

DEPT OF SOCIAL SERVICES
DEC 23 2003
MIDDLETOWN DISTRICT OFFICE

DATE: 12/19/03
TO: MRS Rodriguez
RO#: #50 Middletown
FROM: M.R.T. Pam Pelletier, MSN RN
MEDICAL OPERATIONS - C.O. (860) 424-5078
RE: TRANSFER OF ASSETS

AFTER MEDICAL REVIEW, THE FOLLOWING INFO. IS NECESSARY:

WE ARE UNABLE TO MAKE A DECISION ON THIS TRANSFER OF ASSETS WITHOUT DETAILED MEDICAL INFORMATION ABOUT THE CLIENT,

PLEASE PROVIDE _____

THE FOLLOWING INFORMATION IS NEEDED TO DETERMINE WHETHER THE PROPERTY CAN BE TRANSFERRED WITHOUT PENALTY:

- 1. Did you live with this person during the last 2 years without interruption?
Explain: _____
- 2. Did you work? How many hours/days?

- 3. Who was at home with this person?
- 4. What Activities of Daily Living was he/she capable of doing? If none, who provided help? Was a Home Care agency involved?
Explain: _____
- 5. Provide office notes, test results, hospital discharge summaries, etc. for the past two (2) years.
- 6. OTHER: no documentation was submitted

from Only multiple form letters from friends
& family of client.

PLEASE MAKE SURE ENTIRE PACKET IS RETURNED WITH REQUESTED INFORMATION.
Thanks!

D.S.S. MIDDLETOWN
117 MAIN STREET EXT.
MIDDLETOWN CT 06457

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

Page 1
02-000486
002068

Date: 01 06 2004



Client ID:

Worker:

Phone:

1019 - Application Delay
L01 Medicaid for Adult Long Term Care (CN) - AU 009281879

We are sending you this notice to tell you why we have not yet decided if you are eligible for assistance.

You applied for medical assistance on 11 20 03. We are required to complete work on your case within 45 days. We have been unable to do this because:

→ OUR DOCTORS HAVE NOT YET DECIDED IF YOU MEET OUR MEDICAL REQUIREMENTS, OR YOUR CORRECT LEVEL OF NURSING HOME CARE

We will continue to work on your case and will send you a notice of our decision as soon as we can. In the meantime, if you have any questions, please call your worker at the number shown above.

EMERGENCY NEEDS

We can help you more quickly if you have an emergency and need assistance right away.

The following are examples of emergencies you should report:

You or a family member require immediate care and you have no way to pay for it.

You have no money for the immediate needs of your family.

In the winter, you have no heat and no money to pay for it.

If you have an emergency such as those shown above, call the supervisor at the telephone number shown below. The supervisor may refer your case to a special worker who will help determine your eligibility right away.

Supervisor Name : PATRICIA SELNER
Telephone Number : 704-3150

You can request a hearing if you disagree with this decision. Please read the