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

[redacted] **2016**
Signature Confirmation

Client ID # [redacted]
Request # 752184

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2016, the Department of Social Services (the "Department") sent [redacted] (the "Appellant") a Notice of Action ("NOA) discontinuing her medical benefits through the Medicare Savings Program ("MSP") effective [redacted] 2016.

On [redacted] 2016, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On [redacted] 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2016.

On [redacted] 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 were present at the hearing:

[redacted] Appellant
Lindsay Valle, Department's Representative
Sybil Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to discontinue the Appellant's MSP benefits was correct.

FINDINGS OF FACT

1. The Additional Low Income Medicare Beneficiary ("ALMB") program is a medical coverage group under MSP. (Hearing Record)

2. On [redacted] 2015, the Department received from the Appellant the ALMB program renewal document. (Exhibit 3: Medicare Savings Programs Application/Redetermination: QMB, SLMB, ALMB)

3. On [redacted] 2014, the Department reviewed and completed the Appellant annual redetermination. The Appellant's eligibility continued. (Exhibit 6)

4. The Appellant is divorced and lives alone. (Appellant's Testimony, Exhibit 3)

5. The Appellant receives a monthly gross unearned income of $1,290.00 ($300.00, weekly x 4.3) in alimony payments. (Appellant's Testimony, Exhibit 3)

6. Prior to [redacted] 2016, the Appellant receives a monthly gross unearned income from the Social Security Administration ("SSA") of $748.00. (Exhibit 2: Bendex Benefit by Client, Claim and Date ["BNDX"] Screen)

7. Effective [redacted] 2016, the Appellant's monthly gross unearned income from SSA increased to $1,010.00. (Hearing Record)

8. The Appellant has a monthly gross interest/dividends income of $6.00. (Exhibit 3)

9. The Appellant receives a monthly gross earned income of $625.00 ($150.00, weekly x 4.3) from self-employment income received as a [redacted]. (Appellant's Testimony, Exhibit 3, Exhibit 6: Eligibility Management System ["EMS"] Narrative Screen)

10. Income for the ALMB medical coverage group is self-declared. (Hearing Record)

11. The Income limit for ALMB coverage group for one person is $2,413.26. (Hearing Record)

12. On [redacted] 2016, the Department sent a NOA to the Appellant indicating that her ALMB benefits would be discontinued effective [redacted] 2016 because her household income exceeds the program income limits. (Exhibit 1: Notice of Action, [redacted]/16)

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 pursuant to Title XIX of the Social Security Act.

2. Connecticut General Statutes ("CGS") Section 17b-256(f) provides in part that regarding eligibility for Medicare savings programs. The Commissioner of Social Services shall increase income disregards used to determine eligibility by the Department of Social Services for the federal Qualified Medicare Beneficiary, the Specified Low-Income Medicare Beneficiary and the Qualifying Individual programs, administered in accordance with the provisions of 42 USC 1396d(p), by such amounts that shall result in persons with income that is (1) less than two hundred eleven per cent of the federal poverty level qualifying for the Qualified Medicare Beneficiary program, (2)at or above two hundred eleven per cent of the federal poverty level but less than two hundred thirty-one per cent of the federal poverty level qualifying for the Specified Low-Income Medicare Beneficiary program, and (3) at or above two hundred thirty-one per cent of the federal poverty level but less than two hundred forty-six per cent of the federal poverty level qualifying for the Qualifying Individual program.

   The ALMB program is the Department's Qualifying Individual Program and has the highest income limit of the three MSP coverage groups.

3. The Department correctly determined that the income limits for the ALMB coverage group is $2,413.26.

4. Uniform Policy Manual ("UPM") § 2540.94(D) provides the income criteria to qualify for Medical Assistance through the Qualified Medicare Beneficiaries Medicaid Coverage Group.

   1. The Department uses AABD income Criteria (Cross Reference: 5000), including deeming methodology, to determine eligibility for this coverage group except for the following:

      a. The annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;

b. For eligibility to exist income must be equal to or less than 100 percent for the Federal Poverty Level for the appropriate needs group size.

2. The income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (cross reference: 5045). This is true whether the individual lives in an LTCF or in the community.

5. UPM § 2540.97(A) provides that the Additional Low Income Medicare Beneficiaries (ALMB) coverage group includes individuals who would be Qualified Medicare Beneficiaries described in 2540.94 except that:

    1. Their applied income is equal to or exceeds 120 percent of the Federal Poverty Level, but is less than 135 percent of the Federal Poverty Level; or

    2. Their applied income is less than 135 percent of the Federal Poverty Level, and they have assets valued at more than twice the SSI limit (Cross Reference 4005.10)

6. UPM § 4530.20 provides in part that the Federal Poverty Level is used as the basis for determining income eligibility for the Qualified Medicare Beneficiaries; Specified Low Income Medicare Beneficiaries.

7. UPM § 5030.10(A) provides that except for determining AABD eligibility and benefit levels for assistance units residing in long term care facilities, earned income disregards are subtracted from the assistance unit's monthly total available gross earned income. AABD eligibility and benefit levels for assistance units residing in long term care facilities.

8. UPM § 5030.10(B) provides in part that the following amounts are disregarded from income earned by the groups indicated:

    1. $65.00 per month plus ½ of the remaining income is disregarded from the earning of:
        a. Applicants for assistance to the disabled and aged;
        b. Recipients of assistance to the aged who did not receive assistance to the disabled or blind in the month before they became 65 years of age.

9. The Department correctly determined the Appellant's gross monthly earned income is $625.00 ($150.00 x 4.3, week).

10. The Department correctly determined that the Appellant's adjusted earned income is $280.00 ($625.00 - $65.00 = $560.00 / 2)

11. The Department correctly determined the Appellant's applied income is $2,586.00 ($1,290.00. Alimony + $1,010.00, SSA + $280.00, earned income + $6.00).

12. The Department correctly determined that the Appellant's applied income exceeds the program income limits.

13. The Department correctly discontinued the Appellants ALMB benefits effective [redacted] 2016

DISCUSSION

The Department correctly determined that the Appellant's applied income exceeds the ALMB program income limits. At the time of the Appellant's annual redetermination her income was below the program limit, but once the Appellant's SSA income increased in [redacted] 2016, the Appellant was no longer at or below the program limit. The ALMB coverage group has the highest income limit of the MSP coverage groups, therefore there was no other coverage group to explore.

The Appellant provided testimony at the hearing that she will have changes in [redacted] 2016 that may reduce her earned income. The Appellant may reapply for the program at any time.

DECISION

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

Sybil Hardy
Hearing Officer

Pc: Rachel Anderson, Operations Manager, DSS R.O. # 32, Stamford
Lindsay Valle, Fair Hearings Liaison, 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 06105-3725.

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.