

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

██████████ 2016
Signature Confirmation

Client Id. # ██████████
Hearing Id. # 735723

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") stating that she must meet a spenddown before her Medical Assistance for the Aged, Blind and Disabled ("MAABD") can be activated.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department's action.

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:

██████████ Appellant
DeAsia Newman, Department's Representative
Shelley Starr, Hearing Officer

The hearing record remained open for the submission of additional evidence from the Department. On ██████████ 2016, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant must meet a spenddown to become eligible for MAABD coverage.

FINDINGS OF FACT

1. On [REDACTED] 2015, the Appellant completed an application requesting medical assistance for herself. (Hearing record)
2. The Appellant resides with her adult son and she is responsible for \$1,200.00 per month rent. (Appellant's Testimony)
3. The Appellant's is 58 years old, (DOB [REDACTED]/57). (Appellant's testimony)
4. The Appellant receives gross monthly Social Security Disability benefits of \$1,007.00. (Appellant's Testimony, Hearing Summary)
5. The Appellant does not receive any other income, earned or unearned. (Appellant's Testimony; Exhibit B: MAFI screenprint)
6. The Appellant is Medicare Part A and B enrolled. The Department pays the Appellant's Medicare Part B Premium under the Medicare Savings Program. (Appellant's Testimony and Exhibit G: MAFI screenprint (Q01) program.)
7. The Appellant resides in [REDACTED], which is located in geographic Region B. (Department's Testimony; Hearing Record)
8. On [REDACTED] [REDACTED] 2015, the Department completed the Appellant's application and determined the Appellant eligible for MAABD under a spenddown totaling \$879.72 for the period from [REDACTED] 2015 to [REDACTED] 2016. (Exhibit A: Notice of Action dated [REDACTED] 2015)
9. On [REDACTED] 2015, the Department notified the Appellant that she would have to submit medical bills totaling \$879.72 to meet a spenddown in order to become eligible for MAABD coverage for the six-month spenddown period from [REDACTED] 2015 to [REDACTED] 2016. (Exhibit A: Notice of Action dated [REDACTED] 2015)
10. At the [REDACTED] 2015 hearing, the Appellant provided bills to be applied to her spenddown for the period of [REDACTED] 2015 to [REDACTED] 2016. (Appellant's Testimony; Hearing Record)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Uniform Policy Manual (“UPM”) § 2540.96(A) provides for the MAABD coverage group to include individuals who:
 1. meet the MAABD categorical eligibility requirements of age, blindness or disability; and
 2. are not eligible as categorically needy; and
 3. meet the medically needy income and asset criteria.

UPM § 2540.96 (C) provides that the Department uses the MAABD medically needy income and asset criteria to determine eligibility under this coverage group, including:

1. medically needy deeming rules;
2. the Medically Needy Income Limit (MNIL);
3. the income spend-down process;
4. the medically needy asset limits.

The Department correctly determined the Appellant meets the disability requirement under the MAABD program.

3. UPM § 4530.15 (A) pertains to the medical assistance standards. It provides that a uniform set of income standards is established for all assistance units who do not qualify as categorically needy. It further states that the Medically Needy Income Limit (“MNIL”) of an assistance unit varies according to the size of the assistance unit and the region of the state in which the assistance unit resides.

UPM § 4530.15 (B) provides that the MNIL is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the AFDC (TFA) program to an assistance unit of the same size with no income for the appropriate region of residence.

The Department correctly determined that the Appellant is a needs group of one.

4. UPM § 8562.10(A)(1) provides that the State of Connecticut is divided into three geographic regions on the basis of a similarity in the cost of housing.

UPM § 8562.10 (B)(2) provides the regional breakdown of the state by cities and towns and states that [REDACTED] is located in the geographic Region B.

The Department correctly determined that the city of [REDACTED] is located in the geographic Region B.

The Temporary Family Assistance grant for one residing in Region B is \$366.00.

The Department correctly determined that the MNIL for the Appellant's Assistance unit for one person is \$523.38 (366.00 * 1.43)

5. UPM § 5050.13 (A) (1) provides that Social Security benefits are treated as unearned income for all programs.

The Department correctly included the Appellant's unearned income Social Security benefits when determining the assistance unit's gross monthly income.

The Department correctly determined the Appellant's Social Security benefits of \$1,007.00 per month.

6. UPM § 5050.13 (A) (2) provides that Social Security income is subject to unearned income disregards in the Aid to the Aged, Blind, and Disabled ("AABD") and Medicaid for the Aid to the Aged, Blind and Disabled ("MAABD") programs.

UPM § 5030.15 (A) provides that except as provided in section 5030.15 (D), unearned income disregards are subtracted from the unit member's total gross monthly unearned income.

7. UPM § 5030.15 (B)(1)(a) provides that the disregard is \$227.00 for those individuals who reside in their own homes in the community or who live as roomers in the homes of others and those who reside in long term care facilities, shelters for the homeless or battered women shelters. Effective January 1, 2008, and each January 1st thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration. Effective January 1, 2015, the disregard was increased to \$337.00 for those individuals who reside in their own homes in the community.

UPM § 5045.10 (C) (1) provides that except for determining AABD eligibility and benefit amounts for individuals residing in long term care facilities, applied income is calculated by reducing the gross unearned income amount by the appropriate disregard based upon living arrangements.

UPM § 5045.10 (E) provides that the assistance unit's total applied income is the sum of the unit's applied earnings, applied unearned income, and the

amount deemed.

The Department correctly determined that the Appellant was residing in her home in the community and applied the correct \$337.00 disregard.

The Department correctly calculated the Appellant's applied income as \$670.00 (\$1,007.00 SSD - \$337.00 standard disregard)

8. UPM § 5520.20(B)(1) provides that a six-month period for which eligibility will be determined is established to include the month of application and the five consecutive calendar months which follow.

UPM § 5520.20(B)(5) provides that the total of the assistance unit's applied – income for the six-month period is compared to the total of the MNIL's for the same six-months.

UPM § 5520.20(B)(5)(b) provides that when the unit's total applied income is greater than the total MNIL, the assistance unit is ineligible until the excess income is offset through the spend-down process.

The Department correctly calculated the Appellant's six-month period of eligibility as [REDACTED] 2015 through [REDACTED] 2016.

The Department correctly determined that the Appellant's applied income exceeded the MNIL by \$146.62 per month (\$670.00 – \$523.38 = \$146.62 from [REDACTED] 2015 through [REDACTED] 2016.

The Department correctly determined that the Appellant's income exceeds the MNIL for the MAABD program and that she must meet a spenddown from [REDACTED] 2015 through [REDACTED] 2016.

9. UPM § 5520.25 (B)(1) provides that medical expenses are used for a spend-down if they meet the following conditions:
- a. the expenses must be incurred by a person whose income is used to determine eligibility;
 - b. any portion of an expense used for a spend-down must not be payable through third party coverage unless the third party is a public assistance program totally financed by the State of Connecticut or by a political subdivision of the State;
 - c. there must be current liability for the incurred expenses, either directly to the provider(s) or to a lender for a loan used to pay the provider(s), on the part of the needs group members;
 - d. the expenses may not have been used for a previous spend-down in which their use resulted in eligibility for the assistance unit.

The assistance unit's remains in a spenddown until qualifying medical expenses are submitted to the Department and currently liability is determined by the Department.

The Appellant submitted medical bills to be meet the spenddown at the time of the hearing.


DISCUSSION

After reviewing the evidence and testimony presented at this hearing, the Department's action to place the Appellant's Medicaid Assistance into a spenddown based on her living arrangement and her income exceeding the MNIL is correct.

At the hearing, the Appellant provided bills to be submitted toward her spenddown and is encouraged to continue to provide the Department with any incurred medical expenses.

DECISION

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


Shelley Starr
Hearing Officer

cc: Lisa Wells, Operations Manager, New Haven Regional Office
Brian Sexton, Operations Manager, New Haven 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 Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

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. 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 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.