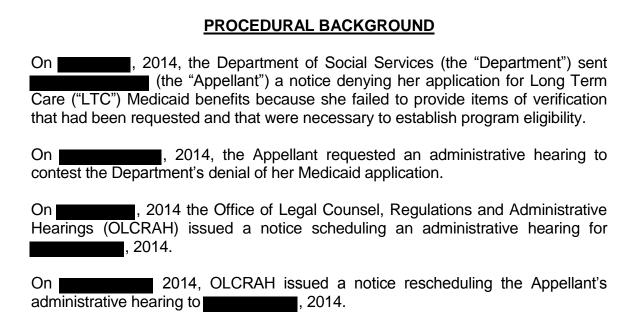
STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS 55 FARMINGTON AVENUE HARTFORD CT 06105-3725

2015
SIGNATURE CONFIRMATION

Client ID #: Hearing ID#: 640701

NOTICE OF DECISION

PARTY

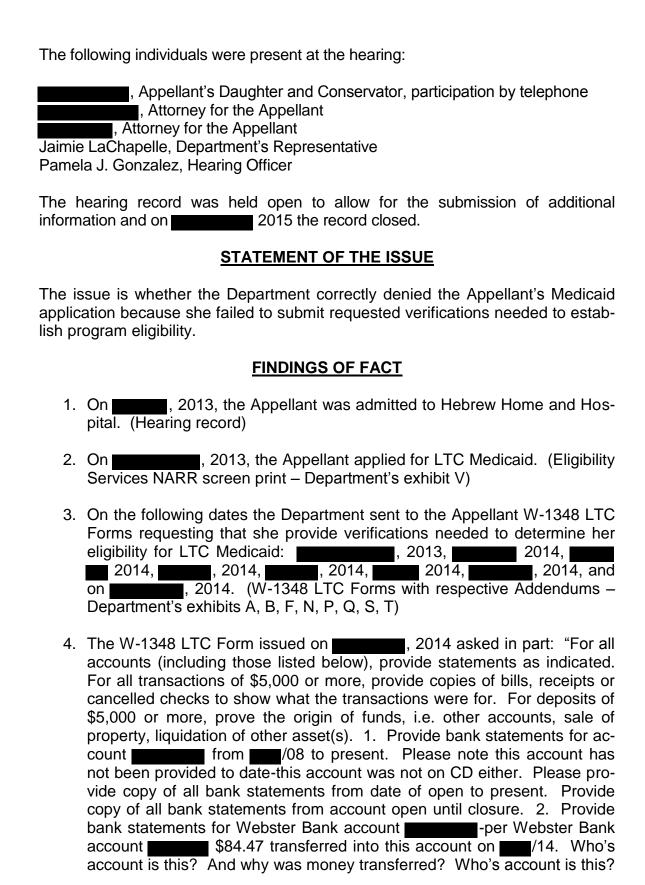


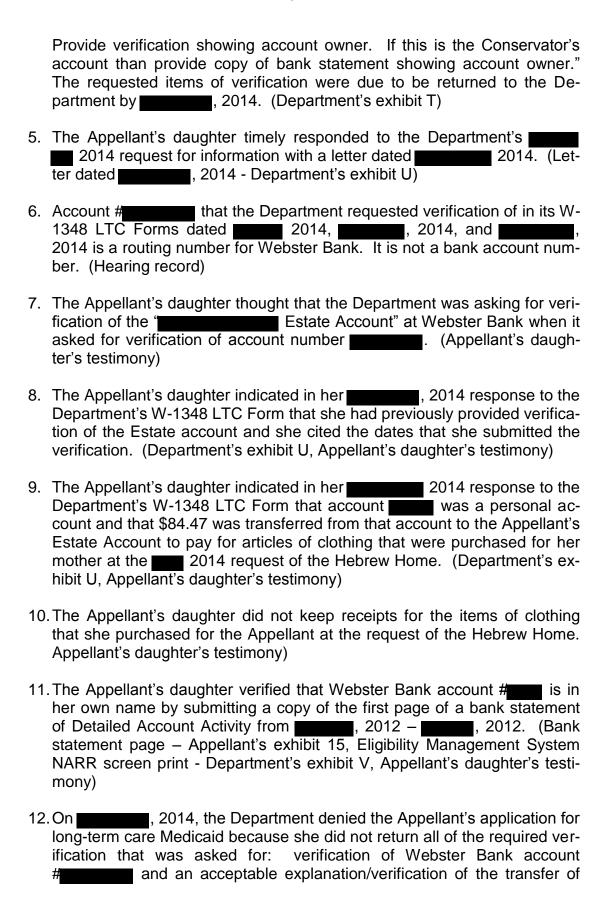
, 2014, OLCRAH issued a notice rescheduling the Appellant's

On 2014, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an

administrative hearing to 2015.

administrative hearing.





\$84.47 of _____/14. (Notice of Denial dated _____, 2014 – Department's exhibit W)

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 3029.05(A) provides that there is a period established, subject to the conditions descried in this chapter, during which institutionalized individuals are not eligible for certain Medicaid services when they or their spouses dispose of assets for less than fair market value on or after the look-back date specified in 3029.05C. This period is called the penalty period, or period of ineligibility.
- 3. UPM Section 3029.05(C) provides that the look-back date for transfers of assets is a date that is 60 months before the first date on which both the following conditions exist: 1. the individual is institutionalized; and 2. the individual is either applying for or receiving Medicaid.
- 4. The Department was correct to explore the look-back period for possible transfers of assets that affect Medicaid eligibility and to request bank account histories for that purpose.
- 5. UPM Section 1010.05.A.1 provides that the assistance unit must supply the Department, in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits.
- 3. UPM Section 1540.05.D.1 provides that if the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to:
 - a. income amounts;
 - b. asset amounts.
- 4. The Department properly requested verification of the Appellant's assets in order to establish her eligibility for Medicaid as well as asset history for the five year period prior to her application or during the look-back period.
- 5. UPM Section 1015.05.C provides that the Department must tell the assistance unit what the unit has to do to establish eligibility when the

Department does not have sufficient information to make an eligibility determination.

- 6. The Department correctly issued W-1348 LTC Forms to the Appellant, asking for items of verification needed to establish program eligibility.
- 7. The Appellant provided the requested items of verification to the Department for purposes of establishing Medicaid program eligibility.
- 8. The Department incorrectly issued a W-1348 LTC Form to the Appellant on 2014 requesting verification of an account that does not exist: Webster Bank account #**** and questioning an account and transfer of \$84.47 that had already been addressed.
- 9. The Appellant did not fail to provide information that was necessary to determining Medicaid eligibility.
- 10. The Department was incorrect to deny the Appellant's LTC Medicaid application on 2014.

DISCUSSION

The Department mistook Webster Bank's routing number for an account number and asked the Appellant to verify the value and look-back history of the account.

The Appellant thought that the Department was requesting verification of the Estate Account and because she had previously provided this, she did not provide it again. Instead, she explained that she had previously sent in verification of the Estate account and cited the dates on which she submitted said information.

It is understandable that the Appellant would not provide the same data again and again when she knew it had already been provided and it is also understandable that the Department would continue to request the items that it thought it still needed to determine eligibility.

After reviewing the testimony and the evidence I find that the Department erred when it denied the Appellant's application because she did not provide bank information pertaining to Webster Bank account # because the number is a routing number and not an account number. In essence, the Department was requiring that the Appellant verify an account that does not exist.

With respect to the \$84.47 transfer, I find that the Appellant's Daughter had responded to the Department's inquiry explaining that the

account was her personal account and provided a page from a statement showing her name and the account number.

DECISION

The Appellant's appeal is UPHELD.

ORDER

The Department shall reopen the Appellant's shall continue to process.	2013 application and
The Department shall consider the Appellant to have sa 2014 request for items of verification.	atisfied its ,
Verification of compliance with this decision is due to O 2015.	LCRAH by

Pamela J. Gonzalez Hearing Officer

Copy: Musa Mohamud, Operations Manager, R.O. #10, Hartford Elizabeth Thomas, Operations Manager, R.O. #10, Hartford Jaimie LaChapelle, Eligibility Services Specialist, RO #10, Hartford

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, 55 Farmington Avenue, Hartford, CT 06105.

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 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.