

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

██████████ 2024  
SIGNATURE CONFIRMATION

CASE # ██████████  
CLIENT ID # ██████████  
REQUEST # ██████████

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2023, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) regarding the denial of her HUSKY C Medicaid benefits application due to the value of her household’s countable assets exceeding this programs asset limit.

On ██████████ 2023, the Appellant requested an administrative hearing to dispute the denial of her application.

On ██████████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing to be held on ██████████, 2024, via telephone conference.

On ██████████ 2024, the Appellant requested the administrative hearing be rescheduled due to issues she was experiencing with connecting to the conference.

On ██████████ 2024, the OLCRAH issued a notice scheduling the administrative hearing to be held on ██████████ 2024, via telephone conference.

On [REDACTED] 2024, 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 with the following individuals participating:

[REDACTED], Appellant  
Christopher Filek, Department's Representative  
Joseph Alexander, Administrative Hearing Officer

### **STATEMENT OF THE ISSUE**

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

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] years old and resides in the community with her spouse. (Exhibit 5: Case Details Page)
2. On [REDACTED] 2023, the Appellant applied for medical coverage/assistance. (Exhibit 5: Case Details)
3. On [REDACTED] 2023, the Department denied the Appellant's application citing the reason as, "Medical denied-both HOH and spouse were denied medical benefits, as HOH is on Medicare." (Exhibit 5: Case Details)
4. On [REDACTED] 2023, the Department determined the [REDACTED] 2023, denial was incorrect. The Department rescreened the Appellant's application effective the [REDACTED] 2023, submission date and left the application in "pending" status as verification of the household's assets was needed to determine program eligibility. (Exhibit 5: Case Details, Hearing Record)
5. On [REDACTED] 2023, the Department mailed a W-1348 "Proofs We Need" letter to the Appellant, requesting she submit three full months of both checking account and savings account statements for all active accounts. Additionally, if any accounts had been closed, proof of closure would need to be submitted. (Exhibit 3: W-1348 "Proofs We Need")
6. On [REDACTED] 2023, the Department received [REDACTED] checking accounts statements (account ending in [REDACTED] and account ending in [REDACTED]) for the period of [REDACTED] [REDACTED] 2023, through [REDACTED] [REDACTED], 2023. (Exhibit 2: [REDACTED] [REDACTED] Statements)

7. On [REDACTED], 2023, the Department determined the balances of the Appellant's countable assets ([REDACTED] checking accounts), as of [REDACTED], 2023, exceeded \$5,000 which exceeded the \$2,400.00 HUSKY C Medicaid asset limit (for married couples). (Exhibit 2: [REDACTED] Statements, Exhibit 5: Case Details, Hearing Record)
8. On [REDACTED] 2023, a NOA was sent to the Appellant regarding the denial of her application for HUSKY C Medicaid benefits. (Exhibit: 4: Notice of Action)
9. On [REDACTED] 2023, the Appellant requested an Administrative Hearing to dispute the Department's decision to deny her application for HUSKY C Medicaid.
10. The Appellant does not dispute the Department's calculation of her household's countable assets. (Appellant Testimony)
11. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a hearing be held, and a decision be issued within [REDACTED] days of the request for an administrative hearing. The hearing request was received on [REDACTED] 2023. Due to the Appellant's request for a reschedule, an additional [REDACTED] days were added to the due date of this decision. Therefore, this decision is due no later than [REDACTED] 2024.

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.

#### **The Department has the authority to administer and oversee Medicaid.**

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. UPM § 1015.10 (A) provides that 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.

**The Department correctly issued a request for information (W-1348) directly to the Appellant on [REDACTED], 2023. The request informed the Appellant what information needed to be submitted and by what date in order for the Department to determine HUSKY C Medicaid eligibility.**

4. UPM § 4030 provides that the Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits.
5. UPM § 4030.05 A. provides for Types of Bank Account: Bank accounts include the following. This list is not all inclusive. 1. Savings account; 2. Checking account.

UPM § 4030.05 (B) provides for treatment of assets in 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.

**The Department correctly determined the [REDACTED] accounts were considered countable assets when determining eligibility for HUSKY C Medicaid coverage.**

6. UPM § 4005.05 (A)(1) provides that 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)(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.

UPM § 4015.05 (B)(1)(2) provides that the burden is on the assistance to demonstrate that an asset is inaccessible. For all programs except Food Stamps, in order for an asset to be considered inaccessible, the assistance unit must cooperate with the Department as directed, in attempting to gain access to the asset.

**The Department correctly determined the [REDACTED] accounts were both available and accessible to the Appellant as her name is listed as one of the holders of said accounts.**

7. UPM § 4005.05 (D)(2) provides that an assistance unit is not eligible for benefits under a particular program if the unit's equity in counted assets exceeds the asset limit for the particular program.

UPM § 4099.05 (A)(B) provides that the assistance unit must verify its equity in counted assets and must verify that it has properly reduced its equity in counted assets to within the program's limit.

UPM § 4005.10 (A)(2)(a) provides that the Medicaid asset limit for a needs group of two is \$2,400.00 per month.

UPM § 4005.15 (A) (2) provides that in the Medicaid program at the time of application, the assistance unit is ineligible until the first day of the month in which it reduces its equity in counted assets to within the asset limit.

**The Department correctly determined the Appellant's household's countable assets exceed \$2,400.00.**

**The Department correctly denied HUSKY C Medicaid coverage for the month of [REDACTED] and ongoing as the Appellant had not reduced the countable assets to within the program limit.**

**DECISION**

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

*Joseph Alexander*  
**Joseph Alexander**  
**Administrative Hearing Officer**

CC: Brian Sexton, Operations Manager, DSS, Middletown Regional Office  
Christopher Filek, Administrative Hearing Liaison, DSS, Middletown 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, what new evidence has been discovered or what other good cause exists. If the request for reconsideration is granted, the appellant will be notified with **25** days of the request date. No response within **25** days means 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 date 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.