

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 ID # ██████████
Client ID# ██████████
Hearing # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

██████████, 2018, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying his application for 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
Michelle Bellemare, Department's Representative
Swati Sehgal, Hearing Officer

The hearing record 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] 2018, the Department received a renewal for MAABD. (Exhibit 1: Case Notes)
2. On [REDACTED] 2018, the Department also received the Appellant's bank statement from [REDACTED] and a statement from [REDACTED] Annuity and Life Company. (Exhibit 3: Statement from [REDACTED] Annuity, Exhibit 2: Bank statement)
3. The Appellant gets \$264.00 a month in Social Security Income and \$506.00 a month in annuity payment. (Appellant's Testimony, Exhibit 2, Exhibit 4: NOA, [REDACTED])
4. The Appellant received \$100,000.00 in lump sum from [REDACTED] Annuity and Life Company on [REDACTED] 2018. (Exhibit 3)
5. The Appellant submitted his [REDACTED] statements for checking account [REDACTED] for [REDACTED] 2018, [REDACTED] 2018, [REDACTED] 2018 and [REDACTED] 2018. Bank statement for [REDACTED] 2018 had a deposit of \$1 [REDACTED] from [REDACTED] Annuity and Life Company. (Exhibit 2)
6. On [REDACTED], 2018, the Appellant's checking balance in his [REDACTED] was [REDACTED]. (Exhibit 2)
7. The asset limit for family on one under MAABD program is \$1600.00. (Department's Testimony)
8. On [REDACTED], 2018, the Department sent the Appellant a notice reporting the MAABD medical benefits for the Appellant were denied for [REDACTED] 2018, [REDACTED] 2018 and ongoing because the his assets exceeded the allowed amount to meet the program requirements.

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 § 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.
4. The Department correctly determined that the Appellant is in needs group of one.
5. 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.
6. The Department correctly counted the Appellant’s bank account as assets.
7. The Department correctly closed the Appellant’s Medicaid benefits under MAABD program because his checking account balance of [REDACTED] exceeded the asset limit of \$1600.00.

DECISION

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

Swati Sehgal

Swati Sehgal
Hearing Officer

PC: Brian Sexton, Social Services Operations Manager, DSS R.O. #50
Michelle Bellemare, Fair Hearing Liaison, DSS R.O. #50

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.