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

2014
Signature Confirmation

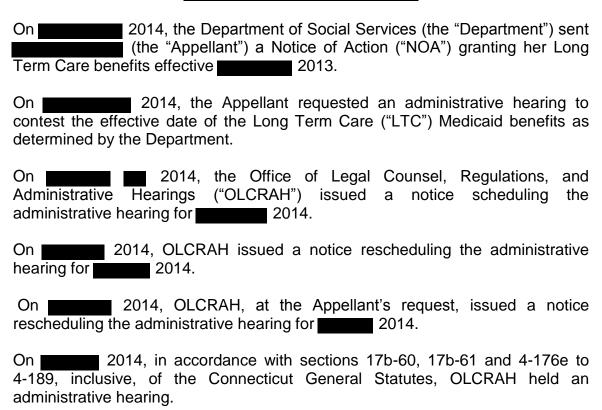
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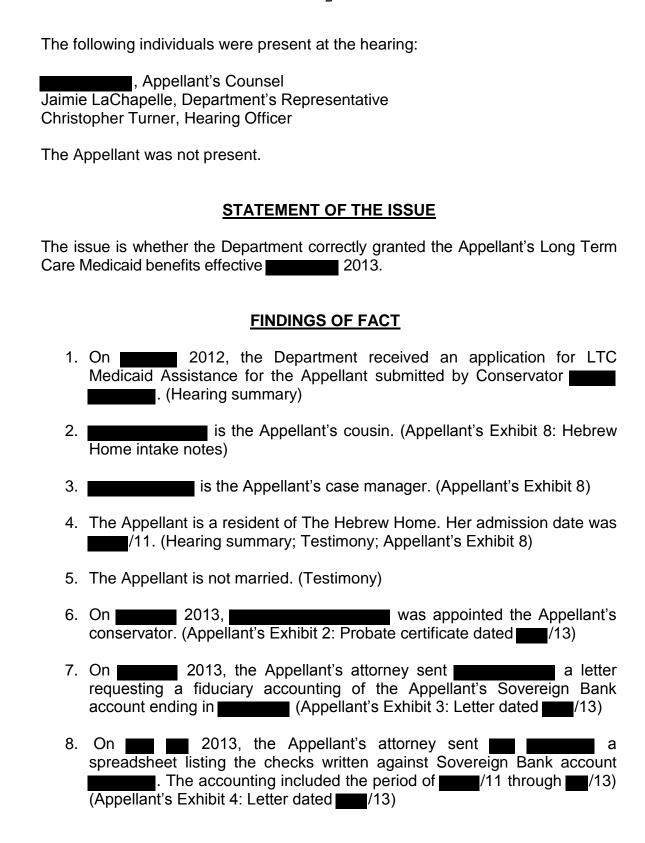
NOTICE OF DECISION

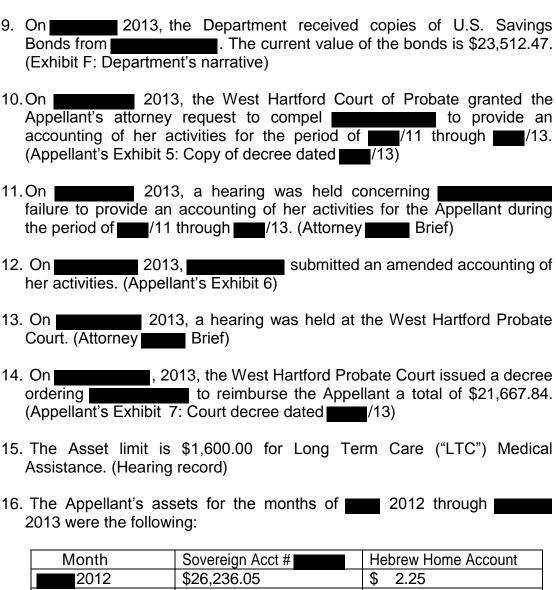
PARTY



PROCEDURAL BACKGROUND



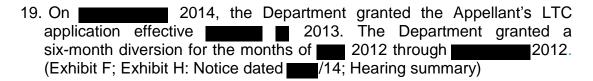




Month	Sovereign Acct #	Hebrew Home Account
2012	\$26,236.05	\$ 2.25
2012	\$9,166.80	\$102.25
2012	\$1,855.67	\$ 76.25
2012	\$1,991.51	\$ 76.25
2012	\$1,649.03	\$ 63.25
2012	\$1,619.03	\$ 50.25
2012	\$2,521.17	\$ 11.25
2013	\$1,226.83	\$ 00.00

(Exhibit A: Monthly Asset Worksheet)

- 17. In 2013, the Appellant's assets were below \$1,600.00. (Exhibit A: Asset worksheet)
- 18. On 2014, the Department decided to disregard the Appellant's U.S. Savings Bonds in its determination of eligibility. A transfer of asset penalty was not imposed. (Exhibit F)



- 20. The Appellant's attorney is seeking eligibility from the application date of 2012 through 2012 based on the claim that the Appellant was a victim of elder abuse. (Counsel's Brief; Testimony).
- 21. There was no state policy or state regulation cited by the Appellant's attorney to support his position. (Hearing record)

CONCLUSIONS OF LAW

- 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 § 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 unit's equity in counted assets exceeds the asset limit for the particular program.
- 5. UPM § 4005.10 (A) (2) (a) provides that the asset limit for Medicaid for a needs group of one is \$1,600.
- UPM § 4005.15 provides that in the Medicaid program at the time of application, the assistance unit is ineligible until the first day of the month in which it reduces its equity in counted assets to within the asset limit.
- 7. The Appellant is below the \$1,600.00 asset limit for the month of 2013.
- 8. The Department correctly granted the Appellant's LTC application effective 2013.

DISCUSSION

The Appellant's Attorney requested that the Department grant the Appellant's LTC application beginning in 2012 because the Appellant was a victim of elder abuse. Though that may be true, there is no state policy to provide relief for the Appellant. The fact remains that the Appellant was over assets through 2013. The Department even forgave \$23,512.47, the value of the savings bonds, without imposing a transfer of asset penalty. The Department's representative provided a clear and concise worksheet detailing the Appellant's monthly asset balance showing 2013 as the first month of eligibility. I find no error in the Department's decision to grant the Appellant's LTC application effective 2013.

DECISION

The Appellant's appeal is Denied

Christopher Turner Hearing Officer

Cc: Albert Williams, Operations Manager Hartford Hebrew Health Care

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 <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 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 his 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.