

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 # ██████████
CLIENT # ██████████
REQUEST # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2022, the Department of Social Services (the "Department") sent a Notice of Action ("NOA") to ██████████ (the "Appellant") notifying her that her application for HUSKY C- Medically Needy Aged, Blind, Disabled Medicaid coverage was denied because the value of her assets were more than the program allows.

On ██████████ 2022, the Appellant requested an administrative hearing to appeal the denial of her HUSKY C application due to excess assets.

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 hearing was held in-person via computer connection with the ██████████ regional office per the Appellant's request with the following individuals:

██████████, Appellant
Steven Sheridan, Department's Representative
Joseph Alexander, Administrative Hearing Officer

The hearing record was left open [REDACTED] ([REDACTED] additional day to allow for the submission of documentation from the Department. The hearing record closed on [REDACTED] 2022.

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 Medicaid benefits.

FINDINGS OF FACT

1. The Appellant is [REDACTED] ([REDACTED] years old [DOB: [REDACTED] [REDACTED]]) and a recipient of Social Security Disability Income ("SSDI"). She is not married. (Dept. Ex.5: Online Application)
2. On [REDACTED], 2022, the Department received an Online Application ("ONAP") requesting medical benefits/health coverage for the Appellant only. On the ONAP the Appellant listed both [REDACTED] Checking and Savings Accounts under the "Cash, Bank Accounts and Other Assets" section. (Dept. Ex. 5: Online Application)
3. On [REDACTED] 2022, the Department performed an asset inquiry using the Asset Verification System ("AVS"). The AVS is part of a toolkit used to assist the Department with determining the eligibility of Medicaid applicants/recipients who require asset checks. (Hearing Record, Dept. Ex.4: AVS Inquiry-Request Details)
4. On [REDACTED], 2022, the Department received a response from the AVS showing the following [REDACTED] (" [REDACTED] ") accounts belonging to the Appellant:

Acct Holder	Acct Type	Acct #	Date	Balance
[REDACTED]	[REDACTED]	[REDACTED]	08/2022	\$2,435.66
			07/2022	\$5,100.49
			06/2022	\$6,000.00
			05/2022	\$6,2541.14
[REDACTED]	[REDACTED]	[REDACTED]	08/2022	\$435.66
[REDACTED]	[REDACTED]	[REDACTED]	08/2022	\$599.02
[REDACTED]	[REDACTED]	[REDACTED]	08/2022	\$599.02
[REDACTED]				
[REDACTED]				

██████████	██████████	██████████	08/2022	\$0.01
██████████	██████████	██████████	08/2022	\$0.01
██████████				
██████████	██████████	██████████	08/2022	\$1,377.80
██████████	██████████	██████████	8/2022	\$1,377.80
██████████			07/2022	\$1,740.69
				\$684.55
				\$141.86
██████████	██████████	██████████	08/2022	\$913.55
██████████	██████████	██████████	08/2022	\$913.55
██████████	██████████	██████████	08/2022	\$418.86
██████████	██████████	██████████	08/2022	\$0.02
			07/2022	\$0.02
			06/2022	\$0.02
			05/2022	\$0.02

5. On ██████████, 2022, the Department denied the Appellant's application because the calculated value of her assets (\$5,192.00) exceeded the \$1,600.00 asset limit of the HUSKY C Medicaid program. (Hearing Record, Dept. Ex. 2: NOA dated ██████████)
6. On ██████████ 2022, the Appellant requested an administrative hearing to dispute the denial of her application. ((Hearing Record)
7. On ██████████ 2022, the Appellant submitted a letter from ██████████. The letter identifies the Appellant by name and confirms she has a savings share, HSA share and checking share attached to the account but the letter does not identify an account number. (Appellant Ex. A: ██████████ dated ██████████)
8. On ██████████ 2022, the Appellant submitted a letter from ██████████ (letter dated ██████████). The letter provides information concerning account # ██████████. (Appellant Ex. B)
9. The Department did not send a W-1348 Proofs We Need form requesting verification of assets to the Appellant. (Hearing Record)

10. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within █ days of the request for an administrative hearing. The hearing request was received on █ 2022, which would make this decision due by █ 2022. The hearing record was left open █ (█) additional day however, making this decision due by █ 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. “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)
6. “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)
7. “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)
8. “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 equity in the Appellant’s ██████████ ██████████ Savings, Checking and “Other” accounts is counted toward the HUSKY C program asset limit.

9. “The Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit’s rights and responsibilities.” UPM § 1015.10 (A)

The Department did not inform the Appellant of the eligibility requirements of the program for which the Appellant applied for. The Department did not issue a W-1348 Proofs We Need form requesting verification of the Appellant’s assets.

DECISION

The Appellant's appeal is **REMANDED** to the Department.

The Department shall comply with the following:

1. The Department shall rescreen the Appellant's application for medical coverage effective the [REDACTED], 2022, submission date and leave said application in "pending" status
2. The Department shall send a W-1348 Proofs We Need form to the Appellant requesting proof of any/all assets needed to make an eligibility determination and allow the Appellant the standard [REDACTED] ([REDACTED]) day response time.
3. The Department shall take the appropriate action (approve/deny) following the [REDACTED] ([REDACTED]) day W-1348 response time depending on the response received, if any, from the Appellant.

Proof of compliance is due to the undersigned by [REDACTED], 2022, and shall consist of an updated Notice of Action.

Joseph Alexander
Administrative Hearing Officer

CC: Jessica Carroll, Operations Manager, DSS, Norwich Regional Office
Marybeth Mark, Administrative Hearing Liaison, DSS, Norwich 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.