

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06106-5033

██████████ 2015
Signature Confirmation

Client ID # ██████████
Request #711690

NOTICE OF DECISION

PARTY

██████████
C/O ██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████, the Power of Attorney ("POA") for ██████████ (the "Appellant") a Notice of Action ("NOA") with the amount of applied income that she must pay toward her cost of long term care ("LTC").

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department's calculation of the applied income amount.

On ██████████ 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2015.

On ██████████ 2015, 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 following individuals were present at the hearing:

██████████, POA, Appellants son
Nicole Johnson, Department's Representative
Liza Morais, Department's Representative
Megan LeBlond, Department's Representative
Thomas Monahan, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether or not the Department has correctly calculated of the amount of applied income that the Appellant is responsible to pay toward the cost of her long-term care for June of 2015.

FINDINGS OF FACT

1. The Appellant is a resident of Miller Memorial Nursing Home (the "facility"). (Hearing record)
2. The Appellant applied for LTC Medicaid on [REDACTED] 2015. (Department's testimony)
3. The Department granted the Appellant Long Term Care Medicaid assistance effective [REDACTED] 2015. (Hearing record)
4. The Appellant was admitted to the facility on [REDACTED] 2015, with the plan of short term rehabilitation and then returning to the community. (Exhibit F: Doctors letter, [REDACTED]/15)
5. The Appellant was determined a Long Term Care resident at the end of [REDACTED] with no return to the community scheduled. (Hearing record)
6. Effective [REDACTED] 2015, the Appellant is required to pay applied income toward the cost of her long-term care. (Exhibit D: Grant letter, [REDACTED]/15)
7. The Appellant's monthly gross Social Security benefit is \$1,289.90. (Stipulated)
8. The Appellant's two monthly gross pension benefits are \$419.95 and \$371.64. (Stipulated, Ex. J: Copy of pension)
9. The Appellant's total monthly income is \$2,081.49. (facts 7 and 8)
10. The Appellant's monthly Medicare Part B insurance premium is \$104.90. The Appellant was responsible for paying her premium in [REDACTED] of 2015. (Stipulated)
11. The Appellant has a medical bill for \$24.53 from Saint Francis Hospital. (Hearing record)
12. The Department diverted a portion of the Appellant's income for [REDACTED] 2015, to cover the Saint Francis medical bill. (Department's testimony)
13. The Appellant's applied income for [REDACTED] 2015 was \$1,892.06. (Ex. D: Grant letter, [REDACTED]/15)

14. On [REDACTED] the Department approved a short term stay and rental diversion for the month of [REDACTED] 2015. (Department's testimony)
15. On [REDACTED] 2015, the Appellant provided a \$216.24 electric bill for her community residence. (Ex. G: Home bills)
16. On [REDACTED] 2015, the Appellant provided a \$148.97 sewer bill for her community residence. (Ex. G: Home bills)
17. The Department approved deductions totaling \$494.64 in addition to the \$60.00 off the Appellant's gross income for the month of [REDACTED] 2015.
18. The Department adjusted the Appellant's [REDACTED] 2015 applied income to \$1,526.85 (\$2,081.49 income - \$60.00 Personal Needs Allowance - \$494.64 deductions). (Ex. H: [REDACTED] 2015 MAFI screen)

CONCLUSIONS OF LAW

1. Sections 17b-260 to 17b-264 of the Connecticut General Statutes authorizes the Commissioner of Social Services to administer the Title XIX Medical Assistance Program to provide medical assistance to eligible persons in Connecticut.
2. Uniform Policy Manual ("UPM") § 5045.20 provides that assistance units who are residents of Long Term Care Facilities ("LTCF") or receiving community based services ("CBS") 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.
3. Regulation pertains that the amount of income to be contributed in LTCF cases. At initial calculation for each month in the six month period for which the contribution is projected, monthly gross income is established as follows: total gross monthly income which was paid or payable to the applicant or recipient, in the six months prior to the period for which the contribution is projected, is divided by six. UPM § 5045.20 (B)(1)(a)
4. Regulation provides that the recalculation of the amount to be contributed in any month of the six month period is required under the following conditions: a significant change occurs in income which amounts to an increase or decrease in monthly income of \$15 or more per month; or a change occurs, in any amount, in any deduction. UPM § 5045.20 (B)(2)
5. The Department correctly determined that the Appellant's monthly gross income was \$2,081.49.00 (\$1,289.90 + \$419.95 + \$371.64) for [REDACTED] of 2015.

6. Regulation provides that the total gross income is reduced by post-eligibility deductions (Cross reference: 5035-"Income Deductions") to arrive at the amount of income to be contributed. UPM § 5045.20(B)(1)
7. Regulation provides a monthly deduction for LTFC units of a personal needs allowance ("PNA") 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. The current PNA is \$60.00. UPM § 5035.20(B)(2)
8. The Department correctly deducted the PNA from the Appellant's gross income.
9. Regulation provides a monthly deduction for LTFC units of Medicare and other health insurance premiums, deductibles, and coinsurance costs when not paid for the Department or any other third party. UPM § 5035.20(B)(4)
10. The Department correctly deducted the Appellant's Medicare premium and Saint Francis Hospital medical bill from her gross income for [REDACTED] of 2015.
11. Regulation provides a monthly deduction for LTFC for the cost of maintaining a home in the community for the assistance unit, subject to the following conditions: the amount is not deducted for more than six months; and the likelihood of the institutionalized individual's returning to the community within six months is certified by a physician. UPM § 5035.20(B)(7)
12. The Department correctly deducted the Appellant's electric and sewer bills for [REDACTED] of 2015 as a deduction to maintain a home in the community as at the time she was expected to return home.
13. The Department correctly determined that Appellant's applied income for [REDACTED] 2015 was \$1,526.85 (\$2,081.49 income minus \$60.00 PNA minus \$494.64 insurance premium, medical bill and home expenses).

DECISION

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

Thomas Monahan
Thomas Monahan
Hearing Officer

Pc: Musa Mohamud, Operations Manager, Hartford Regional Office
Elizabeth Thomas, Operations Manager, Hartford Regional Office

Patricia Ostroski, Program Manager, Hartford Regional Office
Tricia Morelli, Program Manager, Hartford Regional Office
Laurie Filippini, Program Manager, Hartford 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, 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 06105-3705.

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, 55 Farmington Avenue, Hartford, CT 06105-3725. 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.

