

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

[REDACTED] 2022  
**SIGNATURE CONFIRMATION**

**CASE # [REDACTED]  
CLIENT# [REDACTED]  
REQUEST# [REDACTED]**

**NOTICE OF DECISION  
PARTY**

[REDACTED]  
[REDACTED]  
[REDACTED]

**PROCEDURAL BACKGROUND**

On [REDACTED] 2022, the Department of Social Services (the "Department") sent [REDACTED] [REDACTED] the "Appellant"), a Notice of Action ("NOA") discontinuing her medical assistance benefits under the Medicaid Husky C Home and Community Based Services ("W01") program due to excess assets.

On [REDACTED] 2022, the Appellant requested an administrative hearing to contest the discontinuance of her W01 Medicaid benefits due to excess assets.

On [REDACTED], 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] [REDACTED] 2022.

On [REDACTED] 2022, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an in-person administrative hearing. The following individuals participated in the hearing:

Appellant's [REDACTED]/Authorized Representative ("AREP"), [REDACTED]  
Department's Representative, Patricia Aliaga-DiNinni  
Hearing Officer, Joshua Couillard

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly discontinued the Appellant's W01 medical assistance benefits under the Medicaid Husky C Home and Community Based Services program due to excess assets.

## **FINDINGS OF FACT**

1. The Appellant is 69-years-old [DOB: ██████████ 1952]. She is divorced and lives with her adult son. (AREP's Testimony)
2. On ██████████ 2021, the Appellant submitted a W-1ER Renewal Form for her W01 Medicaid Husky C Home and Community Based Services benefits, which were due for renewal by ██████████ 2022. (Exhibit 4: Case Notes, Hearing Record)
3. The asset limit for the W01 Medicaid Husky C Home and Community Based Services program is \$1,600.00. (Department's Testimony)
4. On ██████████ 2022, the Appellant submitted an ██████████ life insurance statement dated ██████████ 2022. It listed a face value amount of the Appellant's life insurance program as \$15,000.00 and cash surrender value of \$1,686.15. (Exhibit 1: ██████████ Life Insurance Statement)
5. On ██████████ 2022, the Department issued a NOA to the Appellant which discontinued her W01 Medicaid Husky C Home and Community Based Services benefits, effective ██████████ 2022, due to excess assets. (Exhibit 2: Notice of Action)
6. On ██████████ ██████████ 2022, the Department reviewed the Appellant's case. The Department determined that the Appellant's W01 Medicaid Husky C Home and Community Based Services benefits were closed in error as the Appellant was not given 30-days' notice to reduce her assets below the \$1,600.00 asset limit. (Exhibit 4, Department's Testimony)
7. On ██████████ 2022, the Department reinstated the Appellant's W01 Medicaid Husky C Home and Community Based Services benefits, effective ██████████ 2022. (Exhibit 5: Notice of Action)
8. On ██████████, 2022, the Department issued a W-1348 Proofs We Need form to the Appellant requesting verification that her life insurance policy had been reduced below the \$1,600.00 asset limit by either having the policy cashed out, having a loan taken from it or by having the beneficiary sign the policy over to a funeral home in order to purchase a funeral contract. The Appellant was given 30

days to provide this information. Verifications are due by [REDACTED], 2022. (Exhibit 3: W-1348 Proofs We Need Form)

9. The Appellant has not yet reduced the cash surrender value of her AARP life insurance policy below the \$1,600.00 asset limit. The Appellant's AREP has transferred the policy into his name. (AREP's Testimony)
10. 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 hearing request was received on [REDACTED] 2022; therefore, this decision is due no later than [REDACTED] 2022.

### **CONCLUSIONS OF LAW**

1. "*Programs administered by the Department of Social Services.* The Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act... and the state social services plan for the implementation of the social services block grants and community services block grants pursuant to the Social Security Act." Connecticut General Statutes (Conn. Gen. Stat.) § 17b-2(6) & (10)
2. The Department's Uniform Policy Manual ("UPM") "is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A. 2d 712(1990))
3. "Asset Limits. AABD and MAABD – Categorically and Medically Needy. The asset limit is \$1,600 for a needs group of one." UPM § 4005.10(A)(2)(a)
4. "*Treatment of Assets.* The Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits. This chapter describes some of the assets which an assistance unit may own, and describes how ownership of the asset affects the unit's eligibility under the various programs the Department administers. The assets specifically described are: Bank Accounts, Burial Funds, Irrevocable Burial Funds, and Burial Plots, Corrective Payments, Earned Income Tax Credits, Home Property, Income Tax Refunds, Life Insurance Policies, Life Use, Loans, Lump Sum Payments, Annuities, Mortgage Notes, Motor Vehicles, Nonessential Household Items, Non-home Property, Security Deposits, Stocks and Bonds, Trusts." UPM § 4030
5. "*Life Insurance Policies.* The owner of a life insurance policy is the insured unless otherwise noted on the policy, or if the insurance company confirms that someone else, and not the insured, can cash in the policy." UPM § 4030.30(A)(1)
6. "*AABD and MAABD.* If the total face value of all life insurance policies owned by the individual does not exceed \$1,500, the cash surrender value of such policies is

excluded. In computing the face value of life insurance, the Department does not count insurance such as term insurance which has no cash surrender value." UPM § 4030.30(C)(1)

**The Department correctly determined that the cash surrender value (\$1,686.15) of the Appellant's AARP life insurance policy is a countable asset since the face value amount exceeds \$1,500.00.**

7. "*Reduction of Excess Assets*. The assistance unit must verify that it has properly reduced its equity in counted assets to within the program's limit. If the unit does not verify that it has properly reduced its equity in counted assets, the unit is ineligible for assistance." UPM § 4099.05(B)
8. "*Purpose*. The purpose of the Fair Hearing process is to allow the requester of the Fair Hearing to present his or her case to an impartial hearing officer if the requester claims that the Department has either acted erroneously or has failed to take a necessary action within a reasonable period of time." UPM § 1570.05(A)
9. "*Administrative Duties of Fair Hearing Official*. The Fair Hearing official renders a Fair Hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute." UPM § 1570.25(C)(2)(k)

**The Appellant requested the Fair Hearing in order to appeal the discontinuance of her W01 medical assistance benefits under the Medicaid Husky C Home and Community Based Services program due to excess assets, effective [REDACTED] 2022.**

**On [REDACTED], 2022, the Department retroactively reinstated the Appellant's W01 Medicaid Husky C Home and Community Based Services benefits, effective [REDACTED] 2022.**

**On [REDACTED] 2022, the Department correctly issued a W-1348 Proofs We Need form to the Appellant requesting verification that her life insurance policy had been reduced below the \$1,600.00 asset limit, and correctly provided her 30 days, until [REDACTED] 2022, to provide this documentation to the Department.**

10. "When the actions of the parties themselves cause a settling of their differences, a case becomes moot." *McDonnell v. Maher*, 3 Conn. App. 336 (Conn. App. 1985), citing, *Heitmuller v. Stokes*, 256 U.S. 359, 362-3, 41 S.Ct. 522, 523-24, 65 L.Ed. 990 (1921).

**Subsequent to the Department's reinstatement of the Appellant's W01 Medicaid Husky C Home and Community Based Services benefits, effective [REDACTED], and issuance of the W-1348 Proofs We Need form (due [REDACTED])**

■ 2022), there is no practical relief that can be afforded through an administrative hearing.

**DECISION**

The Appellant's appeal is **Dismissed as MOOT**.

  
\_\_\_\_\_  
**Joshua Couillard**  
**Fair Hearing Officer**

**CC: Greater Hartford Regional Office Manager, Musa Mohamud**  
**Greater Hartford Regional Office Manager, Judy Williams**  
**Greater Hartford Regional Office Manager, Jessica Carroll**  
**Greater Hartford Regional Office Fair Hearing Liaison, Patricia Aliaga-DiNinni**

### **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.