

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-37725

██████████ 2018  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # 117647

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2018, the Department of Social Services (the "Department") sent ██████████ i (the "Applicant") a Notice of Action ("NOA) denying his application for Medicaid for Long Term Care Facility Residents.

On ██████████ 2018, ██████████ (the "Appellant"), the Applicant's spouse requested an administrative hearing to contest the Department's decision.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2018.

On ██████████ 2018, at the Appellant's request the OLCRAH issued another notice rescheduling the administrative hearing for ██████████ 2018.

On ██████████ 2018 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.

The following individuals were present at the hearing:

██████████, Appellant, Applicant's spouse  
██████████, Applicant's Daughter

Amy Cherrez, Fair Hearing Liaison, via telephone  
Samantha Stone, Department's Representative  
Swati Sehgal, Hearing Officer

The hearing record left open for submission of additional information. The hearing record closed on [REDACTED] 2018.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny Medicaid benefits for Long Term Care Facility Residents was correct.

### **FINDINGS OF FACT**

1. The Appellant was a resident of a long term care facility since [REDACTED] 2017 (Hearing Summary and Exhibit B: Spousal Assessment Sheet)
2. On [REDACTED] 2017, the Department received an application for Medicaid for Long Term Care Facility Residents from Attorneys at [REDACTED]. (Hearing Summary)
3. On [REDACTED] 2017, the Department mailed a W1348LTC, Verification We Need form to the Attorneys representing the Applicant requesting required information. (Exhibit A: W1348LTC)
4. On [REDACTED], 2017, Attorneys' office informed the Department that the Applicant had passed away, but they were still going forward with the application. (Hearing Summary)
5. On [REDACTED] 2017, the Department determined that all of the requested information was received. The Department completed the spousal assessment and allowed the Applicant's spouse to keep \$99,535.05 of total asset. (Hearing Summary and Department's testimony)
6. On [REDACTED], 2017, the Applicant's Attorney notified the Department that a new account for the Applicant with [REDACTED] was discovered. (Hearing Summary and the Appellant's testimony)
7. On [REDACTED] 2017, the Department mailed a W1348LTC requesting [REDACTED] [REDACTED] statement from [REDACTED] 2012 through present. (Hearing Summary)

8. On [REDACTED] 2018, after receiving some of the requested information, the Department mailed second W1348LTC requesting missing information with a due date of [REDACTED] 2018. (Hearing Summary)
9. On [REDACTED] 2018, the Department reviewed the received information and determined that the Applicant's total assets at the time of application were \$125,260.85. (Exhibit B)
10. The Department determined that the Applicant's total assets of \$125,260.85 exceeded the allowable asset limit of \$1600.00. (Hearing Summary, Exhibit C: Liquid Asset Summary)
11. On [REDACTED] 2018, the Department denied the application for Medicaid for Long Term Care Facility Residents for over asset. (Exhibit E: Notice of Action, [REDACTED])
12. On [REDACTED] 2018, the Department issued a Notice of Action informing the Application for Medicaid has been denied for over asset. (Hearing Summary, Exhibit E)

### **CONCLUSIONS OF LAW**

1. 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. UPM § 4005.05 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: 1. available to the unit; or 2. deemed available to the unit. It further provides that 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.
4. UPM § 4005.10 provides that the Medicaid asset limit for a needs group of one is \$1,600.00 per month.
5. The Department was correct when it denied Medicaid for Long Term care benefits because the Applicant's assets exceeded the limit.

**DECISION**

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

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Swati Sehgal  
Hearing Officer

PC: Tricia Morelli, Operations Manager, DSS, RO #11, Manchester  
Amy Cherrez, DSS Fair Hearing Liaison, RO #20, 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 Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **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 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.