# 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 # 717609

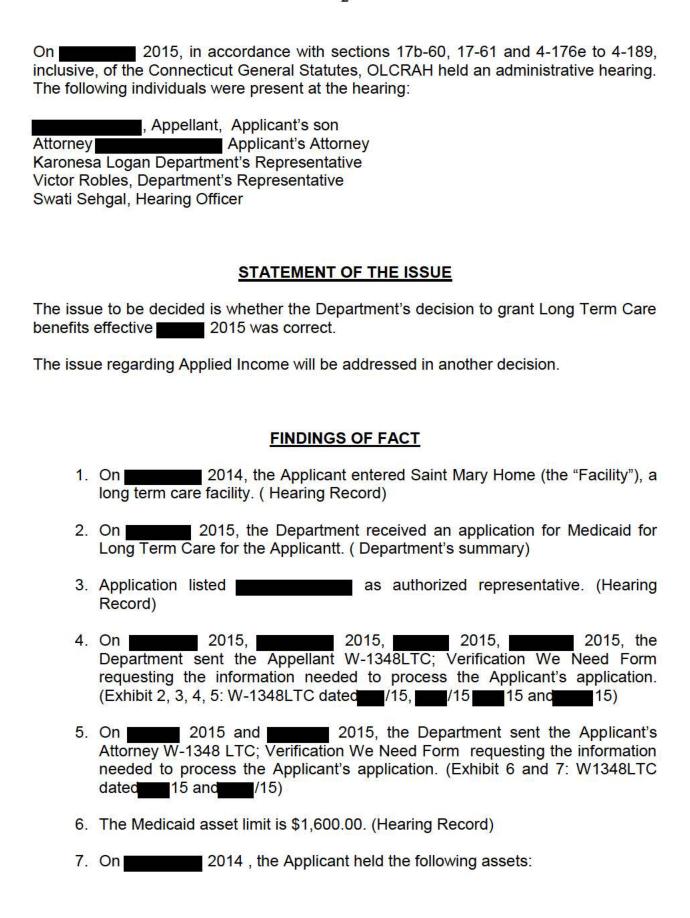
# **NOTICE OF DECISION**

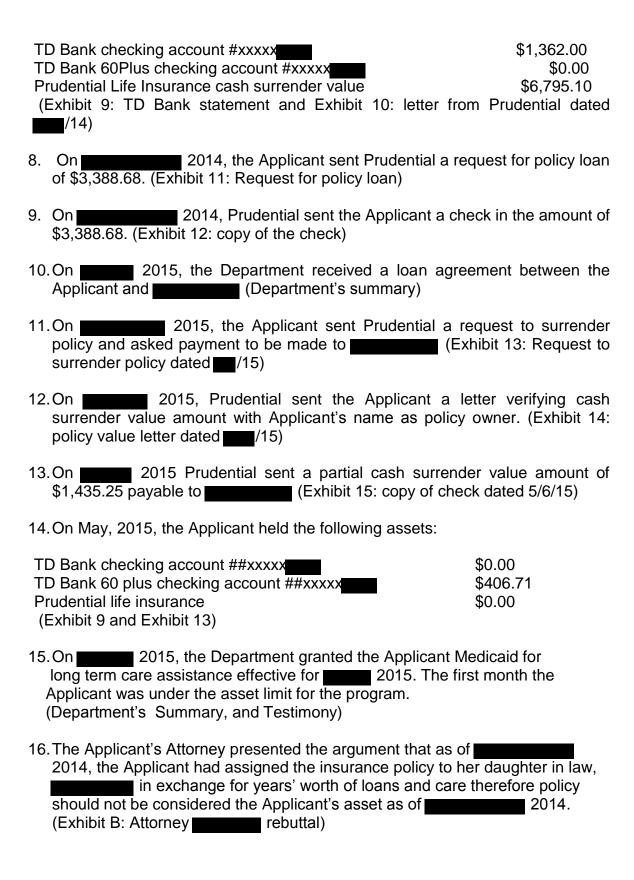
# **PARTY**



# PROCEDURAL BACKGROUND

On 2015, the Department of Social Services (the "Department") sent (the "Applicant") a Notice of Action ("NOA") granting Long Term Care Medicaid benefits effective 2015 and denying such benefits for the months of 2014 through of 2015.
On 2015, Attorney the Applicant's Attorney, requested an administrative hearing to contest the effective date of the Long Term Care Medicaid benefits as determined by the Department.
On 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for 2015.
On 2015, at the Department's request, the OLCRAH issued a Notice rescheduling the administrative hearing for 2015.
On 2015, the Appellant's Attorney requested to reschedule the administrative Hearing.
On 2015 at the request of Attorney the OLCRAH issued a Notice rescheduling the administrative hearing for 2015.





### **CONCLUSIONS OF LAW**

- 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 evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits.
- 3. Uniform Policy Manual (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: 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. UPM § 4005.05 (D) provides that an assistance unit is not eligible for benefits under a particular program if the units equity in counted assets exceeds the asset limit for the particular program.
- 6. The Department correctly determined that the Prudential life Insurance policy #XXXXX was an available asset and that the applicant had the legal right, authority or power to obtain the asset.
- 7. UPM § 4030.30 discusses the treatment of life insurance policies as assets.
  - UPM § 4030.30(A) provides that for all programs: 1. The owner of a life insurance policy is the insured unless otherwise noted on the policy, or if the insurance company confirms that someone else, and not the insured, can cash in the policy; and 2. Policies such as term insurance policies having no cash surrender value are excluded assets.
  - UPM § 4030.30(C) provides that for the AABD and MAABD programs: 1. If the total face value of all life insurance policies owned by the individual does not exceed \$1500.00, the cash surrender value of such policies is excluded. In computing the face value of life insurance, the Department does not count insurance such as term insurance which has no cash surrender value; and 2. Except as provided above, the cash surrender value of life insurance policies owned by the individual is counted toward the asset limit.
- 8. The Department correctly determined that the Prudential insurance policy

	#XXXXX had a face value exceeding \$1500.00, and that the policy's cash surrender value was therefore counted toward the asset limit.		
9.	UPM § 4005.10 provides that the Medicaid asset limit for a needs group of one is \$1,600.00 per month.		
10	The Department correctly determined that the Applicant exceeded the Medicaid assellmit of \$1600.00 for 1/14, 1/14, 1/15, 1/15, 1/15 and 1/15.		
11	The Department correctly determined that the Applicant did not meet the eligibility requirement of having assets under the limit in 2014 through 2014.		
12	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.		
13	UPM § 1560.10 (A) provides for begin dates of Medicaid Assistance. The beginning date of assistance for Medicaid may be one of the following: 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.		
14	The Department correctly determined that the Applicant's Medicaid eligibility begin date is 2015, the first day of the month in which assets were reduced below the asset limit for the program.		
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	DISCUSSION		
coi an	torney argues that the value of the life insurance policy should not be a sidered because the Applicant was pursuing the surrender of the insurance policy at the proceeds were to be used to pay for outstanding loan and cost of care received me her daughter in law.		
Pri wri	orney argues that the Applicant transferred cash surrender value of udential insurance policy to to the statement to the considered the Applicant's set as of the considered the Applicant transferred cash surrender value of the considered the Applicant transferred cash surrender value of the considered the Applicant transferred cash surrender value of the considered the Applicant's set as of the considered the Applicant transferred cash surrender value of the considered the Applicant's set as of the considered the considere		

The Applicant's Representatives through no fault of their own, took time to receive the cash surrender funds for the insurance policy from Prudential. However, the funds were available to the Applicant and are a counted asset. The Department cannot grant eligibility until the first day of the month in which the applicant reduces its equity in counted assets to within the asset limit. The Department correctly determined the Applicant is eligible effective for 2015.

## **DECISION**

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

Swati Sengal
Swati Sengal
Hearing Officer

Cc: Musa Mohamud, DSS Operations Manager, DO#10 Hartford.
Elizabeth Thomas, DSS Operation Manager, DO#10 Hartford.
Karonesa Logan, DSS Eligibility Services Specialist and Liaison, DO#10 Hartford.
Attorney

### 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 Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105.

### <u>RIGHT TO APPEAL</u>

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.