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

2022 Signature confirmation

2021

Case:	
Client:	
Request:	190497

NOTICE OF DECISION

PARTY



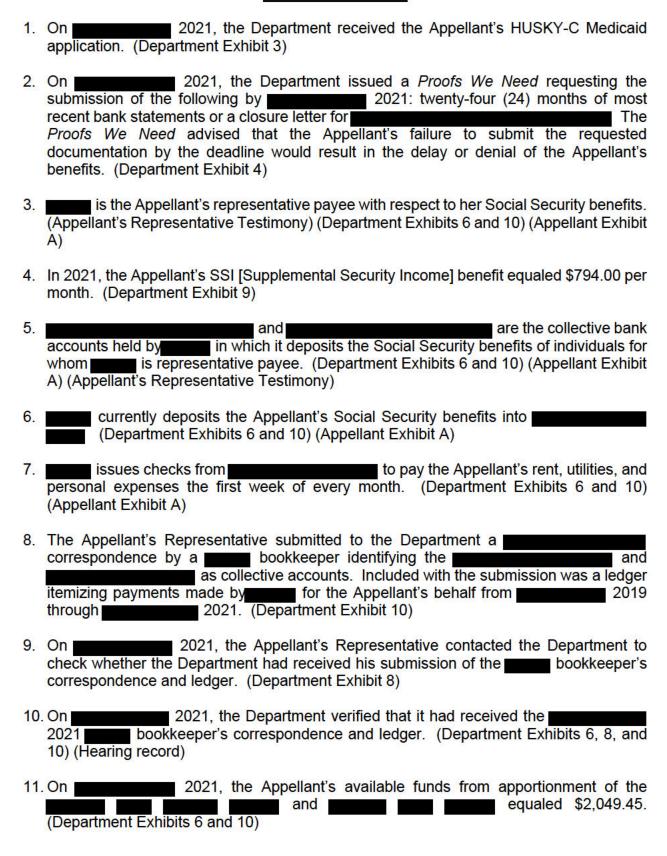
HUSKY-C Medicaid application.

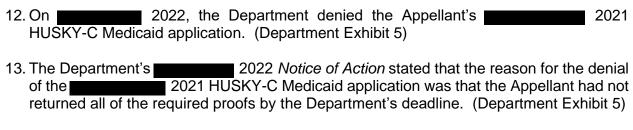
PROCEDURAL BACKGROUND

On 2022, the Department of Social Services (the "Department") issued a <i>Notice of Action</i> to 2021, the "Appellant") denying her 2021 HUSKY-C Medicaid application.		
On 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings 'OLCRAH") received the Appellant's online hearing request.		
On 2022, the OLCRAH scheduled the Appellant's administrative hearing for 2022.		
On 2022, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, and 4-180, and 4-176e to 4-189, and 4-180,		
Appellant Appellant		
Appellant's Representative errett Wyant, Department Representative Eva Tar, Hearing Officer		
The hearing record closed 2022.		
STATEMENT OF ISSUE		

The issue is whether the Department correctly denied the Appellant's

FINDINGS OF FACT





14. Connecticut General Statutes § 17b-61 (a) provides: "The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not later than ninety days after the date the commissioner receives a request for a fair hearing pursuant to section 17b-60...." On 2022, the OLCRAH received the Appellant's emailed hearing request. This decision would be due no later than 2022. This decision is timely.

CONCLUSIONS OF LAW

 Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

"The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program...." Conn. Gen. Stat. § 17b-262.

"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)).

The Department has the authority under statute to administer the Medicaid program.

2. Section 17b-80 (a) of the Connecticut General Statutes provides in part that "[t]he commissioner, upon receipt of an application for aid, shall promptly and with due diligence make an investigation, such investigation to be completed within forty-five days after receipt of the application..." and "[t]he commissioner, ..., shall in determining need, take into consideration any available income and resources of the individual claiming assistance...."

"Prior to making an eligibility determination, the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits." Uniform Policy Manual ("UPM") § 1505.40 A.1.

The Department had the authority under Conn. Gen. Stat. § 17b-80 (a) and UPM § 1505.40 A.1. to review the Appellant's circumstances to determine whether her counted assets were within the HUSKY-C Medicaid program's limits.

3. The asset limit for the HUSKY-C Medicaid program for an individual is \$1,600.00. UPM § 4005.10 A.2.

As one of the conditions for participation in the HUSKY-C Medicaid program, the Appellant's counted assets could not exceed \$1,600.00.

4. "If the assistance unit is the record owner of an asset, the unit is considered the legal owner unless it establishes otherwise, with clear and convincing evidence." UPM § 4010.05 A.1. "If it is established to the Department's satisfaction that the legal owner and the record owner of an asset are two different persons, the Department considers the asset the property of the legal owner." UPM § 4010.05 A.2. The Appellant is not the legal owner of or 5. "Income Versus Assets. 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: 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." UPM § 4030.05 C. For the purposes of the HUSKY-C Medicaid program, the Appellant's available assets equaled \$1,255.45 on 2007 2007, i.e., \$2,049.45 minus her \$794.00 SSI deposit in _____2021. 6. "The assistance unit must supply the Department, in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits (cross reference: 1555)." UPM § 1010.05 A.1. The Appellant's submission of the 2021 correspondence by the CMHA bookkeeper and ledger was timely, as it was provided to the Department prior to the expiration of its 2021 deadline. 7. "The applicant's failure to provide required verification by the processing date causes: (1) one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility...." UPM § 1505.40 B.1.c. "The Department may complete the eligibility determination at any time during the application process when adequate information exists to determine ineligibility because one or more eligibility requirements are not satisfied." UPM § 1505.40 A.4.d. The Department incorrectly determined that the Appellant had failed to submit verification by 2021. The Department incorrectly denied the Appellant's | ■ 2021 HUSKY-C Medicaid application. DISCUSSION

which are collective accounts in which the Appellant's Social Security benefits-and the

or

is the legal owner of

pa	come of other individuals for whom is representative payee—is deposited. ys the Appellant's rent and utilities—as well as the living expenses of other individuals for some is representative payee—with checks from these accounts.
the ow red	e Appellant's apportioned share of these collective accounts is a <u>bookkeeping</u> matter under e purview of in its administration of these bank accounts for which it is the legal mer. The Appellant's apportioned share—once again, a <u>bookkeeping</u> matter involving the conciling of internal accounts—would more appropriately be considered by the Department be residual "cash on hand" held by the behalf.
	er deducting the Appellant's gross SSI benefit, as permitted by UPM § 4030.05 C., the pellant's counted assets as of 2021 equaled \$1,255.45.
	DECISION
Th	e Appellant's appeal is GRANTED.
	<u>ORDER</u>
1.	The Department will rescreen the Appellant's HUSKY-C Medicaid application effective the original application date of 2021. The Department will update its records to show that the Appellant is not the legal owner of 2021.
2.	For the purposes of the HUSKY-C Medicaid program, the Appellant's counted assets from apportionment equaled \$1,255.45 on 2021.
3.	Provided all factors of eligibility are met, the Department will grant the Appellant's 2021 HUSKY-C Medicaid application.
4.	Within <u>14</u> calendar days of the date of this Decision, or <u>2022</u> , documentation of compliance with this <u>Order</u> is due to the undersigned.
	<u>©va Tar-electronic signature</u> Eva Tar Hearing Officer
C-0	Lorrott Wyant DCC Now Pritain

Cc: Jerrett Wyant, DSS-New Britain Patricia Ostroski, DSS-New Britain

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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.