

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

[REDACTED] 2016
Signature confirmation

Client: [REDACTED]
Request: 762981

NOTICE OF DECISION

PARTY

[REDACTED], deceased
c/o [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2016, the Department of Social Services (the "Department") issued [REDACTED] (the "Appellant" or "institutionalized spouse") a notice denying his [REDACTED] 2015 Medicaid application for coverage of his long-term care services for the reason that he was deceased and the value of his assets was more than the amount permitted.

On [REDACTED] 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received an administrative hearing request to dispute the Department's action.

On [REDACTED] 2016, the OLCRAH issued a notice of administrative hearing to the Appellant, scheduling the administrative hearing for [REDACTED] 2016.

On [REDACTED] 2016, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held the administrative hearing. The following individuals participated in the administrative hearing:

[REDACTED], [REDACTED], Appellant's representative
[REDACTED], Appellant's witness (the "community spouse")
[REDACTED], Appellant's witness
Natasha Douglas, Department's representative (by speakerphone)
Jennifer Bucci, Department's observer

Eva Tar, Hearing Officer

On [REDACTED] 2016, the administrative hearing record closed.

STATEMENT OF ISSUES

The issue to be decided by this administrative hearing is whether the Department correctly calculated the Community Spouse Protected Amount ("CSPA"), based on the couple's counted assets. The Appellant is seeking Medicaid coverage effective [REDACTED] 2015.

FINDINGS OF FACT

1. The Appellant and the Appellant's representative (the "community spouse") were married. (Appellant's witness's testimony)
2. The Appellant's community spouse lives in her home at [REDACTED] [REDACTED] (the "home property"). (Appellant's witness's testimony)
3. The Appellant's initial date of continuous institutionalization was [REDACTED] 2015. (Stipulated)
4. On [REDACTED] 2015, the Appellant quit claimed [REDACTED] [REDACTED] (the "rental property"), a rental property, to the community spouse. (Department's Exhibit 11: *Quit Claim Deed*, [REDACTED] 15)
5. On [REDACTED] 2015, the Department received the Appellant's Medicaid application requesting coverage of his long-term care services effective [REDACTED] 2015. (Department's Exhibit 1: W-1LTC, signed [REDACTED] 15)(Department's Exhibit 2: W-1348LTC: *Verification We Need*, varying dates)
6. The Appellant was seeking Medicaid coverage of his long-term care services to begin effective [REDACTED] [REDACTED] 2015. (Appellant's representative's testimony)(Department's Exhibit 1)
7. On [REDACTED] 2015, the Appellant died. (Department's Exhibit 8: Republican American Obituary, [REDACTED] 15)
8. On [REDACTED] 2015, the Appellant and/or his spouse were the owners of the following assets: the home property; the rental property; John Hancock ([REDACTED] Jackson National Life Insurance ([REDACTED] John Hancock ([REDACTED] John Hancock ([REDACTED] John Hancock ([REDACTED] Oppenheimer Funds ([REDACTED] [REDACTED] Savings Bank ([REDACTED] [REDACTED] Savings Bank ([REDACTED] [REDACTED] Savings Bank ([REDACTED] Northwest Hills Credit Union ([REDACTED]; Northwest Hills Credit Union ([REDACTED]; Northwest Hills Credit Union ([REDACTED]; Northwest Hills Credit Union ([REDACTED]; and Savings Bonds (face value of \$1,550.00).

(Department's Exhibit 6: Spousal Assessment Worksheet, undated)(Department's Exhibit 9: Verifications, varying dates)(Department's Exhibit 1: W-1-LTC, signed [REDACTED] 15)(Department's Exhibit 12: Spousal Assessment Worksheet, undated)

9. In 2014, the city of [REDACTED] identified the rental property as having an appraised value of \$72,296.00. (Department's Exhibit 16: Correspondence, [REDACTED] 16)
10. The Appellant's community spouse continues to own the rental property. (Appellant's witness's testimony)
11. The rental property was not listed for sale. (Appellant's witness's testimony)
12. On or around [REDACTED] 2015, the value of the John Hancock ([REDACTED] was \$19,824.63. (Department's Exhibit 9)(Appellant's Exhibit A)
13. As of [REDACTED] 2015, the value of the Jackson National Life Insurance ([REDACTED] was \$25,232.43. (Department's Exhibit 9)
14. As of [REDACTED] 2015, the value of the John Hancock ([REDACTED] was \$9,122.43. (Department's Exhibit 9)
15. As of [REDACTED] 2015, the value of the John Hancock ([REDACTED] was \$10,818.11. (Department's Exhibit 9)
16. On or around [REDACTED] 2015, the value of the John Hancock ([REDACTED] was \$1,228.40. (Department's Exhibit 9)(Appellant's Exhibit A)
17. On or around [REDACTED] 2015, the value of the John Hancock ([REDACTED] was \$673.14. (Department's Exhibit 9)(Appellant's Exhibit A: Fax, [REDACTED] 16)
18. On or around [REDACTED] 2015, the value of the John Hancock ([REDACTED] was \$1,686.59. (Department's Exhibit 9)(Appellant's Exhibit A)
19. On or around [REDACTED] 2015, the value of the Oppenheimer Funds ([REDACTED] was \$28,508.23. (Department's Exhibit [REDACTED]) (Appellant's representative's testimony)(Department's representative's testimony)
20. As of [REDACTED] 2015, the value of the [REDACTED] Savings Bank ([REDACTED] was \$770.00. (Department's Exhibit 9)
21. As of [REDACTED] 2015, the value of the [REDACTED] Savings Bank ([REDACTED] was \$2,770.21. (Department's Exhibit 9)
22. As of [REDACTED] 2015, the value of the [REDACTED] Savings Bank ([REDACTED] was \$19,140.64. (Department's Exhibit 9)

23. As of [REDACTED] 2015, the value of the Northwest Hills Credit Union ([REDACTED] was \$7,409.13. (Department's Exhibit 9)
24. As of [REDACTED] 2015, the value of the Northwest Hills Credit Union ([REDACTED] was \$2,156.69. (Department's Exhibit 9)
25. As of [REDACTED] 2015, the value of the Northwest Hills Credit Union ([REDACTED] was \$1,239.88. (Department's Exhibit 9)
26. As of [REDACTED] 2015, the value of the Northwest Hills Credit Union ([REDACTED] was \$7,324.76. (Department's Exhibit 9)
27. On or around [REDACTED] 2015, the value of the Savings Bonds was \$2,917.56. (Appellant's representative's testimony)(Appellant's Exhibit A)
28. On [REDACTED] [REDACTED] 2016, the Department issued the Appellant a W1SA-N: *Assessment of Spousal Assets/Notification of Results*, calculating the counted assets of the Appellant and his wife to equal \$195,067.74 as of [REDACTED] 2015. (Department's Exhibit 3: W1SA-N, [REDACTED] 16)
29. On [REDACTED] 2016, the Department issued the Appellant a revised W1SA-N: *Assessment of Spousal Assets/Notification of Results*, recalculating the counted assets of the Appellant and his wife to equal \$210,377.87 as of [REDACTED] 2015. (Department's Exhibit 5: W1SA-N, [REDACTED] 16)
30. The [REDACTED] 2016 W1SA-N: *Assessment of Spousal Assets/Notification of Results* stated that the Appellant was not eligible for Medicaid, as the maximum amount that he and his wife could retain without causing ineligibility was \$106,788.94, as calculated by allocating \$105,188.94 for the Appellant's wife and \$1,600.00 for the Appellant. (Department's Exhibit 5)
31. As of [REDACTED] 2016, the current market value of the rental property was \$37,000.00, as determined by certified residential appraiser Robert A. Jerram of Oles & Jerram, Inc. (Appellant's Exhibit B: Email, [REDACTED] 16)
32. The \$37,000.00 market value of the rental property was in part based on [REDACTED] 2016, [REDACTED] 2016, and [REDACTED] 2015 sales of three comparable [REDACTED] Connecticut properties. (Appellant's Exhibit B)
33. On [REDACTED] 2016, the Department denied the Appellant's [REDACTED] 2016 Medicaid application. (Department's Exhibit 13: Notice Content-NCON, [REDACTED] 16)
34. On [REDACTED] 2015, the [REDACTED] Funeral Fund, Inc. received \$5,400.00 for an irrevocable burial contract for the Appellant's spouse. (Appellant's Exhibit A)

35. On [REDACTED] 2015, the [REDACTED] Funeral Fund, Inc. received \$12,800.00 for an irrevocable burial contract (\$5,400.00) for the Appellant and a revocable burial contract (\$7,400.00) for burial space items for the Appellant. (Appellant's Exhibit A)
36. On [REDACTED] 2015, check [REDACTED] with [REDACTED] Savings Bank (-[REDACTED] for \$18,200.00 cleared. (Appellant's Exhibit A)

CONCLUSIONS OF LAW

1. The Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act. Conn. Gen. Stat. § 17b-2.
2. Section 17b-261 (a) of the Connecticut General Statutes provides in part that medical assistance shall be provided for any otherwise eligible person whose income, including any available support from legally liable relatives and the income of the person's spouse or dependent child, is not more than one hundred forty-three per cent, pending approval of a federal waiver applied for pursuant to subsection (e) of this section, of the benefit amount paid to a person with no income under the temporary family assistance program in the appropriate region of residence and if such person is an institutionalized individual as defined in Section 1917 of the Social Security Act, 42 USC 1396p(h)(3), and has not made an assignment or transfer or other disposition of property for less than fair market value for the purpose of establishing eligibility for benefits or assistance under this section. Any such disposition shall be treated in accordance with Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of property made on behalf of an applicant or recipient or the spouse of an applicant or recipient by a guardian, conservator, person authorized to make such disposition pursuant to a power of attorney or other person so authorized by law shall be attributed to such applicant, recipient or spouse. A disposition of property ordered by a court shall be evaluated in accordance with the standards applied to any other such disposition for the purpose of determining eligibility.
3. For the purposes of determining eligibility for the Medicaid program, an available asset is one that is actually available to the applicant or one that the applicant has the legal right, authority or power to obtain or to have applied for the applicant's general or medical support. If the terms of a trust provide for the support of an applicant, the refusal of a trustee to make a distribution from the trust does not render the trust an unavailable asset. Notwithstanding the provisions of this subsection, the availability of funds in a trust or similar instrument funded in whole or in part by the applicant or the applicant's spouse shall be determined pursuant to the Omnibus Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of this subsection shall not apply to a special needs trust, as defined in 42 USC 1396p(d)(4)(A). For purposes of determining whether a beneficiary under a special needs trust, who has not received a disability determination from the Social Security Administration, is disabled, as defined in 42 USC 1382c(a)(3), the Commissioner of

Social Services, or the commissioner's designee, shall independently make such determination. The commissioner shall not require such beneficiary to apply for Social Security disability benefits or obtain a disability determination from the Social Security Administration for purposes of determining whether the beneficiary is disabled. Conn. Gen. Stat. § 17b-261 (c).

4. An institutionalized spouse applying for Medicaid and having a spouse living in the community shall be required, to the maximum extent permitted by law, to divert income to such community spouse in order to raise the community spouse's income to the level of the minimum monthly needs allowance, as described in Section 1924 of the Social Security Act. Such diversion of income shall occur before the community spouse is allowed to retain assets in excess of the community spouse protected amount described in Section 1924 of the Social Security Act. The Commissioner of Social Services, pursuant to section 17b-10, may implement the provisions of this subsection while in the process of adopting regulations, provided the commissioner prints notice of intent to adopt the regulations in the Connecticut Law Journal within twenty days of adopting such policy. Such policy shall be valid until the time final regulations are effective. Conn. Gen. Stat. §17b-261 (g).

5. Section 4000.01 of the Uniform Policy Manual ("UPM") provides in part the following definitions:

Assessment of Spousal Assets: An Assessment of Spousal Assets is a determination of the total value of all non-excluded available assets owned by both MCCA spouses which is done upon the request of an institutionalized spouse or a community spouse and is used to calculate the Community Spouse Protected Amount.

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.

Community Spouse: A community spouse is an individual who resides in the community, who does not receive home and community based services under a Medicaid waiver, who is married to an individual who resides in a medical facility or long term care facility or who receives home and community based services (CBS) under a Medicaid waiver.

Community Spouse Protected Amount (CSPA): A community spouse protected amount is the amount of the total available non-excluded assets owned by both MCCA spouses which is protected for the community spouse and is not counted in determining the institutionalized spouse's eligibility for Medicaid.

Continuous Period of Institutionalization: A continuous period of institutionalization is a period of 30 or more consecutive days of residence in a medical institution or long term care facility, or receipt of home and community based services (CBS) under a Medicaid waiver.

Equity Value: Equity value is the fair market value of an asset minus encumbrances.

Institutionalized Spouse: An institutionalized spouse is a spouse who resides in a medical facility or long term care facility, or who receives home and community based

services (CBS) under a Medicaid waiver, and who is legally married to someone who does not reside in such facilities or who does not receive such services.

MCCA¹ Spouses: MCCA spouses are spouses who are members of a married couple one of whom becomes an institutionalized spouse on or after September 30, 1989, and the other spouse becomes a community spouse.

Spousal Share: A spousal share is one-half of the total value of assets which results from the assessment of spousal assets.

6. The beginning date of a continuous period of institutionalization is: a. for those in medical institutions or long term care facilities, the initial date of admission; b. for those applying for home and community based services (CBS) under a Medicaid waiver, the date that the Department determines the applicant to be in medical need of the services. UPM § 1507.05 (A)(2).
7. For the purposes of the Medicaid program, the Appellant's beginning date of a continuous period of institutionalization was ██████████ 2015.
8. For the purposes of the Medicaid program, the Appellant and his wife were MCCA spouses.
9. For the purposes of the Medicaid program, the Appellant's wife was a community spouse.
10. 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. UPM § 4005.05 (B)(1).
11. Under all programs except [the Supplemental Nutrition Assistance Program], 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. UPM § 4005.05 (B)(2).
12. There are certain assets which an assistance unit may own, but which the Department does not require the unit to convert to cash or otherwise use for support and maintenance. Such assets, called excluded assets, do not affect the unit's eligibility for assistance. This chapter lists those items, program by program, which the Department considers excluded assets. UPM § 4020.
13. Section 4020.10 of the Uniform Policy Manual provides the excluded assets for the AABD and MAABD programs.
14. If the individual owns home property and enters a long-term care facility, the home property retains its status as an excluded asset for as long as any of the following persons is lawfully residing in the home: a. the individual's spouse; or b. the

¹ MCCA – Medicare Catastrophic Coverage Act of 1988, Public Law 100-105.

individual's child who is under age 21 or blind or disabled; or c. the individual's sibling if the sibling: (1) is joint owner of the home; and (2) was residing in the home for at least one year immediately before the individual entered the long-term care facility. UPM § 4030.20 (D)(1).

15. The Department correctly determined that the home property, the residence of the community spouse, was an excluded asset for the purposes of the Medicaid program.
16. The Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits. This chapter describes some of the assets which an assistance unit may own, and describes how ownership of the asset affects the unit's eligibility under the various programs the Department administers. UPM § 4030.
17. All other non-home property is excluded for as long as the individual is making a bona fide effort to sell it. UPM § 4030.65 (D)(2)(a).
18. The exclusion period begins with the first month in which all of the following conditions are met: (1) the assistance unit is otherwise eligible for assistance; (2) the assistance unit owns the property; (3) the property is available to the assistance unit; (4) the assistance unit is making a bona fide effort to sell the property. UPM § 4030.65 (D)(2)(b).
19. Bank accounts include the following. This list is not all inclusive: savings account, checking account, credit union account, certificate of deposit, patient account at long-term care facility, children's school account, trustee account, custodial account. UPM § 4030.05 (A).
20. The equity value of a share of stock is the net amount the owner would receive upon selling the share. In computing this net amount due the owner, the Department subtracts the broker's fee, if any, from the market value of the share of stock. UPM § 4030.75 (A).
21. The equity value of a bond is the amount which the owner would receive at the time if he or she cashes in the bond. UPM § 4030.75 (B).
22. 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. UPM § 4030.30 (A)(1).
23. Policies such as term insurance policies having no cash surrender value are excluded assets. UPM § 4030.30 (A)(2).
24. Except as provided above, the cash surrender value of life insurance policies owned by the individual is counted towards the asset limit. UPM § 4030.30 (C)(2).

25. The Department correctly determined that the rental property is a counted asset for the purposes of Medicaid.
26. The Department correctly determined that the rental property is a counted asset for the purposes of Medicaid.
27. It is reasonable to conclude that the equity value of the rental property approached \$37,000.00 in [REDACTED] 2015.
28. The John Hancock ([REDACTED] Jackson National Life Insurance ([REDACTED] John Hancock ([REDACTED] John Hancock ([REDACTED] John Hancock ([REDACTED] John Hancock ([REDACTED] Oppenheimer Funds ([REDACTED] [REDACTED] Savings Bank ([REDACTED] [REDACTED] Savings Bank ([REDACTED] [REDACTED] Savings Bank ([REDACTED]; Northwest Hills Credit Union ([REDACTED]; Northwest Hills Credit Union ([REDACTED]; Northwest Hills Credit Union ([REDACTED]; Northwest Hills Credit Union ([REDACTED] and Savings Bonds were counted assets for the purposes of the Medicaid program.
29. The Department provides an assessment of assets: a. at the request of an institutionalized spouse or a community spouse: (1) when one of the spouses begins his or her initial continuous period of institutionalization; and (2) whether or not there is an application for Medicaid; or b. at the time of application for Medicaid whether or not a request is made. UPM 1507.05 (A)(1).
30. The assessment is completed using the assets which existed as of the date of the beginning the initial continuous period of institutionalization which started on or after September 30, 1989. UPM § 1507.05 (A)(3).
31. The assessment consists of: a. a computation of the total value of all non-excluded available assets owned by either or both spouses; and b. a computation of the spousal share of those assets. UPM § 1507.05 (A)(4).
32. The results of the assessment are retained by the Department and used to determine the eligibility at the time of application for assistance as an institutionalized spouse. UPM § 1507.05 (A)(5).
33. The Department incorrectly calculated the total of the couples' counted assets to equal \$210,377.87 as of [REDACTED] 2015.
34. As of [REDACTED] 2015, the total of the couple's counted assets equaled \$177,822.83.
35. The Department provides a notification of the results of the assessment to each spouse. The notification contains the following information: a. the result of the assessment; and b. the documents used for the assessment; and c. the amount of the spousal share; and d. the maximum amount of assets which may be retained by the spouses at the time of the results of the assessment which would not adversely

affect eligibility; and e. the Department's determination of the assistance unit's current eligibility in regard to assets; and f. the right of each spouse to request a fair hearing. UPM § 1507.05 (C).

36. The Fair Hearing official modifies the results of the assessment of spousal assets when: a. either MCCA spouse requests a hearing regarding the assessment; and b. the Fair Hearing official determines the results of the assessment were incorrectly determined (Cross Reference 1507). UPM § 1570.25 (D)(2).

37. Every January 1, the CSPA shall be equal to the greatest of the following amounts: a. the minimum CSPA; or b. the lesser of: (1) the spousal share calculated in the assessment of spousal assets (Cross Reference 1507.05); or (2) the maximum CSPA; or c. the amount established through a Fair Hearing decision (Cross Reference 1570); or d. the amount established pursuant to a court order for the purpose of providing necessary spousal support. UPM § 4025.67 (D)(3).

Effective January 1, 2015, the minimum CSPA equaled \$23,844.00. Effective January 1, 2015, the maximum CSPA equaled \$119,220.00.

38. The correct CSPA associated with the Appellant's [REDACTED] 2015 Medicaid application is \$88,911.42. [\$177,822.83 divided by 2]

39. When the applicant or recipient who is a MCCA spouse begins a continuous period of institutionalization, the assets of his or her community spouse (CS) are deemed through the institutionalized spouse's initial month of eligibility as an institutionalized spouse (IS). 1. As described in section 4025.67 D., the CS' assets are deemed to the IS to the extent that such assets exceed the Community Spouse Protected Amount. 2. Any assets deemed from the CS are added to the assets of the IS and the total is compared to the Medicaid asset limit for the IS (the Medicaid asset limit for one adult). UPM § 4025.67 (A).

40. 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).

41. 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).

42. MA [Medicaid], AABD [Aid to the Aged, Blind and Disabled] Residents of Long-Term Care Facilities: 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).

43. The assistance unit must verify that it has properly reduced its equity in counted assets to within the program's limit. UPM § 4099.05 (B)(1).
44. If the unit does not verify that it has properly reduced its equity in counted assets, the unit is ineligible for assistance. UPM § 4099.05 (B)(2).
45. As noted in section 4025.67 (A)(2), a community spouse is not a member of the institutionalized spouse's needs group for setting the asset limit. UPM § 4025.67 (C).
46. AABD and MAABD – Categorically and Medically Needy: (Except Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Additional Low Income Medicare Beneficiaries, Qualified Disabled and Working Individuals, Working Individuals with Disabilities, and Women Diagnosed with Breast or Cervical Cancer). The asset limit is \$1,600 for a needs group of one. UPM § 4005.10 (A)(2)(a).
47. In order for the Appellant to be eligible for Medicaid coverage of his long-term care services effective [REDACTED] 2015, the couple's counted assets must equal \$90,511.42 or less in [REDACTED] 2015. [\$88,911.42 plus \$1,600.00]
48. It cannot be determined from the hearing record whether the couple's counted assets equaled \$90,511.42 or less in [REDACTED] 2015.

DISCUSSION

The hearing officer affirms that the fair market value of the rental property is \$37,000.00 for the purposes of the Medicaid program. The hearing officer recalculated the CSPA as of [REDACTED] 2015 to be \$88,911.42, based on the evidence provided for the hearing record.

At the [REDACTED] 2016 administrative hearing, the Appellant's representative asked that the \$18,200.00 check [REDACTED] that cleared from [REDACTED] Savings Bank (- [REDACTED] on [REDACTED] [REDACTED] 2015 be deducted from the balance of that same account in [REDACTED] 2015, so as to further reduce the couples' counted assets in [REDACTED] 2015. The Appellant did not submit a copy of check # [REDACTED] for the hearing record.

The Department stated that it would consider the check, if it had been written and dated in [REDACTED] 2015, in its calculation of the reduction of the couple's assets. The Appellant shall have the opportunity to provide a copy of the front and back of check # [REDACTED] to the agency for its review.

DECISION

The Appellant's appeal is GRANTED. The correct CSPA is \$88,911.42.

ORDER

1. If it has not already done so, the Department will reopen the Appellant's [REDACTED] 2015 Medicaid application. The Department will take appropriate action to process the Appellant's Medicaid application.
2. For the purposes of the Medicaid program, the CSPA equals \$88,911.42, as of [REDACTED] 2015.
3. The Department will recalculate the value of the couples' counted assets in [REDACTED] 2015 and [REDACTED] 2015, using \$37,000.00 as the equity of the rental property in those months.
4. The Department will provide the Appellant the opportunity to provide a copy of the front and back of check # [REDACTED] on [REDACTED] Savings Bank ([REDACTED] to verify the date that the contracts were purchased with [REDACTED] Funeral Home. The Department will notify the Appellant in writing of this requirement, giving 10 days from the date of the notice to provide the item.
 - If check # [REDACTED] has a [REDACTED] 2015 issuance date, the Department will consider the purchases of the funeral contracts to have been made in that month, rather than in [REDACTED] 2015.
 - If the Appellant fails to provide a copy of check # [REDACTED] by the Department's written deadline, the Department will consider the purchases of the funeral contracts to have been made in [REDACTED] 2015, the month in which the check cleared.
5. Within 30 calendar days of the date of this decision, or [REDACTED] [REDACTED] 2016, documentation of compliance with this order is due to the undersigned.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

cc: [REDACTED], [REDACTED]
[REDACTED], [REDACTED]
Natosha Douglas, DSS-Bridgeport (30)
Jennifer Bucci, DSS-Torrington (62)
Annette Lombardi, DSS-Torrington (62)

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, 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.