

SPOUSAL SUPPORT – MEDICAID
FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF GREENE

In the Matter of a Proceeding for Support under
Article 4 of the Family Court Act and Articles 3 and
5 of the Social Services Law

Docket No:

KIRA POSPESEL, as Commissioner of the
Greene County Department of Social Services
(o/b/o [REDACTED])

PETITION

Petitioner,

- against -

[REDACTED]
Respondent

TO THE FAMILY COURT:

The undersigned Petitioner respectfully shows that:

FIRST: Petitioner is Kira Pospel, Commissioner of the Greene County Department of Social Services, whose official address is 411 Main Street, Catskill, New York, 12414, in the County of Greene, and is authorized to originate this proceeding pursuant to Social Services Law §§ 102 and 366(3)(a)(b), and Article 4 of the Family Court Act of the State of New York, and brings these proceedings to compel Respondent to contribute to the support of [REDACTED], a person being supported at public expense.

SECOND: Upon information and belief, [REDACTED] and Respondent [REDACTED] were married on September 23, 1979 in [REDACTED], and continue to be husband and wife. See attached Exhibit A.

THIRD: [REDACTED] is presently residing at [REDACTED], and is a recipient of Medicaid assistance.

FOURTH: Upon information and belief, the Respondent is presently residing at [REDACTED].

FIFTH: Under Social Services Law §§ 101 and 102 and Family Court Act §§ 412 and 415, Respondent is legally responsible, if of sufficient ability, to contribute towards the cost of [REDACTED]'s medical care. On April 29, 2022, Respondent filed a spousal refusal document which is attached as Exhibit B.

SIXTH: Upon information and belief, based upon information supplied in connection with [REDACTED]'s Medicaid application on April 29, 2022. The amount requested to be contributed towards [REDACTED]'s cost of care from Respondent is \$656.00 per month, (\$6,296.49 gross income – \$235.60 health insurance premium deductions – \$3,435.00 Maximum Monthly Maintenance Needs Allowance).

SEVENTH: Upon information and belief the Respondent has resources valued at \$929,773.42. (\$1,068,673.42 total resources - \$1,500.00 burial disregard - \$137,400 Federal Maximum Community Spouse Resource Allowance).

EIGHTH: Upon information and belief, and the facts set forth in the attached Affidavit by [REDACTED], Senior Social Welfare Examiner, and after having been given notice by the Greene County Department of Social Services, said Respondent, on or about January 1, 2022, and subsequently thereto, has failed to contribute and refuses to contribute towards said spouse's care according to her ability.

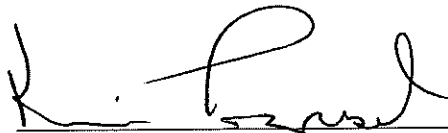
NINETH: No previous application has been made to any Court or Judge for the relief herein request.

WHEREFORE, Petitioner prays for an Order of Support directing Respondent to contribute towards the medical care of [REDACTED] in the amount of \$46,612.72 from January 1, 2022 to September 16, 2022 and any future payments made by Medicaid since September 17, 2022 going forward, on an ongoing and recurring monthly basis until Respondent's resources are at or below \$137,400 (Federal Maximum Community Resource Allowance) for the care of [REDACTED], and for such other and further relief as the law provides.

Dated:

09/28/22

Kira Pospesel, Commissioner
Greene County Department of Social Services



KIRA POSPESEL, Commissioner

VERIFICATION IN PROCEEDING
BY GOVERNMENTAL AGENCY

STATE OF NEW YORK)
COUNTY OF GREENE) SS:

KIRA POSPESEL, being duly sworn, deposes and says:

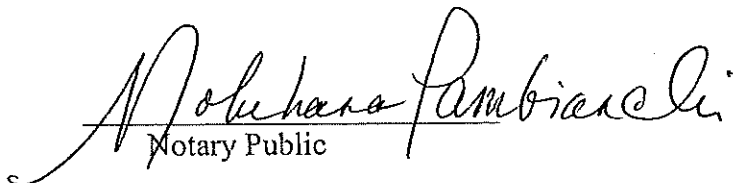
That I am the Commissioner of the Greene County Department of Social Services.

That I am acquainted with the facts and circumstances of the above-entitled proceeding that I have read the foregoing Petition and know the contents thereof; that the same is true to my own knowledge except as to those matters therein stated to be alleged upon information and belief, and that as to those matters, I believe it to be true.

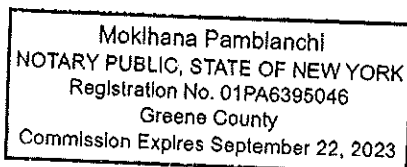


KIRA POSPESEL, Commissioner
Greene County Department of Social Services

Sworn to before me this
28th day of September, 2022



Notary Public



FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF GREENE

In the matter of a Proceeding for Support under
Article 4 of the Family Court Act and Articles 3 and
5 of the Social Services Law

Docket No:

KIRA POSPESEL, as the Commissioner of the
Greene County Department of Social Services
(o/b/o [REDACTED])

AFFIDAVIT

Petitioner,

- against -

[REDACTED]

Respondent,

STATE OF NEW YORK)
COUNTY OF GREENE) SS:

[REDACTED], being duly sworn, deposes and says that:

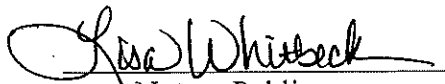
1. I am employed by the County of Greene as Senior Social Welfare Examiner for the Department of Social Services.
2. I am familiar with the facts and circumstances of the above-entitled proceeding.
3. That [REDACTED] is a recipient of Medicaid.
4. That in connection with the application for Medicaid on behalf of [REDACTED], an assessment was made of income and resources of both [REDACTED] and Respondent [REDACTED], which an assessment indicated that [REDACTED] had monthly available income of approximately \$656.00 (\$6,296.49 gross income – \$235.60 health insurance premium deductions – \$3,435.00 Maximum Monthly Maintenance Needs Allowance and resources in excess of \$929,773.42. (\$1,086,673.42 total resources - \$1,500.00 burial disregard - \$137,400.00 Federal Maximum Spouse Resource Allowance).
5. That as the result of said assessment, a notice was given showing what income and resources Respondent should be contributing towards the medical cost of care at the public expense of [REDACTED] and she was requested to make such contribution.
6. On or about, April 29, 2022, Respondent indicated by way of a spousal refusal Signed on January 2, 2022, that she did not intend to contribute any of her income and resources for her husband's cost of medical care.

7. Upon information and belief, Respondent has failed to contribute any amount of her income and resources whatsoever towards the cost of medical care for [REDACTED]
8. Upon information and belief, and based upon the information available to me at this time, the Respondent's income and resources are excessive according to New York State Department of Social Services regulations in that her income and resources exceed the Federal Maximum Community Spouse Resource Allowance currently set at \$137,400.00 and the Maximum Monthly Maintenance Needs Allowance currently set at \$3,435.00.
9. Upon information and belief, the Respondent has the means and ability to contribute from her income and resources towards the cost of [REDACTED]'s medical care.

Dated: 9/22/22

[REDACTED]
[REDACTED], Senior Social Welfare Examiner

Sworn to before me this
22ND day of SEPTEMBER, 2022


Notary Public

LISA WHITBECK
NOTARY PUBLIC-STATE OF NEW YORK
No. 01WH6343190
Qualified in Greene County
My Commission Expires 06-06-2021

EXHIBIT A

Marriage License

EXHIBIT B

SPOUSAL REFUSAL

RE: [REDACTED]

I, [REDACTED], residing at [REDACTED], am the spouse of the above-named recipient for Medical Assistance. All of my income and resources are required for my maintenance in the community, and I therefore must refuse to contribute toward his/her care.

Notwithstanding this statement, the undersigned spouse is willing to disclose her income and resources as required by Social Services Law.

[REDACTED]

[REDACTED]

1-2-22

Dated

RECEIVED
APR 29 2022
Dept. of Social Services
Greene Co.