

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

██████████ 2014
Signature Confirmation

Client ID # ██████████
Request # 610689

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2014, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") regarding the amount of applied income that he must pay toward his cost of long-term care.

On ██████████ 2014, the Appellant's representative requested an administrative hearing to contest the Department's calculation of the applied income amount.

On ██████████ 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling an administrative hearing for ██████████ 2014.

On ██████████ 2014, OLCRAH, at the Appellant and Department's request, issued a notice rescheduling the administrative hearing for ██████████ 2014.

On ██████████ 2014, 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 following individuals were present at the hearing:

██████████, Appellant's Representative
██████████, Appellant's Representative
Julie Risko, Department's Representative
Christopher Turner, Hearing Officer

The hearing record was left open for the submission of additional information. On [REDACTED] 2014, the record closed.

STATEMENT OF THE ISSUE

The issue is whether the Department has correctly calculated the amount of applied income that the Appellant is responsible to pay to the facility for the cost of his care.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Appellant was admitted into Spectrum Health Care of Torrington from Litchfield Woods Health Care Center of Torrington. (Exhibit 3: Admission Notice)
2. The Appellant receives \$903.00 per month in gross Social Security benefits. (Hearing summary, Testimony)
3. The Department used a rental expense of \$156.00 in the calculation of the Appellant's applied income. (Exhibit 5: Shelter screen; Hearing record, Testimony)
4. The Appellant's rental expense effective [REDACTED] 2014 is \$173.00. (Appellant's Exhibit 7: Lease)
5. The Appellant does not have a spouse residing in the community. (Testimony)
6. The Appellant does not have private medical insurance coverage wherein he incurs a monthly insurance premium. (Testimony)
7. The Appellant does not pay a monthly premium for his Medicare Part B coverage. (Record)
8. The Appellant has a total monthly allowable deduction of \$60.00 as his personal needs allowance ("PNA"). (Hearing summary)
9. The Appellant's representative requests a deduction for clothing, phone bills and electric bills while the Appellant resides in the nursing home. (Testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes ("CGS") authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.

2. Uniform Policy Manual ("UPM"), Section 5000.01 provides definitions as follows:

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.

Applied income is that portion of the assistance unit's countable income that remains after all deductions and disregards are subtracted.

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

Deductions are those amounts which are subtracted as adjustments to counted income and which represent expenses paid by the assistance unit.

Disregards are those amounts which are subtracted as standard adjustments to countable income and which do not represent expenses paid by the assistance unit.

3. UPM § 5005 (C) provides that the Department computes applied income by subtracting certain disregards and deductions, as described in this section, from counted income.

4. UPM § 5005 (D) provides that the Department uses the assistance unit's applied income to determine income eligibility and to calculate the amount of benefits.

5. The Department correctly determined the Appellant's total monthly gross unearned income is \$903.00.

6. As a resident of a LTCF, the Appellant is responsible for contributing a portion of his income towards the cost of his care.

7. UPM § 5035.20 (B) provides that the following monthly deductions are allowed from the income of assistance units in LTCF's:

(1) for veterans whose VA pension has been reduced to \$90.00 pursuant to P.L. 101-508, for spouses of deceased veterans whose pension has been similarly reduced pursuant to P.L. 101-508, as amended by Section 601 (d) of P.L. 102-568, a personal needs allowance equal to the amount of their VA pension and the personal needs allowance described in 2. below;

- (2) a personal needs allowance of \$50.00 for all other assistance units, which, effective July 1, 1999 and annually thereafter, shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration;
- (3) an amount of income diverted to meet the needs of a family member who is in a community home to the extent of increasing his or her income to the MNIL which corresponds to the size of the family;
- (4) Medicare and other health insurance premiums, deductibles, and coinsurance costs when not paid for by Medicaid or any other third party;
- (5) costs for medical treatment approved by a physician which are incurred subsequent to the effective date of eligibility and which are not covered by Medicaid;
- (6) expenses for services provided by a licensed medical provider in the six month period immediately preceding the first month of eligibility providing the following conditions are met:
 - a. the expenses were not for LTCF services, services provided by a medical institution equivalent to those provided in a long term care facility, or home and community-based services, when any of these services were incurred during a penalty period resulting from an improper transfer of assets; and
 - b. the recipient is currently liable for the expenses; and
 - c. the services are not covered by Medicaid in a prior period of eligibility.
- (7) the cost of maintaining a home in the community for the assistance unit, subject to the following conditions:
 - a. the amount is not deducted for more than six months; and
 - b. the likelihood of the institutionalized individual's returning to the community within six months is certified by a physician; and
 - c. the amount deducted is the lower of either:
 - (1) the amount the unit member was obligated to pay each month in his or her former community arrangement; or
 - (2) \$650 per month if the arrangement was Level 1 Housing; or
 - (3) \$400 per month if the arrangement was Level 2 Housing; and

d. the amount deducted includes the following:

- (1) heat (2) hot water (3) electricity (4) cooking fuel
- (5) water (6) laundry (7) property taxes (8) mortgage interest
- (9) fire insurance premiums (10) amortization

8. UPM § 4520.15 (C) (1) (a) provides that an applicant or recipient is considered to be living in Level 1 Housing in the following situations: (1) he or she is living in commercial housing or in a Department of Mental Health sanctioned supervised apartment and not sharing a bedroom with any other individual.
9. The Department correctly determined the Appellant resides in Level 1 Housing.
10. Public Act 11-44 provides the procedures to decrease the personal needs allowance ("PNA") of Medicaid recipients who reside in a long-term care facility from \$69.00 to \$60.00 per month. Public 11-44 required the Department to reduce the PNA for residents of long-term care facilities, effective July 1, 2011.
11. UPM § 5045.20 provides that assistance units who are residents of Long Term Care Facilities or receiving Community Based Services are responsible for contributing a portion of their income toward the cost of their care. For LTCF cases only, the amount to be contributed is projected for a six month period.
12. UPM § 5045.20 (A) provides that the amount of income to be contributed is calculated using the post-eligibility method starting with the month in which the 30th day of continuous LTCF care or receipt of community-based services occurs, and ending with the month in which the assistance unit member is discharged from the LTCF or community-based services are last received.
13. The Department correctly determined the Appellant entered Spectrum Healthcare on [REDACTED] 2014 and the 30th day of continuous care takes place in [REDACTED] 2014.
14. UPM § 5045.20 (B) (1) (b) provides that total gross income is reduced by post-eligibility deductions (Cross reference: 5035-"Income Deductions") to arrive at the amount of income to be contributed.
15. UPM § 5045.20 (D) provides that the difference between the assistance unit's contribution and the Medicaid rate of the LTCF or CBS is the amount of benefits paid by the Department to the facility or provider organization on the unit's behalf.
16. The Department correctly allowed for the deduction of the \$60.00 PNA from the Appellant's gross income.

17. The Department correctly allowed for the deduction of the Appellant's monthly rent of \$156.00 from the Appellant's gross income.
18. The Department correctly did not allow for the deduction of the Appellant's monthly phone bill expense from the Appellant's gross income.
19. The Department correctly did not allow for the deduction of the Appellant's monthly electric bill expense from the Appellant's gross income.
20. The Department correctly did not allow for a deduction of the Appellant's clothing expenditure from the Appellant's gross income.
21. The Department correctly calculated the Appellant's monthly-applied income of \$687.00 (\$903.00 SSA - \$60.00 PNA - \$156.00 rental expense = \$687.00).
22. The Department correctly determined that effective [REDACTED] 2014, the amount of income the Appellant is required to contribute to the cost of his medical care is \$687.00.

DISCUSSION

The regulation requires that residents of LTCF are responsible for contributing a portion of their income toward the cost of their medical care. In the Appellant's situation, the record established that he is a resident of a LTCF, and therefore, he must contribute a portion of his income towards the cost of his medical care.

The Appellant's representative argued that the Department should allow a diversion to pay for the Appellant's electric bill, phone bill and allow a deduction for clothing expenses. However, policy requires that the Appellant's income, less the personal needs allowance of \$60.00 per month and any allowable deductions, in this case the Appellant's rental expense, which includes electricity, must be applied towards the cost of his medical care, as he is a resident of a LTCF.

The Department calculated the amount of the Appellant's monthly-applied income after allowing for all permissible deductions. The Department's calculation of the amount of income to be applied towards the Appellant's monthly cost of care is correct and in accordance with the regulation.

At the hearing, the Appellant's representative provided a current lease for the Appellant showing a rental expense of \$173.00 effective [REDACTED] 2014. If the Department has not already done so, it is instructed to make the necessary adjustments to the Appellant's applied income effective [REDACTED] 2014.

It should be noted that hearing officers must rule in accordance with the laws and regulations that are currently in effect and have no authority to change the laws or regulations. Additionally, there is no regulation that allows for the diversion of the Appellant's applied income to pay for the claimed expenses.

DECISION

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



Christopher Turner
Hearing Officer

Cc: Annette Lombardi, Operations Manager, Torrington

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 Legal Counsel, Regulations and Administrative Hearings, 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. 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, 55 Elm Street, 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 his/her 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.