

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

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

Client ID # ██████████
Request # 785757

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") stating that her application for medical assistance for the Medicaid for the Aged, Blind or Disabled program ("MAABD") was denied because her assets exceeded the asset limit for the Medicaid program.

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

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

The administrative hearing was rescheduled at the Appellant's request. On ██████████ 2016, OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2016.

On [REDACTED] 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:

[REDACTED] Appellant
 [REDACTED] Appellant's Witness, [REDACTED]
 Connecticut
 DeAsia Newman, Department's Representative
 Sybil Hardy, Hearing Officer

STATEMENTS OF THE ISSUE

The issue is whether the Department correctly denied the Appellant's application for Medicaid benefits under the MAABD program.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Department received from the Appellant, an application for medical assistance under the MAABD program. (Exhibit 1: NOA, [REDACTED]/16, Exhibit 2: Eligibility Management System ["EMS"] Narrative Screen)
2. The Appellant is requesting medical assistance for herself. (Appellant's Testimony, Exhibit 1, Exhibit 2)
3. The Appellant resides with her son at his home in [REDACTED] Connecticut. (Appellant's Testimony, Exhibit 1, Exhibit 2)
4. The Appellant is not employed. (Appellant's Testimony, Exhibit 2)
5. The Appellant does not have any unearned income. (Appellant's Testimony, Exhibit 2)
6. The Appellant's only asset is a checking account with Chase Bank. (Appellant's Testimony, Exhibit 2)
7. On [REDACTED] 2016, the Department sent the Appellant a Verification We Need ("W-1348") Form requesting her bank statements. (Exhibit 2)
8. On [REDACTED] 2016, the Department verified they received the Appellant's bank statement and determined the Appellant's checking account balance was \$3,516.82 effective [REDACTED] 2016. (Exhibit 2, Exhibit 4: Chase Bank Statement)

9. The asset limit for the Medicaid program is \$1,600.00. (Hearing Record)
10. On [REDACTED] 2016, the Department sent the Appellant a NOA indicating that her application for medical assistance under the MAABD program was denied because her assets exceeded the asset limit for the Medicaid program. (Exhibit 1)
11. On [REDACTED] 2016, the Appellant provided the Department a new bank statement from Chase bank indicating that her new checking account balance effective [REDACTED] 2016 is \$1,716.90. (Exhibit A: Chase Bank Statement)

CONCLUSIONS OF LAW

1. Sections 17b-260 to 17b-264 of the Connecticut General Statutes authorizes the Commissioner of Social Services to administer the Title XIX Medical Assistance program to provide medical assistance to eligible persons in Connecticut.
2. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
3. Uniform Policy Manual ("UPM") § 4030 provides in part that the Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits.
4. UPM § 4030.05(A) provides that bank accounts include the following and the list is not all inclusive: savings account, checking account, credit union account, certificate of deposit, patient account at long-term care facility, children's school account, trustee account, custodial account.
5. UPM § 4030.05(B) provides that the part of a checking account to be considered as a counted asset during a given month is calculated by subtracting the actual amount of income the assistance unit deposits into the account that month from the highest balance in the account for that month.
6. UPM § 4030.05(C) provides that when determining income versus assets the Department looks at money which is received as income during a month and deposited into an account during the month is not considered an asset for that month, unless the source of the money is: an income tax refund or cash

received upon the transfer or sale of property or a security deposit returned by a landlord.

7. The Department correctly determined that the Appellant does not have any income deposits going into her checking account.
8. UPM § 4005.10(A)(2) provides that the asset limit for AABD and MAABD categorically and medically needy program is \$1,600.00 for a needs group of one.
9. The Department correctly determined that the Appellant's checking account balance exceeded the \$1,600.00 asset limit for the Medicaid program.
10. UPM § 4099.05(A) provides that for the asset limit requirement the assistance unit must verify its equity in counted assets and if the unit does not verify its equity in counted assets, the unit is ineligible for assistance.
11. UPM § 4099.05(B) provides that for the reduction of excess assets the assistance unit must verify that it has properly reduced its equity in counted assets, the unit is ineligible for assistance.
12. The Department correctly determined that the Appellant did not properly reduce the equity of her counted assets.
13. The Department correctly denied the Appellant's application for Medicaid benefits under the MAABD program.

DISCUSSION

The Department's decision to deny the Appellant MAABD application is upheld. The Appellant's assets exceeded the program asset limit. As of the hearing date, the Appellant's assets still exceeded the program asset limit. The Appellant can reapply at any time, if she believes she has properly reduced her assets within the program limits.

DECISION

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


Sybil Hardy
Hearing Officer

Pc: Brian Sexton, Operations Manager, DSS R.O. # 20, New Haven
DeAsia Newman, Fair Hearings Liaison, DSS R.O. # 20, 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, 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.