

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

██████████ 2022
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # 193869

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2022, the Department of Social Services (the "Department") sent ██████████ ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing her Husky C Medicaid benefits effective ██████████ 2022.

On ██████████, 2022, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

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

On ██████████, 2022, 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 son and representative
Abdaleh Mohamoud, Department's Representative
Kristen Bert, 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 benefits under the Husky C, Home and Community Based Services 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 her assets were in excess of the program limits.

FINDINGS OF FACT

1. On [REDACTED] 2022, the Appellant's Supplemental Security Income ("SSI") of \$342.00 was deposited into Regions Bank checking acct # [REDACTED]. (Exhibit 9: Regions Bank statement [REDACTED] 2022, through [REDACTED] 2022)
2. On [REDACTED], 2022, the Department received a M2T interoffice home care application. (Hearing Summary)
3. The Appellant received Medicaid benefits through [REDACTED], 2022, through the Husky C, Aged, Blind, Disabled program. (Exhibit 5: Notice of Action, [REDACTED], 2022)
4. On [REDACTED] 2022, the Department sent the Appellant a W-1348LTC, Verification We Need form. The Department requested the Appellant provide a copy of her divorce decree and copies of the most recent bank account statements for the following accounts: Region Bank checking acct # [REDACTED], Region Bank checking account # [REDACTED], Region Bank savings acct # [REDACTED], Navy FCU checking account # [REDACTED] Navy FCU savings account ending in # [REDACTED], Navy FCU savings acct ending in [REDACTED] Chase savings account ending in # [REDACTED], and Chase Bank checking account ending in [REDACTED]. The due date for the requested information was [REDACTED] 7, 2022. The Department indicated that there is no eligibility for Title 19 Long Term Care Benefits are reduced below \$1600.00. (Exhibit 2: W-1348LTC, [REDACTED], 2022)
5. On [REDACTED], 2022, the Department determined by the Asset Verification System ("AVS") the following balances as of [REDACTED] 1, 2022:

Acct #	Acct #	Acct #	Acct #	Acct #	Acct #	Acct #	Acct #	Acct #	Totals
[REDACTED] Checkin g	[REDACTED] Savings	[REDACTED] Checkin g	[REDACTED] Savin g	[REDACTED] Savings	[REDACTED] Checking	[REDACTED] Savings	[REDACTED] checking	[REDACTED]	
\$156.00	\$215.91	\$54.04	\$25.00	\$1108.46	\$1230.92	\$390.25	\$51.99	\$9.16	\$3241.73

(Exhibit 6: AVS Results – Liquid Assets Details)

6. On [REDACTED] 2022, the Appellant's SSA check in the amount of \$483.00 was deposited into Chase checking account # [REDACTED] (Exhibit 8: Chase Bank statement [REDACTED] 2022)

7. On [REDACTED] 2022, the Appellant's Chase bank checking account # [REDACTED] had a balance of \$371.21. (Exhibit 8: Chase Bank statement [REDACTED], 2022)
8. On [REDACTED] 2022, the Appellant's Chase Bank savings account # [REDACTED] had a balance of \$300.00. (Exhibit 8)
9. On [REDACTED] 2022, the Appellant's Navy Federal Credit Union checking account # [REDACTED] had a balance of \$228.27. (Exhibit 7: Navy Federal Credit Union account statement)
10. On [REDACTED], 2022, the Appellant's Navy Federal Credit Union savings account # [REDACTED] had a balance of \$216.01. (Exhibit 7)
11. On [REDACTED], 2022, the Appellant's Navy Federal Credit union savings account # [REDACTED] has a balance of \$605.18. (Exhibit 7)
12. On [REDACTED], 2022, the Appellant's Regions Bank checking account # [REDACTED] had an ending balance of \$0.00. (Exhibit 9: Regions Bank statement acct # [REDACTED])
13. On [REDACTED] 2022, the Department sent the Appellant a W-1348LTC, Verification We Need form. The Department requested the Appellant provide a copy of her divorce decree and copies of the most recent bank account statements for the following accounts showing that the accounts haven been spent down to under the \$1600.00 asset limit: Region Bank checking acct # [REDACTED], Region Bank checking account # [REDACTED], Region Bank savings acct # [REDACTED], Navy FCU checking account # [REDACTED], Navy FCU savings account ending in # [REDACTED], Navy FCU savings acct ending in [REDACTED], Chase savings account ending in # [REDACTED], and Chase Bank checking account ending in [REDACTED]. The due date for the requested information was [REDACTED] 2022. The Department indicated on the form that there is no eligibility for Title 19 Long Term Care Benefits are reduced below \$1600.00. (Exhibit 3: W-1348LTC, [REDACTED], 2022)
14. The Department did not receive verification by the due date of [REDACTED], 2022, that the Appellant's accounts had been spent down to under the \$1600.00 asset limit. (Department's testimony)
15. On [REDACTED] 2022, the Department determined the Appellant's bank account balances were as follows:

Acct #	Acct #	Acct #	Acct #	Acct #	Acct #	Acct #	Acct #	Acct #	Acct #
[REDACTED] Checking	[REDACTED] Savings	[REDACTED] Checking	[REDACTED] Savings	[REDACTED] Savings	[REDACTED] Checking	[REDACTED] Savings	[REDACTED] Savings	[REDACTED] checking	[REDACTED] savings
\$228.27	\$216.01	\$0.00	\$25.00	\$605.18	\$0.00	\$390.25	\$51.99	\$9.16	\$300.00
Total									

(Exhibit 5: Notice of Action, [REDACTED] 2022, Findings of Facts # 5 through # 12)

16. On [REDACTED] 2022, the Department sent the Appellant a Notice of Action, discontinuing the Appellant's Husky C, Medicaid benefits effective [REDACTED], 2022, for the reason, "the value of your assets is more than the amount allowed by this program". (Exhibit 5: Notice of Action, [REDACTED] 2022)
17. 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 [REDACTED] [REDACTED] 2022. Therefore, this decision is due not later than [REDACTED], 2022, 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 \$1600.00." Uniform Policy Manual ("UPM") § 4005.10(A)(2)(a)
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.

The Department correctly determined the Appellant's bank accounts are countable assets and must be counted toward the Medicaid asset limit of \$1600.00.

The Department correctly subtracted the Appellant's SSA and SSI income as a counted asset from the highest balance in accounts [REDACTED] and # [REDACTED].

The Department correctly determined the total assets of \$1825.86 exceed the asset limit of \$1600.00.

The Department correctly determined that the Appellant did not meet the eligibility requirement of having assets under the \$1600.00 asset limit.

The Department correctly discontinued the Appellant's Husky C Medicaid benefits because her assets were over the Medicaid limit of \$1600.00 for a household of one.

DECISION

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

Scott Zuckerman
Scott Zuckerman
Hearing Officer

CC: Rachel Anderson, Operations Manager, DSS, New Haven Regional Office
Mathew Kalarickal, Operations Manager, DSS, New Haven Regional Office
Ralph Filek, Operations Manager, DSS, New Haven Regional Office
Abdaleh Mohamoud, Fair Hearing Liaison, DSS, Hartford 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.