

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

Case # ██████████
Client # ██████████
Hearing # ██████████

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, 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 ██████████ 2018, the Appellant requested an administrative hearing to contest the Department's decision to deny the MAABD.

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's Representative via telephone
Garfield White, Department's Representative
Carla Hardy, Hearing Officer

The administrative hearing remained open for the submission of additional evidence. Additional evidence was submitted. The hearing record closed on [REDACTED] 2018.

STATEMENTS OF THE ISSUE

The issue is whether the Department correctly denied the Appellant's application for 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. The Appellant's household consisted of the Appellant, her spouse, [REDACTED] ("the spouse") and their adult child, [REDACTED] (Exhibit A: Application, [REDACTED])
2. The Appellant is [REDACTED] years old (DOB [REDACTED]). Her spouse's date of birth is [REDACTED]. He expired on [REDACTED]. (Representative's Testimony)
3. On [REDACTED], the Representative emailed bank statements and proof of the Appellant's immigration status to the Department. (Representative's Exhibit 1: Email, [REDACTED] 18, Representatives Testimony)
4. On [REDACTED], 2017, the Department mailed the Appellant a Proofs We Need form requesting proof of the spouse's savings and checking account balances. The requested information was due by [REDACTED] 2017. (Exhibit D: Proofs We Need, [REDACTED] 17)
5. The Appellant submitted her [REDACTED] checking statements for account [REDACTED] from the years covering 2012, 2013, 2014, 2015, 2016, and [REDACTED], 2017 through [REDACTED] 2017. (Exhibit F: [REDACTED] Statements)
6. The [REDACTED] checking balance was \$494.39 on [REDACTED] 2017. (Exhibit F)
7. The Appellant submitted her spouse's intermittent [REDACTED] statements for checking account [REDACTED] and savings [REDACTED] from [REDACTED] 2014 through [REDACTED], 2014; and [REDACTED], 2017 through [REDACTED] 2017. The balances on account [REDACTED] equaled \$224.41 and account [REDACTED] equaled \$8,107.86 on [REDACTED], 2014. The combined bank balances on [REDACTED], 2014 equals \$8,332.27 (\$224.41 + \$8,107.86 = \$8,332.27). (Exhibit C: [REDACTED] Statements)

8. The [REDACTED] checking account [REDACTED] had a balance of \$303.40 and the savings account [REDACTED] had a balance of \$0.00 on [REDACTED] 2017. The combined [REDACTED] account balances totaled \$303.40 (\$303.40 + \$0.00 = \$303.40 on [REDACTED] 2017. (Exhibit C)
9. The bank statements are not date stamped. This hearing officer does not know the date that they were received by the Department.
10. The Department granted MAABD effective [REDACTED] 2017 through [REDACTED] 2017. It did not grant eligibility for [REDACTED] 2017, the month of the spouse's death. (Representative's Testimony)
11. On [REDACTED] 2018, the Department sent the Appellant a notice reporting the MAABD medical benefits for the Appellant and her spouse were denied for [REDACTED] 2017 through [REDACTED] 2018 because the assets exceeded the program limit. The following assets were listed on the notice:

Who has the asset	Type	How much
[REDACTED] (spouse)	Checking	\$446.13
[REDACTED] (spouse)	Savings	\$8,332.27
[REDACTED] (Appellant)	Checking	\$1.00
Total		\$8,779.40

(Exhibit E: NOA, [REDACTED] 18)

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. 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.
5. 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.
6. 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.
7. The Department correctly determined that the Appellant is in a needs group of two and an assistance unit of one.
8. 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.
9. The Department correctly counted the Appellant's and her spouse's bank accounts as assets.
10. The Department incorrectly used the Appellant's spouse's [REDACTED] 2014 [REDACTED] balance for the [REDACTED] 2017 balance.

DECISION

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

ORDER

1. The Department shall rescreen the MAABD effective [REDACTED] 2017.
2. The Department shall review the Appellant's assets and use the same asset information that was used to grant the MAABD for the [REDACTED] 2017 through [REDACTED] 2017 period.
3. The Department shall continue to process the case.
4. Compliance with this order shall be forwarded to the undersigned no later than [REDACTED] 2018.



Carla Hardy
Hearing Officer

Pc: Musa Mohamud, DSS R.O. Hartford
Judy Williams, DSS R.O. Hartford
Jessica Carroll, DSS R.O. Hartford
Jay Bartolomei, DSS R.O. Hartford
Garfield White, DSS R.O. Hartford
[REDACTED], Appellant's Representative

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.