

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

██████████ 2016
SIGNATURE CONFIRMATION

Client ID # ██████████
Hearing Request #747537

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the “Department”) issued ██████████ (the “Appellant”) a notice of action (“NOA”) granting Medicaid benefits effective ██████████ 2015, and denying Medicaid for the month of ██████████ of 2015.

On ██████████ 2016, the Appellant’s representative, ██████████, requested an administrative hearing to contest the Department’s decision to deny such benefits.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing by telephone. The following individuals were present at the hearing:

██████████, Power of Attorney (“POA”) and Appellant’s Representative
Glenda Gonzalez, Eligibility Services Worker, Department’s Representative
Roberta Gould, Hearing Officer

At the Department’s request, the hearing record remained open for the submission of additional evidence. The hearing record closed on ██████████ 2016.

STATEMENT OF ISSUE

The issue to be decided is whether the Department's decision to grant Medicaid benefits effective [REDACTED] 2015, was correct.

FINDINGS OF FACT

1. The Appellant was a resident of Regency House, which is a long-term care facility (LTCF). (Hearing record)
2. The Appellant was admitted to the LTCF on [REDACTED] 2015. (Hearing summary)
3. On [REDACTED] 2015, the Appellant's POA applied for Medicaid benefits to cover the cost of her stay and care in the LTCF. (Hearing summary)
4. The Appellant owned TD Bank checking account# [REDACTED] and TD Bank savings account# [REDACTED]. (Exhibits 3 and 4: TD Bank account statements)
5. In [REDACTED] of 2015, the Appellant's combined TD Bank account balances were \$5,149.35. (Exhibit 4)
6. On [REDACTED] 2015, the Department sent the Appellant's POA a W-1348 Verification We Need form requesting documentation of Bank of America account transactions and requested that the Appellant's assets be reduced to \$1,600.00 or less. The requested information was due by [REDACTED] 2015. (Exhibit 6: W-1348 dated [REDACTED] 2015)
7. On [REDACTED] 2015, the Department sent the Appellant's POA a W-1348 Verification We Need form requesting documentation of Bank of America account transactions and proof that her assets had been reduced to \$1,600.00 or less. The requested information was due by [REDACTED] 2015. (Exhibit 7: W-1348 dated [REDACTED] 2015)
8. On [REDACTED] 2015, the Department sent the Appellant's POA a W-1348 Verification We Need form requesting documentation that the Appellant's assets had been reduced to \$1,600.00 or less. The requested information was due by [REDACTED] 2015. (Exhibit 8: W-1348 dated [REDACTED] 2015)
9. On [REDACTED] 2015, the Department sent the Appellant's POA a W-1348 Verification We Need form requesting documentation that her assets had been reduced to \$1,600.00 or less because, as of [REDACTED] 2015, the balance for her TD Bank accounts exceeded the Medicaid asset limit. The requested information was due by [REDACTED] 2015. (Exhibit 9: W-1348 dated [REDACTED] 2015)

10. On [REDACTED] 2015, the Appellant's POA emailed the Department regarding the Appellant's assets and provided documentation that her assets had been reduced to less than the \$1,600.00 Medicaid asset limit. (Exhibit 5: Email correspondence)
11. In [REDACTED] of 2015, the Appellant's total assets were reduced to less than the \$1,600.00 asset limit for Medicaid assistance for long-term care. (Hearing summary)
12. The Appellant's POA and Authorized Representative is seeking Medicaid eligibility for the month of [REDACTED] of 2015. (Hearing summary)
13. On [REDACTED] 2015, the Department granted Medicaid assistance for the Appellant effective [REDACTED] 2015. The Department denied the Appellant's application for assistance preceding [REDACTED] 2015, because she was considered to be over the assets limit for the period prior to that date. (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 (MAABD) program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual (UPM) § 4030 provides that the Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits.
3. 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 it actually becomes 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)(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.
6. The Department correctly determined that the Appellant's bank accounts were available assets and that the Appellant had the legal right, authority or power to obtain the asset.
7. UPM § 4030.05(A) discusses the treatment of bank accounts as assets and provides that banks accounts include the following. This list is not all inclusive.

1. Savings account;
 2. Checking account;
 3. Credit union account;
 4. Certificate of deposit;
 5. Patient account at long-term care facility;
 6. Children's school account;
 7. Trustee account;
 8. Custodial account.
10. The Department correctly determined that the Appellant had bank accounts exceeding \$1,600.00, and that the account balances were counted toward the asset limit.
11. UPM § 4005.10 (A)(2) provides that for MAABD the asset limit is \$1600 for a needs group of one.
12. The Department correctly determined that the Appellant's \$5,149.35 combined TD Bank account balances exceeded the Medicaid asset limit of \$1600.00.
13. UPM § 4005.15 (A)(2) provides that for residents of LTCF's, 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.
14. The Department correctly determined that the Appellant met the eligibility requirement of having assets under the limit as of [REDACTED] 2015, the date when TD Bank account balances were reduced to less than the \$1,600.00 Medicaid asset limit.
15. The Department correctly determined that the Appellant did not meet the eligibility requirement of having assets under the limit in [REDACTED] of 2015.
18. On [REDACTED] 2015, the Department correctly determined that the Appellant's Medicaid eligibility begin date is [REDACTED] 2015, the first day of the month in which assets were reduced to within the asset limit.

DECISION

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



Roberta Gould
Hearing Officer

Pc: Brian Sexton, Social Services Operations Manager, DSS, New Haven
Lisa Wells, Social Services Operations Manager, DSS, New Haven
Glenda Gonzalez, Eligibility Services Worker, DSS, New Haven

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, 55 Farmington Avenue, 11th Floor, Hartford, CT 06015.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within **45** days of the mailing of this decision. Even if a reconsideration has been requested, there are still only **45** days to file an appeal. 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/her 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.