

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

██████████ 2018
Signature Confirmation

Client ID# ██████████
Case ID # ██████████
Hearing ID # 111639

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2017, the Department of Social Services (the "Department") sent ██████████, (the "Appellant") a Notice of Action ("NOA") denying her application Medical Assistance for the Aged, Blind and Disabled ("MAABD") Medicaid benefit.

On ██████████, 2017, the Appellant requested an administrative hearing to contest the Department's decision to take such action.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2018.

On ██████████ 2018, 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 participated in the hearing:

████████████████████, Appellant
████████████████████ Interpreter, ██████████, Connecticut
Ferris Clare, Department's Representative
Sybil Hardy, Hearing Officer

The hearing record remained open for the submission of additional information. On [REDACTED] 2018, the hearing record closed.

[REDACTED]

STATEMENTS OF THE ISSUE

The issue is whether the Department correctly denied the Appellant's Medical Assistance for the Aged, Blind and Disabled ("MAABD") Medical benefit.

FINDINGS OF FACT

1. On [REDACTED] 2017, the Department received an application for MAABD benefits from the Appellant. (Hearing Record, Exhibit 2: Case Notes)
2. The Appellant lives alone. (Appellant's Testimony, Exhibit 6: MAGI Medicaid and CHIP Eligibility Results)
3. The Appellant is 63 years old ([REDACTED]). (Appellant's Testimony)
4. The Appellant receives a gross monthly unearned income from Social Security Disability ("SSD") benefits in the amount of \$891.00 directly deposited into her [REDACTED] checking account. (Appellant's Testimony, Exhibit 4: [REDACTED] Bank Statement, Account # [REDACTED])
5. The Appellant has Bank of America checking account ending in [REDACTED]. (Exhibit 4)
6. For the month of [REDACTED] 2017, the Appellant has the following assets:

Name	Type	Highest Balance
[REDACTED]	Checking	\$9,005.99
Automobile	Car	\$1,775.00

(Exhibit 7, Exhibit B)

7. The automobile is excluded in the value of the Appellant's assets. (Department Representative's Testimony)
8. The asset limit for a single person for the MAABD program is \$1,600.00. (Hearing Record, Department Representative's Testimony)
9. On [REDACTED] 2017, the Department sent the Appellant a notice indicating that her MAABD medical benefits are discontinued because her assets exceed the program limit. (Exhibit 5: NOA, 1 [REDACTED])

10. On [REDACTED] 2018, the Appellant submitted a new application to the Department for MAABD benefits. (Appellant's Testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Uniform Policy Manual ("UPM") § 4005.10(A)(2) provides for 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 \$1,600.00 for a needs group of one.
 - b. The asset limit is \$2,400.00 for needs group of two.
3. UPM 4005.15(B)(2)(a) provides that if the assistance unit does not reduce its excess assets to an allowable level by the end of the month the excess first occurs, the unit is ineligible as of the first day of the following month and remain eligible unit the first day of the month in which the unit properly reduces its assets to an allowable level.
- 4.
5. UPM § 5500.01 provides that a needs group is the group of persons comprising the assistance unit and certain other persons whose basic needs are added to the total needs of the assistance unit members when determining the income eligibility of the assistance unit.
6. UPM § 5515.05(C)(2) provides that the needs group for an applicant or recipient under the MAABD program includes the following:
 - a. the applicant or recipient; and
 - b. the spouse of the applicant or recipient when they share the same home regardless of whether one or both are applying for or receiving assistance, except in cases involving working individuals with disabilities. In these cases, the spouse (and children) are part of the needs group only in determining the cost of the individual's premium for medical coverage.
7. UPM § 2015.05(A) provides that the assistance unit in assistance to the Aged, Blind or Disabled ("AABD") and MAABD consists of only one member. In these programs, each individual is a separate assistance unit.

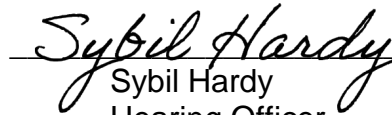
8. The Department correctly determined that the Appellant is in a needs group of one.
9. UPM § 4030.05(A) provides that bank accounts include the following. This list is not all inclusive:
 1. Savings account;
 2. Checking account;
 3. Credit union account;
 4. Certificate of deposit
 5. Patient account a long-term care facility;
 6. Children's school account;
 7. Trustee account;
 8. Custodial account.
10. 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.
11. UPM § 4030.05(C) provides that 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:
 - a. An income tax refund; or
 - b. Cash received upon the transfer or sale of property; or
 - c. A security deposit returned by the landlord.
12. The Department correctly considered the SSD direct deposits as income in the month of receipt and as an asset in the subsequent months.
13. The Department incorrectly used the Appellant's end of the month balance as the balance instead of using the highest balance of the month subtracted by the Appellant's household income.
14. The Department correctly determined the Appellant's assets for [REDACTED] 2017 in the amount of \$8,114.99 (\$9,005.99, checking account [REDACTED] - \$891.00, SSD) exceeds the \$1,600.00 program asset limit for a household of one.
15. The Department correctly denied the Appellant's MAABD application for because her countable assets exceed the asset program limit.

DISCUSSION

The Department correctly denied the Appellant's MAABD application because her assets did exceed the program asset limit. The Department, however, incorrectly used the end of the month balance as the Appellant's total balance in her checking account. The correct way to calculate the balance is to use the highest daily balance and then subtract the income deposited into the account from that amount. The Department is upheld because the Appellants assets did exceed the program limit.

DECISION

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


Sybil Hardy
Hearing Officer

Pc: Rachel Anderson, Operations Manager, DSS R.O. # 20, New Haven
Cheryl Stuart, Operations Manager, DSS R.O. # 20, New Haven
Lisa Wells, Operations Manager, DSS R.O. # 20, New Haven
Ferris Clare, 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.