

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

██████████, 2022  
SIGNATURE CONFIRMATION

Client ID # ██████████  
Request # ██████████

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) granting her application for HUSKY C Long-Term Care (“LTC”) Medicaid assistance effective ██████████ 2021.

On ██████████, 2021, the Appellant’s Attorney, ██████████ ██████████, requested an administrative hearing to contest the Department’s decision to grant LTC assistance effective ██████████ 2021.

On ██████████, 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2021.

On ██████████ 2021, Attorney ██████████ requested to reschedule the administrative hearing.

On ██████████ 2021, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2021.

On ██████████ 2021, Attorney ██████████ requested to reschedule the administrative hearing.

On ██████████ 2021, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2021.

On [REDACTED], 2021, Attorney [REDACTED] requested to reschedule the administrative hearing.

On [REDACTED], 2022, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2022.

On [REDACTED] 2022, 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:

Attorney [REDACTED], Appellant's POA  
Doris Hare, 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. On [REDACTED], 2022, the hearing record closed.

### **STATEMENTS OF THE ISSUE**

The issue is whether the Department's decision to deny Medicaid benefits for the period of [REDACTED] 2021, through [REDACTED], 2021, and grant Medicaid effective [REDACTED] 2021, is correct.

### **FINDINGS OF FACT**

1. On [REDACTED], the Appellant entered the [REDACTED] Care facility. (Exhibit 1: W-1 LTC application form)
2. On [REDACTED] 2021, the Appellant applied for HUSKY C LTC Medicaid assistance. (Exhibit 1 and Hearing summary)
3. The Appellant has two bank accounts with [REDACTED] Bank as well as a financial account with [REDACTED]. (Hearing record)
4. On [REDACTED], 2021, the Department sent the Appellant and her POA a *W-1348 Request for Proofs* form requesting documentation of all bank/financial accounts, her pension amount and Power of Attorney paperwork. (Exhibit2: W-1348 dated [REDACTED] and Hearing summary)
5. The Department received some of the requested verifications. (Hearing record)
6. On [REDACTED], 2021, the Department sent the Appellant and her POA a *W-1348 Request for Proofs* form requesting documentation of [REDACTED] Bank account transactions, [REDACTED] Bank account transactions, her gross pension amount, and proof of any other assets. The Department indicated that the Appellant was over the Medicaid asset limit of \$1,600.00 and that assets must be reduced immediately in order to qualify for

assistance. (Exhibit 3: W-1348 dated [REDACTED] and Hearing summary)

7. The Department received some of the requested verification. (Hearing record)
8. On [REDACTED] 2021, the Department sent the Appellant and her POA a *W-1348 Request for Proofs* form requesting documentation of explanations for [REDACTED] Bank transactions, [REDACTED] Bank account transactions, and proof of any other assets or income. (Exhibit 4: W-1348 dated [REDACTED] and Hearing summary)
9. The Department received some of the requested verifications. (Hearing record)
10. On [REDACTED] 2021, the Department sent the Appellant and her POA a *W-1348 Request for Proofs* form requesting documentation of her current gross pension amount, and complete [REDACTED] Bank statements for [REDACTED] 2020 through [REDACTED] 2021, as well as complete financial statements for [REDACTED]. (Exhibit 5: W-1348 dated [REDACTED] and Hearing summary)
11. The Appellant's total countable assets at the time of application for HUSKY C Long-Term Care Medicaid assistance were in excess of \$44,000.00. (Exhibit 10: [REDACTED] Bank account and [REDACTED] [REDACTED] statements for [REDACTED])
12. The Appellant's total countable assets were above the HUSKY C Medicaid asset limit of \$1,600.00 from [REDACTED] 2021, through [REDACTED] 2021. (Exhibit 10, Exhibit 6: [REDACTED] Bank account statement for [REDACTED], and Exhibit 7: [REDACTED] Bank account statement for [REDACTED])
13. The Appellant's countable assets were reduced to less than the HUSKY C Medicaid asset limit of \$1,600.00 in [REDACTED] of 2021. (Hearing summary)
14. At the end of 2021, the Appellant made payments from funds in her [REDACTED] Bank accounts to [REDACTED] Long-Term Care facility for care received at the facility. (POA's testimony)
15. On [REDACTED], 2021, the Department sent the Appellant a notice denying HUSKY C Medicaid assistance for the period of [REDACTED] through [REDACTED], because the value of her assets was more than the amount allowed by the program. The notice indicated that the Appellant was eligible for LTC Medicaid assistance as of [REDACTED], 2021. (Exhibit 9: Notice of action dated [REDACTED] and Hearing summary)
16. The Appellant's POA is seeking HUSKY C Medicaid eligibility effective [REDACTED] 2021. (POA's testimony)
17. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant's POA requested an administrative hearing on [REDACTED] 2021. The POA requested to reschedule on several occasions, extending

the closing of the hearing record until [REDACTED], 2022. Therefore, this decision is due not later than [REDACTED], 2022.

### **CONCLUSIONS OF LAW**

1. Section 17b-260 of the Connecticut General Statutes provides for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. “The Department’s Uniform Policy Manual (“UPM”) is the equivalent of a state regulation and, as such, carries the force of law.” (*Bucchere v. Rowe*, 43 Connecticut Supp. 175, 178 (1994) (citing Connecticut General Statutes § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Connecticut 601, 573 A.2d 712 (1990)).
3. UPM § 1010.05(A)(1) provides that the assistance unit must supply the Department, in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits.
4. UPM § 4030 provides that the Department evaluates all types of assets available to the assistance unit when determining the unit’s eligibility for benefits.
5. UPM § 1015.05(C) provides that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.
6. UPM § 1015.10(A) provides that the Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit’s rights and responsibilities.

**The Department correctly evaluated the Appellant’s available assets to make a determination of eligibility for HUSKY C Medicaid assistance.**

**The Department correctly sent the Appellant and her POA a *W-1348 Request for Proofs* form requesting the information needed to determine eligibility for HUSKY C Medicaid assistance and notified the Appellant and her POA that she must reduce her assets to within the HUSKY C Medicaid asset limit in order to qualify for assistance.**

7. UPM § 4005.10(A)(2) provides that the asset limit for AABD and MAABD – Categorically and Medically Needy coverage groups is \$1,600 for a needs group of one.
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.”

The Department correctly determined that from [REDACTED] 2021, through [REDACTED] of 2021, the Appellant had available assets that exceeded the asset limit of \$1,600.00.

On [REDACTED], 2021, the Department correctly determined that the Appellant was ineligible for HUSKY C LTC Medicaid assistance from [REDACTED] 2021, through [REDACTED], 2021, because her assets exceeded the program asset limit of \$1,600.00, and that she became eligible for LTC Medicaid effective [REDACTED] [REDACTED] 2021, when her assets were reduced to within the program asset limit.

### DISCUSSION

After reviewing the evidence and testimony presented at this hearing, I find that the Department's determination of eligibility effective [REDACTED] 2021, was correct. The Appellant reported ownership of [REDACTED] accounts and other assets, which exceeded the asset limit at the time of application until [REDACTED] of 2021. The Appellant's POA indicated that she had excess assets in her [REDACTED] Bank account(s) that were funds due to the LTC facility and that she made payments from these funds to [REDACTED] Long-Term Care facility at the end of 2021. However, the Department had indicated in [REDACTED] of 2021, that the Appellant was over the Medicaid asset limit of \$1,600.00 and that assets must be reduced immediately in order to qualify for assistance. It is evident that no eligibility exists for LTC Medicaid until [REDACTED] of 2021, when the Appellant's assets were reduced to within the \$1,600.00 asset limit and that the Department acted correctly when it denied assistance for the period of [REDACTED] 2021, through [REDACTED], 2021.

### DECISION

The Appellant's appeal is DENIED.

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Roberta Gould  
Hearing Officer

Pc: Rachel Anderson, Social Services Operations Manager, DSS New Haven  
Mathew Kalarickal, Social Services Operations Manager, DSS New Haven  
Lisa Wells, Social Services Operations Manager, DSS New Haven  
Attorney [REDACTED], POA  
Doris Hare, 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 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, 165 Capitol Avenue, 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.