

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

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

Client ID ██████████  
Case ID ██████████  
Request # 195079

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████, 2022, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) closing her Medicaid benefits under the Husky C – Aged, Blind, Disabled not eligible for State Supplement Cash (“Husky C”) program effective ██████████, 2022.

On ██████████, 2022, the Appellant requested an Administrative Hearing to contest the Department’s decision to close 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, 17b-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an Administrative Hearing. The hearing which was scheduled to be held in person was held telephonically at the request of the Appellant.

The following individuals participated in the hearing:

████████████████████, Appellant  
████████████████████, Appellant’s ██████████  
████████████████████, ██████████ Interpreter from Interpreters and Translators, Inc (“ITI”)  
Javier Rivera, Department Representative  
Jessica Gulianello, Fair Hearing Officer

The hearing record remained open to allow the Department time to submit additional information. Additional documents were received on [REDACTED], 2022, and the hearing record closing accordingly.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's [REDACTED], 2022, action to close the Appellant's Medicaid benefits under the Husky C program effective [REDACTED], 2022, due to excess assets was correct.

### **FINDINGS OF FACT**

1. On [REDACTED], 2021, the Department mailed the Appellant a renewal notice with a renewal form enclosed to evaluate her continued eligibility for Husky C. (*Department's Testimony*)
2. On [REDACTED], 2022, the Department mailed the Appellant a Warning Notice for both the Husky C program and the State Administered General Assistance ("SAGA") cash program. The notice stated, "To keep getting your benefits without interruption, you must return the form to us by [REDACTED]/2021. If you do not return the form, complete an interview if required and send in all proofs, we will discontinue your benefits effective [REDACTED]/2021 because you did not complete your renewal on time." (*Exhibit 11: Warning Notice, [REDACTED]/2021*)
3. On [REDACTED], 2021, the Department received [REDACTED] completed online renewal form ("ONRE") signed by both the Appellant and her [REDACTED], [REDACTED] who is an authorized representative ("AREP"). (*Exhibit 6: ONRE, Exhibit 14: ImpaCT Document Search, Hearing Record*)
4. On [REDACTED], 2021, the Department reviewed the ONRE and completed a telephone interview with the AREP in relation to the SAGA cash program. (*Exhibit 1: Case Notes*)
5. The Appellant is a [REDACTED] ([REDACTED]) year old (D.O.B [REDACTED]) [REDACTED]. (*Hearing Record*)
6. The US Citizenship and Immigration Services ("USCIS") granted the Appellant [REDACTED] status with a Date of Entry ("DOE") of [REDACTED], 2010. The Appellant is sponsored by her [REDACTED], [REDACTED]. (*Hearing Record*)
7. The Appellant's [REDACTED], AREP and Sponsor are one and the same. (*Hearing Record*)

8. The Appellant has no income and no work history in the U.S. (*Hearing Record*)
9. The Appellant’s Sponsor is employed. (*Sponsor Testimony*)
10. The asset limit for Husky C is \$1,600. (*Hearing Record*)
11. The Appellant does not own any assets. (*Hearing Record*)
12. On [REDACTED], 2021, the Department utilized [REDACTED] [REDACTED] (“[REDACTED]”) to verify the Appellant’s Sponsor is the owner of the following assets: (*Exhibit 2: AVS Results*)

Bank Name	Account Type	Account # Ending	Balance
[REDACTED] Bank	[REDACTED]	[REDACTED]	\$1,008.82
[REDACTED] Bank	[REDACTED]	[REDACTED]	\$14,481.29
[REDACTED] Bank	[REDACTED]	[REDACTED]	\$23,880.64
[REDACTED] Bank	[REDACTED]	[REDACTED]	\$1,897.29
[REDACTED] Bank	[REDACTED]	[REDACTED]	\$1,722.38

13. On [REDACTED], 2021, the Department issued the Appellant a Proofs We Need (“W-1348”) notice requesting proof that the Appellant had applied for [REDACTED] [REDACTED] benefits due by [REDACTED], 2021, required to complete the Husky C renewal. (*Exhibit 12: W-1348, [REDACTED]/2021*)
14. On [REDACTED], 2021, the Department also issued the Appellant a Worker Generated Request for Proofs (“W-1348M”) requesting the following documents from the Appellant’s Sponsor: completed W727 Sponsor Information form (mailed separately), paystubs, and tax return to verify dependents due by [REDACTED], 2021, required to complete the Husky C renewal. (*Exhibit 12: W-1348M, [REDACTED]/2021*)
15. On or about [REDACTED], 2022, the AREP contacted the Department’s Benefit Center concerning the Appellant’s medical coverage. The Department updated the Sponsors assets and mailed the Appellant a NOA advising Husky was closed effective [REDACTED], 2022, citing the following reasons: “The value of your asset(s) is more than the amount allowed by this program” and “Does not meet program requirements”. (*Exhibit 7: NOA, [REDACTED]/2022*)
16. On [REDACTED], 2022, the Department issued the Appellant a Notification (“W-3016”) requesting a completed W727 form, a completed W-650 form, and bank

statements. The W-3016 didn't reflect a program or provide a due date. (*Exhibit 12: W-3016, [REDACTED]/2022*)

17. The Appellant's Sponsor testified that the value of the bank accounts owned by herself, and her [REDACTED] has changed since [REDACTED] 2021; however, she maintains that the combined account balances do exceed \$1,600. (*Sponsor Testimony*)
18. The Appellant is not a recipient of [REDACTED] or the Medicare Savings Program. (*Hearing Record*)
19. 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], 2022. This decision is due no later than [REDACTED], 2022, and is therefore timely. (*Hearing Record*)

### **CONCLUSIONS OF LAW**

1. Section 17b-2(6) of the Connecticut General Statutes ("Conn. Gen. Stat.") provides the following: "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."
2. Conn. Gen. Stat. § 17b-261b(a) provides the following: the Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by the Department."
3. *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)) provides the following: "The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law."

#### **The Department has the authority to administer the Medicaid program.**

4. UPM § 1545 provides the following: The eligibility of an assistance unit is periodically redetermined by the Department. During the redetermination, all factors relating to eligibility and benefit level are subject to review. This chapter discusses the requirements of the redetermination process, its purpose, and how the Department conducts a redetermination of eligibility.

UPM § 1545.05(A) provides the following:

1. Eligibility is redetermined:
  - a. Regularly on a scheduled basis; and
  - b. As required on an unscheduled basis because of known, questionable or anticipated changes in assistance unit circumstances.

2. A redetermination constitutes:

- a. A complete review of AFDC, AABD or MA certification.
- b. A reapplication for the FS program.

3. In general, eligibility is redetermined through the same methods by which eligibility is initially determined at the time of application.

UPM § 1545.15(A)(1) provides the following: “The Department is required to provide assistance units with timely notification of the scheduled redetermination.”

UPM § 1545.15(B)(1)(b) provides the following: “Upon implementation of the EMS system, notice of the redetermination must be issued no earlier than the first day, or later than the last day of the month preceding the redetermination month.”

UPM § 1545.10(A)(1)(d) provides the following: “The final month of the redetermination period is considered to be the redetermination month, even if the review is conducted in the prior month.”

UPM § 1545.25(C) provides the following: “The Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination.”

**The Department annually conducts a redetermination process to ensure recipients of Medicaid continue to meet the eligibility criteria for the program. The Husky C renewal was due in [REDACTED] 2021.**

**The Department correctly issued the Appellant a Renewal Notice with a Renewal Form enclosed on [REDACTED], 2021, requesting completion.**

5. UPM § 1545.25(A) provides the following: “Assistance units are required to complete a redetermination form at each redetermination.”

UPM § 1545.30(B)(1) provides the following: “The AFDC, AABD, or MA redetermination must be completed by the appropriate individual listed below. The AABD or MA recipient.”

UPM § 1545.35(B)(1)(b) provides the following: “An assistance unit must submit the redetermination form by the following date in order to be considered timely filed. All other PA and FS non-monthly reporting assistance units must file by the fifteenth day of the redetermination month.”

UPM § 1545.35(B)(2) provides the following:

The assistance unit is considered to have timely filed if by the filing deadline the redetermination form is:

- a. Delivered in person or by mail to the appropriate district office, or for SSI assistance units being redetermined for food stamps, to an SSA office; and
- b. Complete to the extent that a legible name and address appear on the form; and
- c. Signed by the applicant or other qualified individual.

**The Department received a completed ONRE from the Appellant timely on [REDACTED], 2021.**

6. UPM § 1545.35(A)(2) provides the following: The following actions must be timely completed in order to receive uninterrupted benefits:
  - a. The redetermination form must be filed and completed; and
  - b. The office interview must be completed, unless exempt from the requirement; and
  - c. Required verification of factors that are conditions of eligibility must be provided.

UPM § 1545.35(A)(1) provides the following: “Assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions of the redetermination process.”

UPM § 1545.40(B)(1)(a) provides the following: If eligibility has not been reestablished by the end of the redetermination period, the department continues to provide assistance under the following conditions if it appears that the assistance unit will remain eligible:

1. When the agency is responsible for not completing the redetermination; or
2. When the assistance unit fails to act timely but completes the redetermination form and any required interview by the last day of the redetermination month; or
3. When the assistance unit demonstrates good cause for failing to complete the redetermination process.

**The Department continued to evaluate the Appellant’s eligibility for Husky C beyond the certification cycle end date of [REDACTED] 2021.**

7. UPM § 1545.20(A)(1) provides the following: “Except for the following rules, the redetermination interview requirements are the same as the requirement established for the application process. (Cross reference: 1505)”

UPM § 1545.20(A)(2) provides the following: “In-office interview are required for AFDC assistance units at least once every twelve months, but no for SNAP, AABD, and MA assistance units.”

UPM § 1505.30(A)(3) provides the following: “Office interviews are not required for AABD or MA applicants. The application process may be completed entirely through mail correspondence and telephone contact.”

**The Department correctly determined an interview with the Appellant was not a requirement for the Husky C. The Department did however conduct an interview as a requirement for a co-existing program (SAGA) that was also due for renewal.**

8. UPM § 2525.15 provides the following: (A) To meet the age requirement for State Supplement and related Medicaid based on disability, the individual must be eighteen (18) years of age through sixty-five (65) years of age. (B) To meet the age requirement for State Supplement and related Medicaid based on old age, the individual must be sixty-five (65) years of age or older. (C) There is no age requirement for an individual qualifying for State Supplement benefits as a resident of a long term care facility.
9. UPM § 2540.96 provides the following: Medically Needy Aged, Blind and Disabled (A) Coverage Group Description. This group includes individuals who:
  1. meet the MAABD categorical eligibility requirements of age, blindness or disability; and
  2. are not eligible as categorically needy; and
  3. meet the medically needy income and asset criteria.(B) Duration of Eligibility: Individuals qualify for Medicaid as medically needy under this coverage group for every month that they meet all of the above conditions.  
(C) Income and Asset Criteria: The Department uses the MAABD medically needy income and asset criteria to determine eligibility under this coverage group, including:
  1. medically needy deeming rules;
  2. the Medically Needy Income Limit (MNIL);
  3. the income spend-down process;
  4. the medically needy asset limits.

**The Department correctly determined the Appellant meets the requirement for Husky C.**

10. UPM § 2015.05 provides the following: (A) The assistance unit in AABD and MAABD consists of only one member. In these programs, each individual is a separate assistance unit. (B) An eligible spouse in the home applies for and receives assistance as a separate assistance unit. (C) Any other member of the household who meets the eligibility requirements for the program is also a separate assistance unit of one.

**The Department correctly determined the assistance unit is comprised of one individual.**

11. UPM § 3005.08 (B) provides the following: Eligible Non-Citizens – Arriving in U.S on or after 8/22/1996 :

An eligible non-citizen is one who arrives in the U.S. on or after August 22, 1996 and:

1. is admitted to the U.S. as a refugee under section 207 of the Immigration and Nationality Act; or

2. is granted asylum under section 208 of such act; or

3. whose deportation is being withheld under section 243(h) of such act (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of such act (as amended by section 305(a) of division C of Public Law 104-208); or

4. is lawfully residing in the state and is:

a. a veteran (as defined in section 101, 1101, or 1301, or as described in section 107 of title 38, United States Code) with a discharge characterized as an honorable discharge and not on account of alienage and who fulfills the minimum active-duty service requirements of section 5303A(d) of title 38 U.S.C.; or

b. on active duty (other than active duty for training) in the Armed Forces of the United States; or

c. the spouse or unmarried dependent child of an individual described in subparagraph a or b or the unremarried surviving spouse of a deceased individual described in subparagraph a or b if the marriage fulfills the requirements of section 1304 of title 38, U.S.C.; or

5. is granted status as a Cuban and Haitian entrant under section 501 (e) of the Refugee Education Assistance Act of 1980; or

6. is admitted to the U.S. as an Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in section 101 (e) of Public Law 100-202 and amended by the 9th provision under MIGRATION AND REFUGEE ASSISTANCE in title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1989, Public Law 100-461, as amended); or

7. is an American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act apply; or

8. is a member of an Indian tribe under section 4 (e) of the Indian Self-Determination and Education Assistance Act; or



9. is receiving SSI; or
10. has lawfully resided in the U.S. for at least five years and:
- a. is lawfully admitted to the U.S. for permanent residence under the Immigration and Nationality Act; or
  - b. is paroled into the U.S. under section 212 (d) of such act for a period of at least one year; or
  - c. is granted conditional entry pursuant to section 203 (a) (7) of such act as in effect prior to April 1, 1980; or
  - d. has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent, or by a member of the spouse or parent's family living with the non-citizen and the spouse or parent allowed such battery or cruelty to occur, but only if:
    - (1) the Department determines that the battery or cruelty has contributed to the need for medical assistance; and
    - (2) the non-citizen has been approved or has an application pending with the INS under which he or she appears to qualify for:
      - (a) status as a spouse or child of a U.S. citizen pursuant to clause (ii), (iii) or (iv) of section 204(a)(1)(A) of the Immigration and Nationality Act; or
      - (b) classification pursuant to clause (ii) or (iii) of section 204(a)(1)(B) of such act; or
      - (c) suspension of deportation and adjustment of status pursuant to section 244(a)(3) of such act; or
      - (d) status as a spouse or child of a U.S. citizen pursuant to clause (i) of section 204(a)(1)(A) of such act, or classification pursuant to clause (i) of section 204(a)(1)(B) of such act; and
    - (3) the individual responsible for such battery or cruelty is not presently residing with the person subjected to such battery or cruelty; or
  - e. is a non-citizen whose child has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent of the non-citizen (without the active participation of the non-citizen in the battery or cruelty), or by a member of the spouse or parent's family living with the non-citizen and the spouse or parent allowed such battery or cruelty to occur, but only if the criteria in subparagraph d (1), (2) and (3) above are met; or

f. is a non-citizen child living with a parent who has been battered or subjected to extreme cruelty in the U.S. by that parent's spouse or by a member of the spouse's family living with the parent and the spouse allowed such battery or cruelty to occur, but only if the criteria in subparagraph d (1), (2) and (3) above are met; or

11. is lawfully residing in the United States and who was a member of a Hmong or Highland Laotian Tribe at the time that tribe rendered assistance to United States personnel during the Viet Nam era. The individual's spouse, surviving spouse and unmarried dependent children are also eligible.

**The Department correctly determined the Appellant meets the technical non-citizen eligibility requirements for Husky C as she is a [REDACTED] who has lawfully resided in the U.S for more than [REDACTED] years.**

12. UPM § 1015.05(c) provides the following: "The Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination."

UPM § 1015.10(A) provides the following: "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 § 1555.15(B) provides the following: "Changes affecting eligibility or benefits level include, but are not limited to the following: (1) changes in the source of income; (2) changes in the amount of income or resources, regardless of whether or not the income is countable. ..."

UPM § 5000.01 provides the following definitions:

"Available income is all income from which the assistance unit is considered to benefit, either through actual receipt or by having the income deemed to exist for its benefit."

"Counted income is that income which remains after excluded income is subtracted from the total of available income."

"A deemor is a person from whom income or assets are deemed available to the assistance unit."

"Deemed income is that portion of income belonging to someone who is not a member of assistance unit which is considered available to the unit."

UPM § 5020.60(A) provides the following: Sponsors of Non-Citizens Who Entered the U.S. on or after August 22, 1996 and Executed the Revised Affidavit of Support (I-864 ) or the Contract Between Sponsor and Household Member (I-864A)

Circumstances Under Which Income is Deemed:

1. The Department deems the income of a non-citizen's sponsor and the sponsor's spouse, if the spouse signed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A) to the non-citizen under the following circumstances:
  - a. the sponsor and the sponsor's spouse are not members of the same assistance unit as the non-citizen; and
  - b. the non-citizen must have a sponsor under USCIS rules; and
  - c. the sponsor and the sponsor's spouse have executed an Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A) pursuant to 8 U.S.C. § 1183a (a) (section of the Personal Responsibility and Work Opportunity Act of 1996, amending Title II of the Immigration and Nationality Act by adding section 213(a) on behalf of the non-citizen; and
  - d. the sponsor is an individual rather than an institution; and
  - e. none of the exceptions set forth in Paragraph C of this section are applicable.
2. The Department deems income in accordance with Paragraph A.1 of this section, whether or not the sponsor lives with the non-citizen.
3. The Department deems income in accordance with Paragraph A.1 until one of the following events occurs:
  - a. the non-citizen becomes a citizen of the United States; or
  - b. the non-citizen works 40 qualifying quarters, as defined under Title II of the Social Security Act; or
  - c. the non-citizen is credited for having worked 40 qualifying quarters if, beginning January 1, 1997, the qualifying quarters were worked when the non-citizen did not receive any federal means-tested public benefit, and either
    - (1) the qualifying quarters were worked by a parent of such non-citizen while the non-citizen was under 18 years of age; or
    - (2) the qualifying quarters were worked by a spouse of such non-citizen during the couple's marriage and the non-citizen remains married to such spouse or such spouse is deceased; or
    - (3) the non-citizen or the sponsor dies.

UPM § 5099.05 provides the following: Department policy provides in pertinent part: "All income must be verified as an eligibility requirement at the time of application, at each redetermination of eligibility, and whenever the income changes."

**The Department correctly utilized the [REDACTED] to verify the Appellant does not have income.**

**The Department correctly determined that the Department deems the Sponsor's income, and it must be verified at the time of each redetermination, it correctly**

**issued a W-1348M on [REDACTED], 2021, requesting the Sponsor's paystubs and tax return.**

13. UPM § 1500.01 provides the following: "Verification is the act of confirming a fact, circumstance or condition through direct evidence or other reliable documentation or collateral contact."

UPM § 1540.10 provides the following: Methods of Verification. 1. Work with the client to determine whether the client or the Department will obtain verification for each factor which needs to be verified, and the best method for obtaining the verification. 2. For each factor which needs to be verified, explore the client's ability to obtain necessary verification, considering the following: documents the client already has in his or her possession; documents which the client can readily obtain; documents which are less readily available, but can be obtained without extreme efforts; readily available alternative forms of verification; possible barriers to obtaining verification, including language, illiteracy, lack of transportation, or the inability to pay a required fee; any unusual or extenuating circumstances.

UPM § 4000.01 provides the following: "A counted asset is an asset which is not excluded and either available or deemed available to the assistance unit." "An available asset is cash or any item of value which is actually available to the individual or which the individual has the legal right, authority or power to obtain, or to have applied for, his or her general or medical support." "The record owner of an asset is the person who has apparent ownership interest as shown on a title, registration, or other documentation." "The legal owner of an asset is the person who is legally entitled to enjoy the benefit and use of the asset."

UPM § 4005.05(D) provides the following: "The Department compares the assistance unit's equity in counted assets with the program asset limit when determining whether the unit is eligible for benefits."

UPM § 4099.05(A)(1) provides the following: "The assistance unit must verify its equity in counted assets."

UPM § 4005.05 (A) provides for every program administered by the Department, there is a definite asset limit.

UPM § 4005.10(A)(2)(a) provides the asset limit is \$1,600 for a needs group of one.

UPM § 4025.05(A) provides the following: 1. Deemed assets are assets which are owned by individuals who are not members of the assistance unit, but which are considered available to the unit. 2. The Department uses the principles described in this section to evaluate the assets of deemors. 3. Only those assets which would be considered counted may be deemed to the assistance unit. 4. The Department adds the value of those assets which are deemed to the assistance unit to the value of the unit's own counted assets in computing the total value of the unit's counted assets.

5. A deemor may or may not be a member of the needs group. 6. The Department establishes the appropriate asset limit in determining the assistance unit's eligibility based on the number of assistance unit members plus the number of deemors in the needs group. 7. Subject to the conditions described in this chapter, the Department considers an asset owned by or deemed available to any member of the assistance unit as available to the unit as a whole.

UPM § 4025.45(A) provides the following: Sponsors of Non-Citizens Who Entered the U.S. on or after August 22, 1996 and Executed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A). Circumstances Under Which Assets are Deemed:

1. The Department deems the assets of a non-citizen's sponsor and the sponsor's spouse, if the spouse signed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A), to the non-citizen under the following circumstances:

- a. the sponsor and the sponsor's spouse are not members of the same assistance unit as the non-citizen; and
- b. the non-citizen must have a sponsor under USCIS rules; and
- c. the sponsor and the sponsor's spouse have executed an Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A) pursuant to 8 U.S.C. § 1183a (a) (section 423 of the Personal Responsibility and Work Opportunity Act of 1996, amending Title II of the Immigration and Nationality Act by adding section 213A) on behalf of the non-citizen; and
- d. the sponsor is an individual, rather than an institution; and
- e. none of the exceptions set forth in Paragraph C of this section are applicable.

2. The Department deems assets in accordance with Paragraph A.1 of this section, whether or not the sponsor lives with the non-citizen.

3. The Department deems assets in accordance with Paragraph A.1 until one of the following events occurs:

- a. the non-citizen becomes a citizen of the United States; or
- b. the non-citizen works 40 qualifying quarters as defined under Title II of the Social Security Act; or
- c. the non-citizen is credited for having worked 40 qualifying quarters if, beginning January 1, 1997, the qualifying quarters were worked when the non-citizen did not receive any federal means-tested public benefit and either
  - (1) the qualifying quarters were worked by a parent of such non-citizen while the non-citizen was under 18 years of age; or
  - (2) the qualifying quarters were worked by a spouse of such non-citizen during the couple's marriage and the non-citizen remains

married to such spouse or such spouse is deceased; or  
d. the sponsor or the non-citizen dies.

**The Department correctly determined the asset limit for Husky C is \$1,600.**

**The Department correctly determined the Appellant does not own any assets.**

**The Department correctly determined the Sponsor's bank accounts to be deemed assets and as such a portion is considered available to the Appellant.**

**While it can be argued that the Department failed to obtain ██████ bank account balances by entering amounts verified as of ██████ 2021 in ██████ of 2022 (approximately ██████ months later); the Sponsor provided testimony asserting the combined balances of the bank accounts in question remained more than \$1,600 and presently still exceed said amount.**

14. Title 42 Section 433.400 (c)(1)(ii) of the Code of Federal Regulations ("C.F.R") provides the following: Any quarter beginning after November 2, 2020, through the quarter in which the public health emergency for COVID-19, including any extensions, ends, a state must meet the requirements described in paragraphs (c)(2) of this section.

42 CFR § 433.400(c)(2) provides the following: Except as provided in paragraph (d) of this section, for all beneficiaries validly enrolled for benefits under the state plan, a waiver of such plan, or a demonstration project under section 1115(a) of the Act as of or after March 18, 2020, the state must maintain the beneficiary's enrollment as follows, through the end of the month in which the public health emergency for COVID-19 ends: (i) (A) For beneficiaries whose Medicaid coverage meets the definition of MEC in paragraph (b) of this section as of or after March 18, 2020, the state must continue to provide Medicaid coverage that meets the definition of MEC, except as provided in paragraph (c)(2)(i)(B) of this section. (B) For beneficiaries described in paragraph (c)(2)(i)(A) whom the state subsequently determines are eligible for coverage under a Medicare Savings Program eligibility group, the state satisfies the requirement described in paragraph (c)(2) of this section if it furnishes the medical assistance available through the Medicare Savings Program. (ii) For beneficiaries whose Medicaid coverage as of or after March 18, 2020 does not meet the definition of MEC in paragraph (b) of this section but does include coverage for testing services and treatments for COVID-19, including vaccines, specialized equipment, and therapies, the state must continue to provide Medicaid coverage that includes such testing services and treatments. (iii) For beneficiaries not described in paragraph (c)(2)(i) or (ii) of this section, the state must continue to provide at least the same level of medical assistance as was provided as of or after March 18, 2020. (iv) If a state determines that a validly enrolled beneficiary is no longer eligible for Medicaid, including on a procedural basis, the state meets the requirements described in paragraph (c)(2)(i), (ii), or (iii)

of this section by continuing to provide the same Medicaid coverage that the beneficiary would have received absent the determination of ineligibility.

UPM § 1570.10(A)(1) provides the following: Notice Requirements: Except in situations described below, the Department mails or gives adequate notice at least ten days prior to the date of the intended action if the Department intends to: discontinue, terminate, suspend or reduce benefits.

**The Appellant was previously validly enrolled in Husky C.**

**The Appellant is not a recipient of [REDACTED].**

**The Appellant is, therefore, ineligible, and not a recipient of the Medicare Savings Program (“MSP”).**

**The Department failed to consider that the Appellant’s Husky C coverage meets the definition of MEC as outlined above and as such the Department must maintain the Appellant’s enrollment in Husky C through the end of the month in which the public health emergency for Covid-19 ends.**

**The Department incorrectly issued the Appellant a NOA on [REDACTED], 2022, closing Husky C coverage effective [REDACTED], 2022.**

**DECISION**

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

**ORDER**

- 1). The Department must reopen the Appellant's Husky C medical benefits effective [REDACTED], 2022, and maintain coverage through the end of the month in which the public health emergency for Covid-19 ends or until the state is directed otherwise pursuant to the C.F.R, whichever occurs first.
- 2). Compliance is due within 10 days of the date of this hearing decision.

*Jessica Gulianello*

---

Jessica Gulianello  
Fair Hearing Officer

CC: Javier Rivera, Brian Sexton (SSOM) – [REDACTED] DSS



## **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.