

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

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

Client ID # ██████████
Request # 744195

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

In ██████████ 2015, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) stating that he must meet a spend down before his Medicaid can be activated.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue such benefits.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, 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 participated at the hearing via conference call:

██████████, Appellant
Tamika Sanders, Department’s Representative
Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

1. The first issue is whether the Appellant's income exceeds the Medically Needy Income Limit ("MNIL") of the Medicaid program.
2. The second issue is whether the Appellant must meet a spend-down amount before being eligible for Medicaid.

FINDINGS OF FACT

1. On [REDACTED] 2015, the Appellant came into the Department's office to complete his redetermination for HUSKY C medical benefits. (Summary, Exhibit A: Department's case narrative printout)
2. The Appellant is disabled.
3. The Appellant lives alone. (Testimony)
4. The Appellant receives medical assistance for himself. (Testimony)
5. The Department verified the Appellant's monthly benefits from the Social Security Administration ("SSA") in the amount of \$912.00 through a computer match with SSA. (Exhibit B: Department's unearned income screen printout, Exhibit C: SVES computer match)
6. The Appellant had been previously receiving \$733.00 in Social Security benefits. (Exhibit B, Testimony)
7. The Appellant is self-employed. He is a financial consultant. He provided a self-employment income verification form prior to the hearing. He reported a net loss of \$4,477.00. (Appellant Exhibit 1: self-employment form, Testimony)
8. The Department requested the Appellant provide verification of his self-employment income. There is no indication the Department received the verification by the due date of [REDACTED] 2015. (Exhibit A: Department's case narrative printout)
9. The Appellant states his only income is his Social Security benefits. (Testimony)
10. The Appellant stated he is no longer receiving his Social Security benefits and is appealing the decision. (Testimony)
11. The Appellant's monthly applied income is \$575.00, (\$912.00 monthly SSA income; minus \$337.00, standard deduction equals \$575.00). (Summary)

12. The Department granted the Appellant Medicaid with a spend down of \$309.72 for the period from [REDACTED] 2015 through [REDACTED] 2016. (Summary)

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") § 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 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.
3. UPM § 4530.15(B) provides that the medically needy income limit is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the AFDC program to an assistance unit of the same size with no income for the appropriate region of residence.
4. The Department incorrectly determined that the MNIL for the Appellant's assistance unit for one person was \$523.38.
5. The Appellant lives in [REDACTED] and is in Region A. The MNIL for Region A is \$633.49.
6. UPM § 5050.13(A) (1) provides that income from Social Security is treated as unearned income for all programs.
7. The Department correctly determined that the Appellant's total monthly unearned income was \$912.00.
7. 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.
8. 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.
9. UPM § 5030.15(B)(1)(a) provides that the disregard is \$337.00 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.

10. The Department incorrectly determined that the Appellant's applied income was \$575.00 (\$912.00 monthly SSA income; minus \$337.00, standard deduction).
11. 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.
12. 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.
13. 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 spenddown process.
14. The Department incorrectly determined that the Appellant's applied income exceeds the MNIL by \$51.62 (\$575.00 applied income minus \$523.38 MNIL) per month.
15. The Department incorrectly determined that the Appellant's six-month spend down amount is \$309.72 (\$51.62 x 6 months) for the period from [REDACTED] 2015 through [REDACTED] 2016.

DISCUSSION

The Department incorrectly determined the Appellant income exceeds the MNIL limit for one. The Department did not use the Region A MNIL to determine the Appellant's spend down amount. In addition the Department did not determine the Appellant's income from self-employment.

DECISION

The Appellant's appeal is **REMANDED to the Department for further action.**

COMPLIANCE

1. The Department shall issue the Appellant a W-1348 verification we need form requesting the Appellant provide verification of his self-employment income and current Social Security income.

2. The Department shall upon receipt of verifications calculate the Appellant's income and determine if the income exceeds the Medically Needy Income Limit ("MNIL") of the Medicaid program.
3. The Department shall issue the Appellant a Notice of Action stating his eligibility for Medicaid assistance.
4. Compliance shall be shown by submission of verification of the Department's compliance with this decision and is due by [REDACTED] 2016.


Miklos Mencseli
Hearing Officer

C: Rachel Anderson, Operations Manager DSS R.O. # 32 Stamford

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.

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.