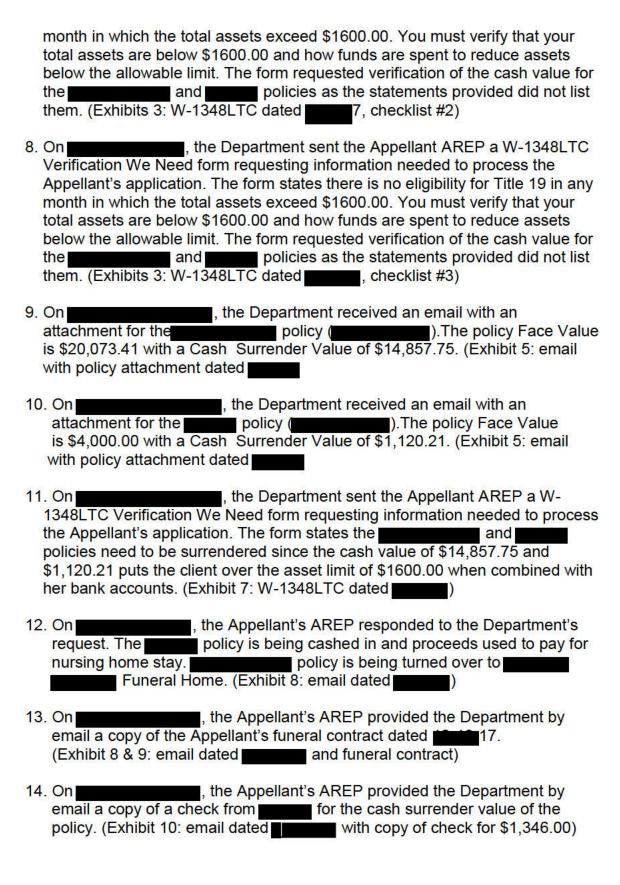
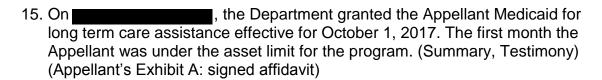
STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS 55 FARMINGTON AVENUE HARTFORD, CT 06105-3725

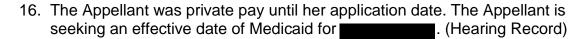
Signature Confirmation Client ID # Request # **NOTICE OF DECISION PARTY** PROCEDURAL BACKGROUND the Department of Social Services (the "Department") On [the "Appellant") a Notice of Action ("NOA") denying her sent I application for Long Term Care Medicaid benefits for through 2017 and granting her Long Term Care benefits effective 2017. the Appellant requested an administrative hearing to contest the effective date of the Long Term Care Medicaid benefits as determined by the Department. On I , the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for , the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice rescheduling the administrative hearing for On _ the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice rescheduling the administrative hearing

for

On, in accordance with sections 17b-60, 17b-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's daughter, Authorized Representative ("AREP") Ornela Bejleri, Department's Representative Miklos Mencseli, Hearing Officer
The Appellant was not present.
STATEMENT OF THE ISSUE
The issue is the effective date of Long Term Care Medicaid benefits.
FINDINGS OF FACT
1. On the Appellant was admitted to the Hearing Record)
2. On, the Appellant submitted an application to the Department For Long Term Care Medicaid benefits. (Summary)
3. The Appellant is the Insured/Payor /Owner of a Whole Life Insurance policy (Exhibit 4: Statement dated 17)
4. The Appellant is the Insured/Policyholder of a policy (Exhibit 5: statement dated 17)
5. On the Department sent the Appellant AREP a W-1348LTC Verification We Need form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 in any month in which the total assets exceed \$1600.00. You must verify that your total assets are below \$1600.00 and how funds are spent to reduce assets below the allowable limit. The form request verification for the and policies. (Exhibits 2: W-1348LTC dated)
6. The Appellant's AREP provided a premium notice for the policy and notice of payment due for the policy. The notices do not contain the cash value amounts of the policies. (Exhibit 2: Insurances notices)
7. On the Company of the Department sent the Appellant AREP a W-1348LTC Verification We Need form requesting information needed to process the Appellant's application. The form states there is no eligibility for Title 19 in any





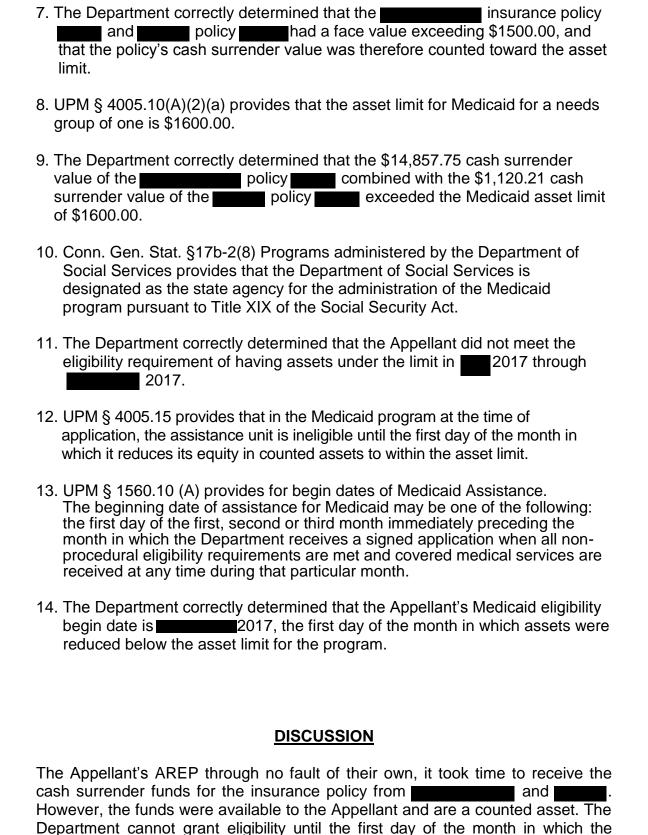


CONCLUSIONS OF LAW

- 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.
- 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.
- 3. 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.
- 4. 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.
- 5. The Department correctly determined that the policy and policy was an available asset and that the applicant had the legal right, authority or power to obtain the asset.
- 6. 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.



applicant reduces its equity in counted assets to within the asset limit. The Department correctly determined the Appellant is eligible effective for 2017.

DECISION

The Appellant's appeal is denied.

Miklos Mencseli Hearing Officer

C: Peter Bucknall, Operations Manager, DSS R.O. #60 Waterbury

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 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.