

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

██████████ 2020  
Signature Confirmation

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

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2020, the Department of Social Services (the "Department") discontinued ██████████ (the "Appellant") Husky C Medicaid benefits effective ██████████ 2020.

On ██████████ 2020, the Appellant's representative requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On ██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████, 2020.

On ██████████ 2020, the Appellant's representative requested the administrative hearing be rescheduled.

On ██████████ 2020, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2020.

On ██████████, 2020, 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's daughter and representative  
 Anellyse Boebel, Department's Representative  
 Scott Zuckerman, Hearing Officer

The hearing record was held open for the submission of additional evidence at the Appellant's request. On ██████████ 2020, the hearing record closed.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly discontinued the Appellant's Husky C Medicaid benefits effective ██████████ 2020.

### **FINDINGS OF FACT**

1. On ██████████ 1997, the Appellant was issued Funeral Plan Policy ██████████ with Triple-S Vida with a face amount of \$2000.00 (Exhibit 2: Certificate of Policy, Triple – S Vida)
2. On ██████████, 2020, the Appellant applied for Husky C for Individuals receiving home and community based services. The Appellant reported that she has a funeral contract in Puerto Rico. (Hearing Summary)
3. The Appellant is ██████████ years old and resides with her daughter. (Appellant's representative's testimony).
4. The Appellant has a diagnosis of dementia. (Exhibit A: Physican's letter, ██████████/2020)
5. On ██████████ ██████████, 2019, the Department sent the Appellant a W-1348, Verification request letter, requesting a copy of the funeral contract. (Hearing Summary)
6. On ██████████, 2020, the Appellant provided the Department with a Policy Certification from the Triple – S Vida Funeral plan policy # ██████████, dated ██████████ ██████████ 2020. The policy has a current face amount of \$3000.00 and a Surrender Value of \$2,636.00 (Exhibit 2: Triple – S Vida Policy Certification, ██████████/2020)
7. On ██████████, 2020, the Department sent the Appellant a W-1348, Proofs We Need form. The letter informed the Appellant that she is over the asset limit for

the program. It further explained the policy would need to be cashed out, have a loan taken from it or have the policy beneficiary sign the policy over to a funeral home to purchase funeral contracts. The Department requested the Appellant verify how the funds were spent on the Appellant. The information due date was [REDACTED], 2020. (Hearing Summary)

8. On [REDACTED] 2020, the Appellant's representative spoke to the Department indicating she was having difficulty in transferring the funeral plan to a funeral home in CT, as the Appellant was unable to sign the paperwork to surrender the policy. The AREP was given an extension to [REDACTED] 2020. (Appellant's representative's testimony, Hearing Summary)
9. The Asset limit for the Medicaid program is \$1600.00. (Hearing summary)
10. The Appellant was active on Husky C, Aged blind and disabled Medicaid through [REDACTED], 2020. (Hearing Summary)
11. On [REDACTED], 2020, the Department sent the Appellant a Notice of Action discontinuing the Appellant's Husky C Medicaid effective [REDACTED] 2020. The notice stated the value of your assets is more than the amount we allow you to have. (Exhibit 4: Notice of Action, [REDACTED]/2020)

### **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 is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178(1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. Uniform Policy Manual ("UPM") § 4030.30 discusses the treatment of life insurance policies as assets.
4. 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.
5. 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.

6. "The asset limit for Medicaid for a needs group of one is \$1600.00." UPM § 4005.10(A)(2)(a)
7. "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)
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. "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." UPM § 4005.05 (D) (2)

**The Department correctly determined the Triple – S Vida Funeral Plan face value amount of \$3,000 exceeds the face value threshold of \$1500.000, therefore counting the surrender value of the Funeral Plan toward the asset limit of \$1600.00.**

**The Department correctly determined that the Triple - S Vida Funeral Plan # [REDACTED] cash surrender value of \$2,636.00 must be counted toward the asset limit for the Medicaid Program.**

**The Department correctly determined that the Appellant did not meet the eligibility requirement of having assets under the \$1600.00 asset limit.**

**The Department correctly discontinued the Appellant's Husky C Medicaid benefits because her assets were over the Medicaid limit of \$1600.00.**

### **DISCUSSION**

The Department's decision to discontinue the Appellant's Husky C, Medicaid for the Aged Blind and Disabled is upheld.

The Appellant's daughter and representative testified that due to her

mother's diagnosis of dementia, she is unable to sign off on paperwork to cash out the Funeral Plan. The daughter testified neither she or her brother in Puerto Rico have been successful in cashing out the plan without the Appellant's signature. The Funeral Plan had not been previously reported to the Department until the Appellant applied for Medicaid for individuals receiving home care services in [REDACTED] 2019. There is no provision in Departmental policy excluding assets over the asset limit because the Appellant is not able to sign a document to surrender the policy.

### **DECISION**

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

  
Scott Zuckerman  
Hearing Officer

CC: Musa Mohamud, Operations Manager, DSS, Hartford Regional Office  
Judy Williams, Operations Manager, DSS, Hartford Regional Office  
Anellyse Boebeld, DSS, Hartford Regional Office

### **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.