

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 # ██████████
Request # 774075

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a notice discontinuing his medical benefits through the Medicare Savings Program ("MSP") effective ██████████ 2016.

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 an administrative hearing by telephone for ██████████ 2016.

On ██████████ 2016, OLCRAH, at the Appellant's request, rescheduled 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
Timika Sanders, Department's Representative
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED] 2016, the Department completed the Appellant's MSP redetermination and sent a notice indicating the Appellant's Additional Low Income Beneficiary ("ALMB") benefit would be discontinued effective [REDACTED] 2016 because his household income exceeds the program income limit for one person. (Exhibit 3: Notice of Action dated [REDACTED]/16)
2. The ALMB program is a medical coverage group under the MSP. (Hearing record)
3. The Income limit for ALMB coverage for one person is \$2,413.26. (Hearing record)
4. The Appellant is divorced and lives alone. (Exhibit 1: W-1QMB redetermination Appellant's testimony)
5. The Appellant receives a monthly gross Social Security benefit ("SSA") of \$1,848.00. (Exhibit 2: Unearned Income screen print; Exhibit 3; Hearing summary; Appellant's testimony)
6. The Appellant is self-employed as an independent insurance adjuster and had gross earnings of \$35,254.69 from [REDACTED] and \$7,330.44 from [REDACTED] for the 2015 tax year. (Appellant's Exhibit A: 2015 Miscellaneous Income Form 1099-MISC)
7. The Appellant incurs self-employment expenses while engaged in his work as an insurance adjuster. (Appellant's Exhibit B: Employment expenses; Appellant's testimony)
8. The Appellant's 2015 self-employment expense sheet shows the Appellant claimed \$15,817.00 in expenses against his 2015 gross earnings of \$42,576.00 for a net income of \$26,759.00 or an average monthly income of \$2,230.00. (Appellant's Exhibit B)
9. The Appellant testified he has earned less money starting [REDACTED] 2016 and estimated his 2016 gross earnings to be \$14,986.00 from [REDACTED] and \$5,366.00 from [REDACTED] [REDACTED] (Appellant's Exhibit A; Appellant's testimony)
10. The Appellant testified his earned income varies monthly by employer. (Appellant's Exhibit A; Appellant's testimony)

11. The Appellant's submitted self-employment expense sheet for 2015 and 2016 is not a federal form. (Appellant's testimony)

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 for eligibility in the 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.
3. The Department correctly determined that the income limit for the ALMB coverage group is \$2,413.26.
4. UPM § 5025.15 provides when self-employment income is received less frequently than monthly, the amount of monthly income is estimated by: A. analyzing the income over a 12-month period: 1. when quarterly tax records are available, the annualized period consists of the 12-month period ending with the last complete calendar quarter prior to the time of determination; 2. when quarterly tax records are not available, the period will consist of the last calendar year prior to the time of determination; or B. dividing the total gross earnings by the number of months in which the self-employment income was earned if: 1. the income was intended to meet the unit's needs for only part of the 12-month period; or 2. the self-employment has existed for less than 12 months.
5. UPM § 5050.13 (A) (1) provides that income from Social Security is treated as unearned income in all programs.
6. The Department correctly determined the Appellant's gross monthly SSA is \$1,848.00.
7. The Department calculated the Appellant's self-employment earnings without the Appellant's 2016 quarterly tax records or the previous year's tax return.

8. There is not enough evidence of the Appellant's work expenses to determine accurately the Appellant's net monthly income.

DISCUSSION

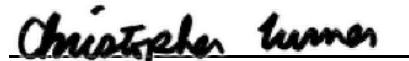
Without the Appellant's federal tax records, it is not possible to determine precisely the Appellant's average monthly earnings.

DECISION

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

ORDER

The Department is instructed to send a Verification We Need Form to the Appellant requesting the Appellant's 2016 quarterly tax records or if not available, the Appellant's 2015 federal tax records and evaluate eligibility. Compliance with this order is due within 10 days from the date of this decision.


Christopher Turner
Hearing Officer

Cc: Rachel Anderson, Operations Manager Stamford
Timika Sanders, DSS 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, law, and 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 Legal Counsel, Regulations, and Administrative Hearings, 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, if 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 06105-3725. 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 his 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.