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

2016
Signature Confirmation

Client ID #
Request # 761151

NOTICE OF DECISION

PARTY

PROCEDURAL BACKGROUND

On 2016, the Department of Social Services (the "Department") sent (the "Appellant") a Notice of Action ("NOA) denying his application for medical benefits under the Medicare Savings Program ("MSP") effective 2016.

On 2016, the Appellant requested an administrative hearing to contest the Department's denial date of 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 were present at the hearing:

Appellant
, Witness for the Appellant
Al Grande, Department's Representative
Lisa Nyren, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for medical benefits under the MSP effective [redacted] 2016 was correct.

FINDINGS OF FACT

1. On [redacted] 2016, the Department received an application for benefits under the MSP for the Appellant. (Exhibit 1: Notice of Action, Exhibit 2: Medicare Savings Program Application)
2. The Appellant is married to [redacted] [redacted] ("Spouse"). (Appellant's Testimony and Exhibit 2: Medicare Savings Program Application)
3. The Appellant receives gross Social Security Benefits of $1,428.00 per month. (Stipulated)
4. Beginning [redacted] [redacted] 2016, the Appellant receives Medicare Part A coverage from the Social Security Administration. (Appellant's Testimony and Exhibit 2: Medicare Savings Program Application)
5. Beginning [redacted] [redacted] 2016, the Appellant receives Medicare Part B coverage from the Social Security Administration. (Appellant's Testimony and Exhibit 2: Medicare Savings Program Application)
6. The Spouse works for [redacted] with gross earnings of $480.00 per week. (Stipulated)
7. On [redacted] 2016, the Department denied the Appellant's application for MSP under the Additional Low Income Medicare Beneficiary ("ALMB") effective [redacted] 2016 because the household's income exceeds the income limit under the MSP. (Hearing Summary and Exhibit 1: Notice of Action)
8. On [redacted] 2016, the Department issued the Appellant a Notice of Denial. The notice stated the Department denied the Appellant's application for MSP under the ALMB program effective [redacted] 2016 because the money your family gets each month is more than our limit. (Exhibit 1: Notice of Action)

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes ("Conn. Gen. Stats.) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

2. Federal Statutes provide for the definition of a qualified Medicare beneficiary as an individual:

   Who is entitled to hospital insurance benefits under part A of subchapter XVIII of this chapter (including an individual entitled to such benefits pursuant to an enrollment under section 1395I-2 of this title, but not including an individual entitled to such benefits only pursuant to an enrollment under section 1351I-2a of this title.) [42 United States Code (U.S.C.) § 1396d(p)(1)(A)]

   Whose income (as determined under section 1382(a) of this title for purposes of the supplemental security income program, except as provided in paragraph 2(D)) does not exceed an income level established by the state consistent with paragraph 2. [42 U.S.C. § 1396d(p)(1)(B)]

3. State statute provides that 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 Individuals Programs, administered in accordance with the provisions of 42 USC1396d(p), by such amounts that shall result in persons with income that is (1) less than two hundred eleven percent of the federal poverty level qualifying for the Qualified Medicare Beneficiary program, (2) at or above two hundred eleven percent of the federal poverty level but less than two hundred thirty-one percent of the federal poverty level qualify for the Specified Low-Income Medicare Beneficiary program, and (3) at or above two hundred thirty-one percent of the federal poverty level but less than two hundred forty-six percent of the federal poverty level qualifying for the Qualifying Individual program. The Commissioner shall not apply an asset test for eligibility under MSP. The Commissioner shall not consider as income Aid and Attendance pension benefits granted to a veteran, as defined in section 27-103, or the surviving spouse of such veteran. The Commissioner of Social Services, pursuant to section 17b-10, may implement policies and procedures to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the Commissioner prints notice of the intent to adopt the regulations in the Connecticut Law Journal not later than 20 days after the date of

implementation. Such policies and procedures shall be valid until the time final regulations are adopted. (Conn. Gen. Stats. § 17b-256f)

4. Uniform Policy Manual ("UPM") § 1505.10(D)(1) provides that for AFDC, AABD, and medical applications, except for the Medicaid coverage groups noted below in 1510.10(D)(2), the date of application is considered to be the date that a signed application form is received by an office of the Department.

5. The Department correctly determined the date of application as ██████ ██ 2016.

6. The Department correctly determined the Appellant receives hospital insurance under part A of Title XVIII of the Social Security Act beginning ███████ 2016.

7. UPM § 2015.05(A) provides that the assistance unit in AABD and MAABD consists of only one member. In these programs, each individual is a separate assistance unit.

8. The Department correctly determined an assistance unit of one.

9. UPM § 5515.05(C)(2) provides that the needs group for an MAABD unit includes the following:

    a. The applicant or recipient; and
    b. The spouse of the applicant or recipient when they share the same home regardless of whether one or both are applying for or receiving assistance, except in cases involving working individuals with disabilities. In these cases, the spouse (and children) are part of the needs group only in determining the cost of the individual's premium for medical coverage. (Cross Reference 2540.85)

10. The Department correctly determined a needs group of two.

11. UPM § 5050.13(A)(1) provides that income from the Social Security Administrative is treated as unearned income in all programs.

12. UPM § 5025.05(B)(1) provides that if income is received on a monthly basis, a representative monthly amount is used as the estimate of income.

13. The Department correctly determined the Appellant receives Social Security Benefits of $1,428.00 per month.

14. UPM § 5020.75(A)(1)(a) provides that the Department deems income from the spouse of an MAABD applicant or recipient if he or she is considered

to be living with the assistance unit member, except in cases involving working individuals with disabilities. In these cases, spousal income is deemed only in determining the cost of the individual's premium for medical coverage. (Cross Reference: 2540.85)

15. UPM § 5005(A) provides that inconsideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded. Income is considered available if it is:

    1. Received directly by the assistance unit; or
    2. Received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or
    3. Deemed by the Department to benefit the assistance unit.

16. UPM § 5025.05(B)(2)(a) provides that if income is received on other than a monthly basis, the estimate of income is calculated by multiplying 4.3 by a representative weekly amount that is determined as follows: if income is the same each week, the regular weekly income is the representative weekly amount.

17. The Department correctly determined the Spouse's wages as $2,064.00 per month. ($480.00 x 4.3 weeks = $2,064.00)

18. The Department correctly determined the assistance unit's gross monthly income as $3,492.00. ($1,428.00 SSD + $2,064.00 Wages = $3,492.00)

19. UPM § 5515.10(C) provides that the income limit used to determine Medicaid eligibility is the limit for the number of persons in the needs group.

20. Effective January 22, 2015, the 2015 federal poverty guidelines for the 48 Contiguous States and the District of Columbia for a household of two is $15,930.00 annually. ($15,930.00 / 12 months = $1,327.50 per month) [Federal Register, Volume 80, Issue 14, January 22, 2015]

21. Effective March 1, 2015, the Department established the income limit under the MSP applicable to the Qualified Medicare Beneficiary ("QMB") program for a household of two as $2,802.08. ($1,328 x 211% = $2,802.08)

22. The Department correctly determined the Appellant's gross monthly income of $3,492.00 exceeds the QMB income limit of $2,802.08 and ineligible for the MSP under the QMB for ████ 2016 and ████ 2016.

23. Effective March 1, 2015, the Department established the income limit under the MSP applicable to the Specified Low-Income Medicare Beneficiary ("SLMB") program for a household of two as $3,067.88. ($1,328.00 x 231% = $3,067.68)

24. The Department correctly determined the Appellant's gross monthly income of $3,492.00 exceeds the SLMB income limit of $3,067.68 and ineligible for the MSP under the SLMB for [redacted] 2016 and [redacted] 2016.

25. Effective March 1, 2015, the Department established the income limit under the MSP applicable to the ALMB program for a household of two as $3,266.88. ($1,328.00 x 246% = $3,266.88)

26. The Department correctly determined the Appellant's gross monthly income of $3,492.00 exceeds the ALMB income limit of $3,266.88 and ineligible for medical assistance under the MSP program for [redacted] 2016 and [redacted] 2016.

27. Effective January 25, 2016, the 2016 federal poverty guidelines for the 48 Contiguous States and the District of Columbia for a household of two is $16,020.00 annually. ($16,020.00 / 12 months = $1,335.00 per month) [Federal Register, Volume 81, Issue 15, January 25, 2016]

28. Effective [redacted] 2016, the Department established the income limit under the MSP application to the QMB program for a household of two as $2,816.85. ($1,335.00 x 211% = $2,816.85)

29. Effective [redacted] [redacted] 2016, the Department correctly determined the Appellant's gross monthly income of $3,492.00 exceeds the QMB income limit of $2,816.85.

30. Effective [redacted] 2016, the Department established the income limit under the MSP application to the SLMB program for a household of two as $3,083.85. ($1,335.00 x 231% = $3,083.85)

31. Effective [redacted] [redacted] 2016, the Department correctly determined the Appellant's gross monthly income of $3,492.00 exceeds the SLMB income limit of $3,083.85.

32. Effective [redacted] 2016, the Department established the income limit under the MSP application to the ALMB program for a household of two as $3,284.10. ($1,335.00 x 246% = $3,284.10)

33. Effective [redacted] [redacted] 2016, the Department correctly determined the Appellant's gross monthly income of $3,492.00 exceeds the ALMB income limit of $3,284.10.

34. On [redacted] 2016, the Department correctly denied the Appellant's application for benefits under the MSP effective [redacted] 2016.

DECISION

The Appellant's appeal is denied.

Lisa A. Nyren

Lisa A. Nyren
Fair Hearing Officer

CC: Peter Bucknall, Social Services Operations Manager
Karen Main, Social Services Operations Manager
Al Grande, Eligibility Services

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.