

██████████ Appellant
██████████, Appellant's son
Eileen Ibarra, Department's Representative
Mario Ponzio, Department's representative
James Hinckley, Hearing Officer

STATEMENT OF THE ISSUE

1. The issue to be decided is whether the Department's calculation of the applied income the Appellant owes monthly toward the cost of her medical care is correct.

FINDINGS OF FACT

1. As of ██████████ 2014, the Appellant is a resident of ██████████, a long term care facility. (Hearing Record)
2. The Appellant has been a resident at the facility since ██████████ 2013. (Hearing Summary, Ex. 1: Admission Notice)
3. As of ██████████ 2014, the Appellant is a recipient of L01 Medicaid for adults living in long term care. (Hearing Record)
4. The Appellant is widowed, and does not have a spouse residing in the community. (Appellant testimony, Ex. 2: Connecticut LTC Level of Care Determination Form)
5. As of ██████████ 2014, the Appellant receives Social Security Disability Insurance (SSDI) in the gross monthly amount of \$877.00. (Ex. 4: SVES Title II Information screen, Appellant testimony)
6. As of ██████████, 2014, the Appellant receives a pension in the gross monthly amount of \$124.91. (Hearing Record, Appellant testimony)
7. The Appellant is not liable to pay a premium for her Medicare insurance. (Hearing record, Ex. 4)
8. The Appellant does not pay a premium for any private health insurance. (Appellant testimony)
9. The Department calculated that effective ██████████ 2014, the Appellant is liable to pay applied income in the monthly amount of \$941.91. The Department's calculation is summarized in the chart below:

Social Security	\$877.00
Pension	+ \$124.91
Total Income	\$1,001.91
Medicare premium	\$0
Premium for private insurance	\$0
Personal Needs Allowance	\$60.00
Minus Total Deductions	- \$60.00
Applied Income	\$941.91

(Hearing Summary, Record)

10. On [REDACTED], 2013 the Department sent a NOA that effective [REDACTED] 2014 the portion of the Appellant's income which she must pay toward the cost of her medical care will change from \$927.91 to \$941.91, an increase of \$14.00 (\$941.91 minus \$927.91). (Ex. 3: [REDACTED] 2013 notice)

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes provides for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual ("UPM") § 5035.20 provides that for residents of long term care facilities (LTCF) when the individual does not have a spouse living in the community, total gross income is adjusted by certain deductions to calculate the amount of income which is to be applied to the monthly cost of care. Beginning with the month in which the 30th day of continuous LTCF care occurs, certain monthly deductions from income are allowed. Deductions include a personal needs allowance of \$50.00 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 (currently \$60.00), and a deduction for Medicare and other health insurance premiums, deductibles, and coinsurance costs when not paid by Medicare or any other third party.
3. As of [REDACTED] 2014, the Appellant is a resident of a LTCF who has resided in the facility for more than 30 continuous days.
4. As of [REDACTED] 2014, the Appellant does not have a spouse living in the community.
5. As of [REDACTED] 2014, the Appellant is not required to pay any premium, deductible or coinsurance for Medicare or for any other health insurance policy.

The Department correctly determined that the Appellant's total income as of [REDACTED] 2014 is \$1,001.91.

The Department correctly determined that as of [REDACTED], 2014, the Appellant is entitled to a deduction of \$60.00 from her total income, which is the Department's current standard for the personal needs allowance.

The Department correctly determined that as of [REDACTED] 2014, the portion of income which the Appellant must pay each month toward her cost of care equals \$941.91 (\$1,001.91 - \$60.00).

DISCUSSION

Residents of long term care facilities who receive Medicaid must pay a portion of their income each month toward their cost of care. The Department correctly calculated the Appellant's "Applied Income" for [REDACTED] 2014 by allowing her the only deduction to which she is entitled, a \$60.00 allowance for personal needs, which is the amount established by law.

Effective [REDACTED] 2014, the Appellant's income from Social Security increased by \$14.00, from \$863.00 to \$877.00. When the Department increased the Appellant's Applied Income by \$14.00 effective [REDACTED] 2014, it was due to the Appellant's increase in her Social Security.

DECISION

The Appellant's appeal is DENIED.



James Hinckley
Hearing Officer

CC: Cathy Robinson-Patton, SSOM Middletown

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, 25 Sigourney Street, Hartford, CT 06106.

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, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 25 Sigourney Street, Hartford, CT 06106. 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 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.