

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

██████████ 2021  
Signature Confirmation

Client ID # ██████████  
Case ID # ██████████  
Request # 174061

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2021, the Department of Social Services (the “Department”) denied ██████████  
████████████████████ (the “Appellant”) application for Husky C Medicaid benefits.

On ██████████ 2021, the Appellant requested an administrative hearing to contest the Department’s decision to deny such benefits.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2021.

On ██████████, 2021, in accordance with sections 17b-60, 17-61 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  
████████████████████, Appellant’s daughter and representative  
Ferris Clare, Department’s Representative  
Scott Zuckerman, Hearing Officer

A separate decision will be issued to address the Department's decision to deny the Appellant's application for cash benefits under the Aid to the Aged, Blind and Disabled ("AABD") state supplement cash program.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly denied the Appellant's application Husky C Medicaid benefits because his assets were in excess of the program limits.

### **FINDINGS OF FACT**

1. The Appellant receives a pension from Iran of \$11,694.00 yearly or \$974.50 per month deposited into his [REDACTED] account. (Appellant's testimony, Exhibit 1: Application dated [REDACTED] 2021, and Exhibit 5: [REDACTED] statement [REDACTED] 19 through [REDACTED] 2020)
2. The Appellant travels to Iran yearly and withdraws his pension deposits from his [REDACTED] account and physically deposits them in his bank accounts in the United States. (Appellant's testimony)
3. In [REDACTED] 2020, the Appellant traveled to Iran and withdrew his pension funds. (Appellant's testimony)
4. On [REDACTED] 2021, the Appellant submitted his application for Husky C Medicaid benefits for himself and his spouse for a household of two. (Exhibit 1: Application [REDACTED]/2021)
5. The Appellant is the owner of the following bank accounts: [REDACTED] checking account # [REDACTED], [REDACTED] account # [REDACTED] and [REDACTED] account # [REDACTED]. (Exhibit 5: Bank statements)
6. The Appellant's spouse is the owner of the following bank accounts. [REDACTED] # [REDACTED] and [REDACTED] # [REDACTED]. (Exhibit 5)
7. On [REDACTED] 2021, the Department sent the Appellant a W-1348, Proofs We Need letter. The letter stated the Appellant submit proof of account balances for all accounts by [REDACTED] 2021. (Exhibit 2: Proofs We Need, [REDACTED] 2021)
8. On [REDACTED] 2021, the Appellant provided bank statements with the following balances for each account:

<b>Bank Account</b>	<b>Date of Statement</b>	<b>Account Balance</b>
[REDACTED] # [REDACTED]	[REDACTED] 2021	\$1576.00

█████ █ ██████ █████	February 11, ██████	\$3,391.20
██████████████████ # █████	March 9, ██████	\$1,740.13
		\$6707.33 <b>Total</b>

9. The asset limit for the Husky C Medicaid program for a household of two is \$2400.00. (Hearing summary and Department's testimony)
10. On ██████, 2021, the Department sent the Appellant a Notice of Action denying the Appellant's application for Husky C Medicaid. The notice stated the value of your assets is more than the amount we allow you to have. (Exhibit 3: Notice of Action, ██████/2021)
11. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on ██████ 2021. Therefore, this decision is due not later than ██████, 2021, and is therefore timely. (Hearing Record)

### 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. "The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178(1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. "The asset limit for Medicaid for a needs group of two is \$2400.00." Uniform Policy Manual ("UPM") § 4005.10(A)(2)(b)
4. "The Department counts the assistance unit's equity in an asset toward the asset limit if the asset is not excluded by state or federal law and is either available to the unit, or deemed available to the unit." UPM § 4005.05 (B)(1)
5. UPM § 4005.05 (B)(2) provides that under all programs except Food Stamps, the Department considers an asset available when actually available to the individual or when the individual has the legal right, authority or power to obtain the asset, or to have it applied for, his or her general or medical support.

6. "An assistance unit is not eligible for benefits under a particular program if the units equity in counted assets exceeds the asset limit for the particular program." UPM § 4005.05 (D) (2)
7. UPM § 4030.50 (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;
  6. Patient account at long-term care facility;
  7. Children's school account;
  8. Trustee account;
  9. Custodial account.
8. "That 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." UPM § 4030.05(B)
9. 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 as an asset for that month, unless the source of the money is:
  1. an income tax refund; or
  2. cash received upon the transfer or sale of property; or
  3. a security deposit returned by the landlord.

**On [REDACTED] 2021, the Department correctly determined the Appellant's and his spouse's bank accounts are countable assets and must be counted toward the Medicaid asset limit of \$2400.00.**

**The Department correctly determined the total assets of \$6707.33 exceed the asset limit of \$2400.00.**

**The Department correctly determined that the Appellant did not meet the eligibility requirement of having assets under the \$2400.00 asset limit.**

The Department correctly denied the Appellant's application for Husky C Medicaid benefits because his assets were over the Medicaid limit of \$2400.00 for a household of two.

**DECISION**

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

  
Scott Zuckerman  
Hearing Officer

CC: Rachel Anderson, Operations Manager, DSS, New Haven Regional Office  
Cheryl Stuart, Operations Manager, DSS, New Haven Regional Office  
Lisa Wells, Operations Manager, DSS, New Haven Regional Office  
Ferris Clare, Fair Hearing Liaison, DSS, New Haven Regional Office

### **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, 165 Capitol Avenue, 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.