

**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 ID # [REDACTED]
REQUEST# [REDACTED]**

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2022, the Department of Social Services (the "Department") sent a Notice of Action ("NOA") to [REDACTED] (the "Appellant") notifying him that his HUSKY C Aid to the Aged, Blind and Disabled ("AABD") Medicaid coverage would be discontinued effective [REDACTED] 2022, as the value of his assets were more than the program allows.

On [REDACTED] 2022, the Appellant requested an administrative hearing to appeal the discontinuance of his HUSKY C AABD 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], 2022.

On [REDACTED] 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 hearing was held telephonically per the Appellant's request and the following individuals participated in the hearing:

[REDACTED], Appellant's Conservator of Estate, [REDACTED]
[REDACTED], Conservator of Estate Council, [REDACTED]
Dasheen Blizzard, Department's Representative
Joseph Alexander, Administrative Hearing Officer

The Appellant was not present and did not participate in the hearing as he was represented by his Conservator.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly determined the Appellant's countable assets exceeded the HUSKY C asset limit making the Appellant ineligible for HUSKY C AABD Medicaid benefits.

FINDINGS OF FACT

1. The Appellant is [REDACTED] ([REDACTED]) years old [REDACTED]. He is not married. (Dept. Ex.8: Case Notes)
2. On [REDACTED] 2022, the Department received a [REDACTED] Customer Statement for account ending in [REDACTED] for the period of [REDACTED] 2021, through [REDACTED] 2021, with an end balance of \$2,219.31. (Dept. Ex. 9: [REDACTED] Statements)
3. On [REDACTED], 2022, the Appellant's Conservator contacted the Department's Benefit Center to follow up on the documents submitted on [REDACTED] 2022. The Department did not act on the documents as it was determined there was not sufficient information present to do so. However, the Department did determine the Appellant's Medicaid benefits closed [REDACTED] 2022, in error (due to issue unrelated to issue of administrative hearing) thus they were reinstated effective [REDACTED] 2022, and scheduled to close again (due to excess assets) on [REDACTED], 2022. (Dept. Ex. 8: Case Note dated [REDACTED])
4. On [REDACTED], 2022, the Department received a [REDACTED] Customer Statement for account ending in [REDACTED] for the period of [REDACTED] 2022, through [REDACTED], 2022, with an end balance of \$3,956.00. (Dept. Ex. 8: Case Note dated [REDACTED])
5. On [REDACTED] 2022, an administrative hearing was requested to dispute the closure of the Appellant's HUSKY C AABD Medicaid benefits due to excess assets.
6. On [REDACTED] 2022, the Department's Escalation Unit received an email regarding the closure of the Appellant's Medicaid benefits. The documents submitted on [REDACTED], 2022, and [REDACTED] 2022, were reviewed and it was determined the Appellant's assets exceeded the \$1,600.00 HUSKY C AABD Medicaid asset limit and that the Appellant would need to reapply for said benefits and reduce his countable assets. (Dept. Ex. 8: Case Note dated [REDACTED])
7. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within [REDACTED] days of the request for

an administrative hearing. The hearing request was received on [REDACTED] 2022, making this decision due no later than [REDACTED] 2022.

CONCLUSIONS OF LAW

1. “The Department of Social Services is designated as the state agency for the administration of (1) the Connecticut energy assistance program pursuant to the Low Income Home Energy Assistance Act of 1981; (2) the state plan for vocational rehabilitation services for the fiscal year ending June 30, 1994; (3) the refugee assistance program pursuant to the Refugee Act of 1980; (4) the legalization impact assistance grant program pursuant to the Immigration Reform and Control Act of 1986; (5) the temporary assistance for needy families program pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; (6) the Medicaid program pursuant to Title XIX of the Social Security Act; (7) the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008; (8) the state supplement to the Supplemental Security Income Program pursuant to the Social Security Act; (9) the state child support enforcement plan pursuant to Title IV-D of the Social Security Act; (10) 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; and (11) services for persons with autism spectrum disorder in accordance with sections 17a-215 and 17a-215c.” Connecticut General Statutes (Conn. Gen. Stat.) § 17b-2
2. “‘AABD’ means the state supplement to the aged, blind or disabled administered pursuant to section 17b-600 of the Connecticut General Statutes” Regulations of Connecticut State Agencies (Regs., Conn. State Agencies) § 17b-198-2
3. 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))
4. “AABD and MAABD Assistance Unit. The assistance unit in AABD and MAABD consists of only one member. In these programs, each individual is a separate assistance unit. An eligible spouse in the home applies for and receives assistance as a separate assistance unit. Any other member of the household who meets the eligibility requirements for the program is also a separate assistance unit of one.” UPM § 2015.05

The Department correctly determined that the Appellant is considered a needs group of one.

5. "Assets Counted Toward the Asset Limit. 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: a. available to the unit; or b. deemed available to the unit." UPM § 4005.05(B)(1)
6. "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." UPM § 4005.05(B)(2)
7. "Types of Bank Accounts. 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." UPM § 4030.05(A)

The Department correctly determined the Appellant's [REDACTED] [REDACTED] checking account ending in [REDACTED] is considered a countable asset toward the HUSKY C AABD Medicaid program.

8. "Checking Account. 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)

The Department correctly determined the Appellant's countable assets exceeded the \$1,600.00 HUSKY C AABD Medicaid asset limit for the months of [REDACTED] 2022 and [REDACTED] 2022 as the following calculations show:

[REDACTED] 2022 Highest Balance \$3,115.00 – Income Deposit (Social Security) \$1,326.00 = \$1,789.00 balance.

[REDACTED] 2022 Highest Balance \$3,956.00 – Income Deposit (Social Security) \$1,326.00= \$2,630.00 (The deposits of \$522.00 and \$535.00 made on [REDACTED] were not deducted from the highest balance in [REDACTED] 2022 because the source of those deposits was not verified therefore the Department could not determine if they were income)

9. "Asset Limits for All Programs. The asset limits for the Department's programs are as follows. 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)

The Department correctly discontinued the Appellant's HUSKY C AAB Medicaid benefits effective [REDACTED] 2022, as the value of his countable assets exceeded the asset limit.

DECISION

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



Joseph Alexander
Administrative Hearing Officer

CC: Rachel Anderson, Operations Manager, DSS, New Haven Regional Office
Mathew Kalarickal, Operations Manager, DSS, New Haven Regional Officer
Dasheen Blizzard, Administrative 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.