

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

NOTICE OF DECISION

Client ID # ██████████
Request # 762180

Cross Reference # 760389

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) to advise him that he must meet a spend-down before medical assistance under the HUSKY C program can be authorized.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department’s determination that he must meet a spend-down before medical assistance can be authorized.

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

On ██████████ 2016, in accordance with Connecticut General Statutes § 17b-60, 17b-61 and § 4-176e to § 4-184, inclusive, OLCRAH held an administrative hearing by telephone.

The following individuals participated in the hearing:

████████████████████ Appellant
Timika Sanders, Department’s Representative
Pamela J. Gonzalez, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department correctly determined that the Appellant is subject to the spend-down offset process and must meet a spend-down before medical assistance can be authorized.

FINDINGS OF FACT

1. The Appellant lives in ██████ Connecticut. (Hearing record)
2. The Appellant is age sixty-three and is a disabled individual. (Appellant's testimony)
3. The Appellant receives gross Social Security benefits in the monthly amount of \$1,173.00. (Eligibility Management System UINC screen print with BX verification code – Department's exhibit 2, Appellant's testimony)
4. On ██████ 2016, the Department issued a NOA advising the Appellant that he must meet a spend-down in the amount of \$1,215.06 before Medicaid may be authorized during the period of ██████ 2016 – ██████ 2106. (Hearing record)
5. The Appellant has sent in medical bills for consideration in the off-set process. (Appellant's testimony)
6. The Department has not considered the bills that the Appellant sent in or applied bills to his current spend-down liability of \$1,215.06. (Department's representative's testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes, designates the Department of Social Services as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. 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. Uniform Policy Manual ("UPM") § 4530.15(A)
3. The medically needy income limit is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the TFA program to an assistance unit of the same size with no income for the appropriate region of residence. UPM § 4530.15(B)

4. The Appellant resides in [REDACTED] which is in Region A. UPM § 4510.10 B.
5. The MNIL for one person residing Region A is \$633.49. UPM § P-4530.15 2.
6. The Department correctly determined that the MNIL for the Appellant's needs group is \$633.49.
7. Income from Social Security is treated as unearned income for all programs. UPM § 5050.13(A)(1)
8. The assistance unit in AABD and MAABD consists of only one member. In these programs, each individual is a separate assistance unit. An eligible spouse in the home applied for and receives assistance as a separate assistance unit. Any other member of the household who meets the eligibility requirements for the program is also a separate assistance unit of one. UPM § 2015.05
9. The Department correctly determined that the Appellant's assistance unit consists of one member.
10. The income limit used to determine income eligibility is the limit for the number of persons in the needs group. UPM § 5515.10(C)
11. The Department correctly determined that the income limit used in this case to determine eligibility is \$633.49.
12. The Department correctly determined that the Appellant's total countable monthly unearned income was \$1,173.00 for the period of [REDACTED] 2016 - [REDACTED] 2016.
13. Social Security income is subject to unearned income disregards in the AABD and MAABD programs. UPM § 5050.13(A)(2)
14. Except as provided in section 5030.15 D., unearned income disregards are subtracted from the unit member's total gross monthly unearned income. UPM § 5030.15(A)
15. The standard 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. UPM § 5030.15(B)(1)(a)

16. The unearned income disregard increased to \$337.00 effective [REDACTED] 2015.
17. The Department correctly applied the standard unearned income disregard of \$337.00 per month to the Appellant's household's unearned income of \$1,173.00 for the period of [REDACTED] 2016 – [REDACTED] 2016, inclusive.
18. The assistance unit's monthly net income for the period of [REDACTED] 2016 – [REDACTED] 2016 equals \$836.00.
19. 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)(1)
20. 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)
21. When the unit's total applied income, is greater than the total MNIL's the assistance unit is ineligible until the excess income is offset through the spend-down process. UPM § 5520.20(B)(5)(b)
22. The Appellant's applied income exceeds the MNIL by \$1,215.06 for the six month period of [REDACTED] 2016 – [REDACTED] 2016. (\$5,016.00 [\$836.00 x 6 months] - \$3,800.94 [\$633.49 MNIL limit x 6 months]).
23. The Department has correctly determined that the Appellant must meet a spend-down before medical assistance can be authorized.
24. Medical expenses are used for a spend-down if they meet the following conditions: a. the expenses must be incurred by 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. UPM § 5520.25(B)(1)
25. The Appellant submitted medical bills to the Department but the Department has not yet considered them in the spend-down offset process.

DISCUSSION

I have reviewed the testimony and the evidence presented and I find no error with the Department's determination that the Appellant must meet a spend-down in the amount of \$1,215.06 before medical assistance may be authorized.

The Appellant's income is in excess of the medically needy income limit but the excess income can be offset with outstanding medical bills.


The record reflects that the Appellant submitted a small amount of bills that the Department has not yet considered in the offset process. The Appellant is reminded to submit out of pocket medical bills to the Department in attempt to offset his excess income and thereby qualify for medical assistance for the remainder of the six-month spend-down period.

The Department is reminded to consider the Appellant's medical bills in light of the criteria for use in the offset process and to reflect them accordingly. As of the date of this hearing, based upon the testimony presented, the Appellant had not met the \$1,215.06 spend-down amount.

DECISION

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

A separate decision will be issued to address the issue of the reduction of SNAP benefits.


Pamela J. Gonzalez
Hearing Officer

Copy: Rachel Anderson, SSOM, DSS R.O. #32, Stamford
Timika Sanders, ESSP, 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.