

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

██████████ 2016
Signature Confirmation

Client ID # ██████████
Request #750480

NOTICE OF DECISION

PARTY

██████████
C/O ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing her Aid to Aged, Blind and Disabled ("AABD") Medicaid benefits.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department's decision to discontinue benefits.

On ██████████ ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, 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"),
Sponsor
Joseph Alexander, Department's Representative
Jessica Gulianello, Department's Representative
Miklos Mencseli, Hearing Officer

The Appellant was not present at the hearing.

STATEMENT OF THE ISSUE

The issue is whether the Department correctly discontinued the Appellant's Aid to Aged, Blind and Disabled ("AABD") Medicaid benefits as her sponsors deemed assets exceed the program limit.

FINDINGS OF FACT

1. The Appellant was actively receiving AABD medical assistance. (Summary, Testimony)
2. On [REDACTED] 2015, the Appellant's AREP came into the Bridgeport regional office to complete the Appellant's Husky C ("AABD") Medicaid and SNAP redeterminations. (Summary)
3. On [REDACTED] 2015, the Department gave the Appellant's AREP a W-1348 Verification We Need form requesting information needed to process the Appellant's redetermination. The Department requested verification citizenship/identity, proof of monthly income, copy of bank accounts and complete sponsor form. The information was due by [REDACTED] 2015. (Exhibit 1: W-1348 dated [REDACTED]-15)
4. On [REDACTED] 2015, the Department received bank statements for the following accounts; TD checking # xxxx[REDACTED] end balance of \$516.16, TD checking #xxxx[REDACTED] end balance of \$2,727.47, Chase checking #xxxx[REDACTED] end balance of \$2 725.47 and First County #xxxx[REDACTED] end balance of \$5,563.48. (Exhibits 3, 4, 5, 6: bank statements)
5. The accounts belong to the Appellant's AREP (daughter), the Appellant's sponsor. (Exhibits 3, 4, 5, 6)
6. The total amount of assets equals \$11,076.39 (\$516.16 + \$2,271.28 + \$2,725.47 + \$5,563.48 = \$11,076.39). (Exhibit 2: Department's asset screen printout)
7. On [REDACTED] 2015, the Department reviewed the asset information and determined the Appellant is in a spend down due to the Appellant's sponsor income. (Summary, Testimony)
8. The Department corrected the Appellant's household composition in order to correctly deem the Appellant sponsor's assets to the Appellant. (Summary, Testimony)
9. The Department determined the Appellant is over the program asset limit as a result of the deeming of assets from the Appellant's sponsor. (Summary, Testimony)

10. On [REDACTED] 2014, the Department discontinued the Appellant's AABD medical benefits due to excess assets. (Exhibit 8: Department's assistance status screen printout)
11. The Appellant is 73 years old. (Testimony)
12. The Appellant is a Legal Permanent Resident who entered the United States in 2005. (Testimony)
13. The Appellant has not become a United States citizen. (Testimony)
14. The Appellant has not worked 40 qualifying quarters in the United States since her entry date. (Testimony)
15. The Appellant is not eligible for Social Security as she worked less than 40 qualifying quarters. The Appellant was employed for just under 10 years. (Testimony)
16. The Appellant last worked in 2015. (Testimony)
17. The Appellant was sponsored by her (AREP) daughter. (Testimony)
18. The Appellant lives with their daughter. (Testimony)
19. The Appellant's daughter acknowledges signing the Affidavit of Support (I-864) form. (Testimony)
20. The Appellant's daughter understood her responsibilities as a sponsor by signing the I-864 form. (Testimony)

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. Uniform Policy Manual ("UPM") § 4025.45 provides that Sponsors of Non-Citizens Who Entered the U.S. on or after August 22, 1996 and Executed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A)
 - A. Circumstances Under Which Assets are Deemed
 1. The Department deems the assets of a non-citizen's sponsor and

the sponsor's spouse, if the spouse signed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A), to the non-citizen under the following circumstances:

- a. the sponsor and the sponsor's spouse are not members of the same assistance unit as the non-citizen; and
 - b. the non-citizen must have a sponsor under USCIS rules; and
 - c. the sponsor and the sponsor's spouse have executed an Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A) pursuant to 8 U.S.C. § 1183a (a) (section 423 of the Personal Responsibility and Work Opportunity Act of 1996, amending Title II of the Immigration and Nationality Act by adding section 213A) on behalf of the non-citizen; and
 - d. the sponsor is an individual, rather than an institution; and
 - e. none of the exceptions set forth in Paragraph C of this section are applicable.
2. The Department deems assets in accordance with Paragraph A.1 of this section, whether or not the sponsor lives with the non-citizen.
 3. The Department deems assets in accordance with Paragraph A.1 until one of the following events occurs:
 - a. the non-citizen becomes a citizen of the United States; or
 - b. the non-citizen works 40 qualifying quarters as defined under Title II of the Social Security Act; or
 - c. the non-citizen is credited for having worked 40 qualifying quarters if, beginning January 1, 1997, the qualifying quarters were worked when the non-citizen did not receive any federal means-tested public benefit and either
 - (1) the qualifying quarters were worked by a parent of such non-citizen while the non-citizen was under 18 years of age; or
 - (2) the qualifying quarters were worked by a spouse of such non-citizen during the couple's marriage and the non-citizen remains married to such spouse or such spouse is deceased;

or

- d. the sponsor or the non-citizen dies.
3. The Appellant's daughter, her sponsor signed the I-864 form.
 4. The Department correctly deemed the Appellant's sponsor assets to the Appellant to determine eligibility.
 5. UPM § 4025.45 pertains to the deeming of assets from sponsors of non-citizens and states in part:
 - B. Computation of the Amount of Deemed Assets
When deeming the assets of the sponsor and the sponsor's spouse to the non-citizen, the Department:
 1. excludes the assets of the sponsor and the sponsor's spouse from consideration in the same manner that the assets of assistance unit members would be excluded;
 2. reduces the value of the deemed assets by \$1500;
 3. prorates this reduced amount among the non-citizens if the sponsor is also sponsoring other non-citizens;
 4. deems the counted assets to the non-citizen; and
 5. adds the resulting value of the deemed assets to the value of the non-citizen's own assets to determine the non-citizen's eligibility.
 6. The part of the sponsor's assets that is deemed to the Appellant is \$9,576.39 (\$11,076.39 minus \$1,500.00 equals \$9,576.39)
 7. UPM § 4005.10(2) provides the asset limit for AABD and MAABD – Categorically and Medically Needy (Except Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Additional Low Income Medicare Beneficiaries, Qualified Disabled and Working Individuals, Working Individuals with Disabilities and Women Diagnosed with Breast or Cervical Cancer)
 - a. The asset limit is \$1,600 for a needs group of one.
 - b. The asset limit is \$2,400 for a needs group of two.
 8. The Department correctly determined the deemed asset amount of \$9,576.39 for the Appellant exceeds the \$1600.00 asset limit for one.

9. The Department correctly discontinued the Appellant's AABD medical assistance because the countable assets exceed the asset limit.

DISCUSSION

The Department is correct in its determination that the Appellant is over the asset limit for one due to the deeming of assets from her daughter, sponsor. The Department needs to reduce the balance by \$1500 as prescribe by policy. This correction does not change the fact that the Appellant is over the asset limit for a needs group of one.

DECISION

The Appellant's appeal **is Denied**


Miklos Mencseli
Hearing Officer

C: Poonam Sharma, Operation Manager, DSS R.O. # 30 Bridgeport

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, 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.