**

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

  
\_\_\_\_\_  
Eva Tar  
Hearing Officer

cc: Tonya Cook-Beckford, SSOM, DSS-Willimantic (42)

### **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 Legal Counsel, Regulations, and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106.

### **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 his 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.