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

2014
Signature confirmation

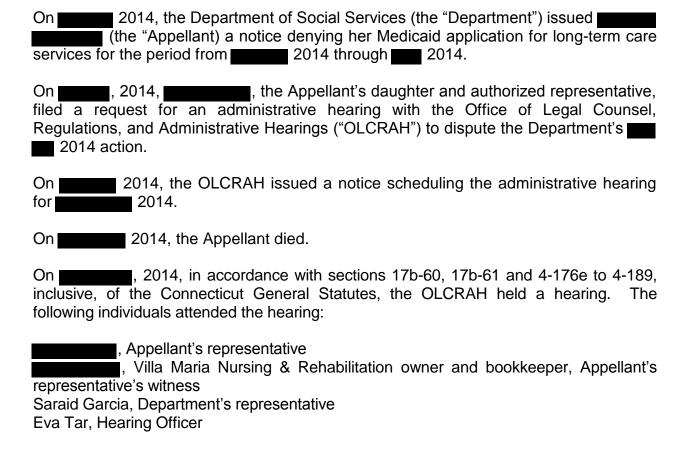
Client: Request: 626916

## **NOTICE OF DECISION**

#### **PARTY**



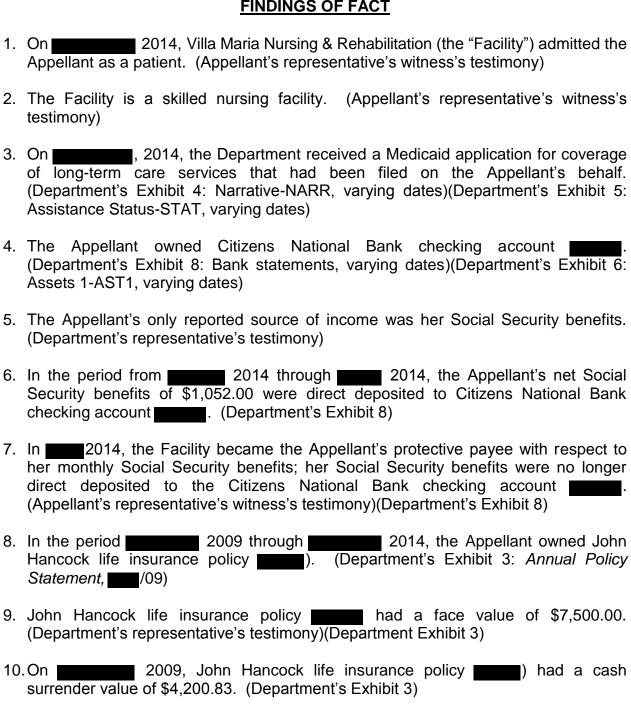
#### PROCEDURAL BACKGROUND

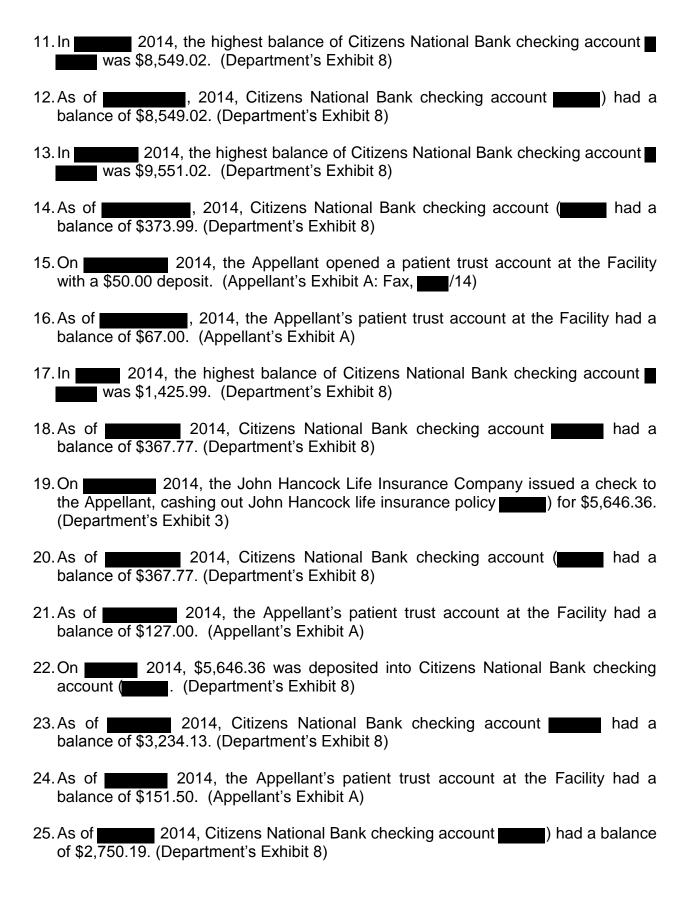


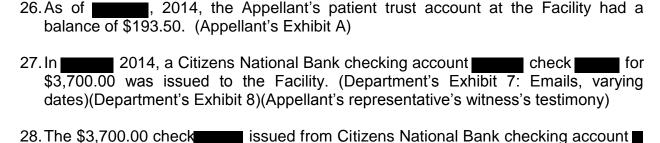
#### STATEMENT OF ISSUE

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 2014 through 2014.

## **FINDINGS OF FACT**







- 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 2014. (Department's representative's testimony)(Department's Exhibit 7: Emails, varying dates)
- 30.On 2014, the Department issued the Appellant a notice denying her Medicaid application for long-term care services for the period from 2014 through 2014. (Hearing request)
- 31. The Department granted the Appellant Medicaid coverage for long-term care services effective 2014. (Department's representative's testimony)
- 32. The Appellant died 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**

- 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 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 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 in the months from 2014 through 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 (2014) in the months from (2014) through (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	purpo	oses o	of the	Medicaid	program,	the	counted	value	of	the	Appellar	nt's
ass	ets e	exceed	ded \$1	,600.	00 by the I	ast day of	each	month i	n the p	erio	od fr	om 📉	
201	4 thr	ough	2	014.									

- 17. The Appellant reduced the counted value of her assets to less than \$1,600.00 in 2014.
- 18. The Appellant was ineligible for Medicaid coverage of her long-term care services for the period from 2014 through 2014.
- 19. The Department correctly determined that the Appellant was ineligible for Medicaid coverage of her long-term care services for the period from 2014 through 2014.

#### DISCUSSION

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

The hearing officer affirms the Department's 2014 denial of the Appellant's Medicaid application for the period from 2014 through 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 <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 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.