

Shantice Grant, Department's Observer
 Ni'ta Freeman, Department's Representative, by telephone
 Marci Ostroski, Hearing Officer

The Applicant, [REDACTED], was not present at the hearing due to her institutionalization at a long term care facility

The hearing record was left open for the submission of additional documentation, Exhibits were received from the Department and the Appellant and the record closed on [REDACTED] 2018.

STATEMENT OF THE ISSUE

The issue is whether the Department correctly determined the effective date of the Appellant's HUSKY C Long Term Care Medicaid.

FINDINGS OF FACT

1. On [REDACTED] 2017, the Applicant was admitted to [REDACTED] (Hearing Summary, Ex. 8: INST screen)
2. On [REDACTED] 2017, an application for medical assistance was submitted online on behalf of the Applicant. (Ex. F: Department of Social Services Application [REDACTED])
3. On [REDACTED] 2017, the Department processed the Applicant's online medical application. The Department completed the application and granted the community medical assistance spenddown under the HUSKY C Medicaid program but failed to verify the Applicant's assets. (Ex. 8: Narrative)
4. On [REDACTED], 2017, the Department received a W1LTC Long Term Care Medicaid application on behalf of the Applicant. (Ex. 1: W1LTC Long Term Care/Waiver Application, Ex. 2: Notice of Action, [REDACTED])
5. The Applicant's assets consist of a [REDACTED] checking account. (Hearing Summary, Ex. 1: W1LTC Long Term Care/Waiver Application; Ex. 2: [REDACTED] statements)
6. The Applicant's checking account balance effective [REDACTED] [REDACTED] 2017, was \$6792.76. (Ex. 2: [REDACTED] statements)
7. The Applicant's checking account balance effective [REDACTED], 2017, was \$7349.77. (Ex. 2: [REDACTED] statements)
8. The Applicant's checking account balance effective [REDACTED], 2017, was \$5532.42. (Ex. 2: [REDACTED] statements)

9. The Applicant's checking account balance effective [REDACTED], 2018, was \$1439.93. (Ex. 2: [REDACTED] Bank statements)
10. The Applicant's assets exceeded \$1,600.00 from [REDACTED] 2017 through the end of [REDACTED] 2017. (Facts 6, 7, 8)
11. The Applicant's assets were reduced under \$1,600.00 in [REDACTED] 2018. (Fact 9)
12. On [REDACTED] 2018, the Department processed the Applicant's [REDACTED] 2017 application for Long Term Care Medical Assistance. The Department determined the Appellant exceeded the asset limit for the months of [REDACTED] [REDACTED] 2017 and fell within the asset limits for the month of [REDACTED] 2018 and ongoing. (Hearing Summary, Department's Testimony)
13. The Applicant had an unpaid room and board bill from [REDACTED] and [REDACTED] in the amount of \$22,725.00. The Department granted a diversion of applied income to cover the cost of the unpaid bill. (Ex. 7: INST screen and remarks)
14. On [REDACTED] 2018, the Department sent the Applicant a Notice of Action denying the Long Term Care Medicaid application for the month of [REDACTED] 2017 and granting for the month of [REDACTED] 2018. The months of [REDACTED] 2017 and [REDACTED] 2017 were not addressed in the notice. (Ex. 2: Notice of Action, [REDACTED])

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. 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 assistance unit.
3. UPM § 4030 provides that the Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits.
4. Connecticut General Statutes 17b-261(c) provides that 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, 42USC 1396p.

5. UPM § 1505.10 (B) provides in part for filing an application; Individuals who desire to obtain aid must file a formal request for assistance. The formal request must be made in writing on the application form. At a minimum, the following information must be presented: a. the full name and address of the applicant; and b. the signature of the applicant, caretaker relative or other individual who is requesting assistance on behalf of the applicant.
6. The ██████████ 2017 application was a formal request for Medicaid.
7. 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
8. 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.
9. UPM § 4005.05 (D) 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.
10. UPM § 4005.10 (A) (2) (a) provides that the asset limit for Medicaid for a needs group of one is \$1,600.00.
11. The Department correctly determined that the Applicant's assets of \$6792.76 in the month of ██████████ 2017 exceeded the \$1600.00 asset limit.
12. The Department correctly determined that the Applicant was ineligible for benefits in the month of ██████████ 2017.
13. The Department correctly determined that the Applicant's assets of \$7349.77 in the month of ██████████ 2017 exceeded the \$1600.00 asset limit.
14. The Department correctly determined that the Applicant was ineligible for benefits in the month of ██████████ 2017.

15. The Department correctly determined that the Applicant's assets of \$5532.42 in the month of [REDACTED] 2017 exceeded the \$1600.00 asset limit.
16. The Department correctly determined that the Applicant was ineligible for benefits in the month of [REDACTED] 2017.
17. UPM § 4005.15 provides that at the time of application, the assistance unit is ineligible for assistance until the first day it reduces its equity in counted assets to within the particular program asset limit.
18. The Department correctly determined that the bank account was a countable and accessible asset for the Applicant.
19. The Department correctly determined in [REDACTED] 2018, the Applicant's assets had been reduced to within the asset limit.
20. The Department correctly determined the effective date of [REDACTED] 2018 for the Applicant's Long Term Care Medicaid.

DISCUSSION

The Appellant and the representative from the skilled nursing facility presented testimony regarding the applications submitted for medical coverage and the application process. While the application that was submitted in [REDACTED] 2017 was not specifically for the Long Term Care Medicaid, that issue is moot. The application was a valid request for medical assistance and can be used to secure the application date for any Medicaid program if otherwise eligible. Additionally, the [REDACTED] 2017 Long Term Care application secures an application date and allows for three months of retroactive coverage which would have covered the months in question of [REDACTED] 2017 if otherwise eligible.

The Department's determination of the effective date of Medicaid is upheld because the Applicant was not otherwise eligible in the months of [REDACTED] 2017. Regulations provide that eligibility for the Medicaid program begins the first day of the month in which the assistance unit reduces its equity in counted assets to within the asset limit. The record reflects that the Applicant's assets were within the Medicaid limits effective [REDACTED] 2018, the month in which the funds in the checking account were properly reduced. Prior to [REDACTED] 2018, the funds were accessible to the Applicant and exceeded the Medicaid asset limit

DECISION

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


Marci Ostroski
Hearing Officer

CC: Tyler Nardine, Operations Manager, Norwich RO
Rachel Anderson, Cheryl Stuart, Lisa Wells, Operations Managers, New Haven RO
Ni'ta Freeman, Hearing Liaison

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.

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.