

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 # 790743

**NOTICE OF DECISION**

**PARTY**

██████████  
████████████████████  
████████████████████

**PROCEDURAL BACKGROUND**

On ██████████ 2016, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing medical benefits under the Medicare Savings Program (“MSP”) program for himself and his spouse.

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 were present at the hearing:

██████████ the Appellant  
██████████ Appellant’s spouse  
Timika Sanders, Eligibility Services Specialist, Department’s representative  
Roberta Gould, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue benefits under the Medicare Savings Program was correct.

## **FINDINGS OF FACT**

1. On [REDACTED] 2016, the Appellant completed a redetermination for his MSP benefits. (Exhibit 1: W-1QMBR renewal form and Hearing summary)
2. The Appellant receives assistance under the Additional Low Income Beneficiary ("ALMB") program for himself and his spouse, [REDACTED]. (Exhibit 2: EMS Medical Assistance financial eligibility screen and Exhibit 4: EMS assistance status screen)
3. The Appellant receives a gross monthly Social Security benefit of \$1,418.00 and a gross monthly Parsonage Allowance private pension of \$1,506.55. (Exhibit 1 and Hearing summary)
4. The Appellant's spouse receives a gross monthly Social Security benefit of \$506.00. (Exhibit 1 and Hearing summary)
5. The gross monthly income limit for the ALMB program for a household of two is \$3,284.10. (Hearing record)
6. On [REDACTED] 2016, the Department determined that the assistance unit was ineligible for the MSP because the household's total income exceeded the income limit for Additional Low Income Medicare Beneficiaries (ALMB). (Exhibit 3: Notice of discontinuance dated [REDACTED]/2016 and Hearing 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. Section 17b-256f of the Connecticut General Statutes 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 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 commissioner shall not apply an asset test for eligibility under the Medicare Savings Program. 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 twenty days after the date of implementation. Such policies and procedures shall be valid until the time final regulations are adopted.

3. Uniform Policy Manual (“UPM”) 2540.97(A) provides that the 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).
4. Section 17b-492(a) also provides that on January 1, 2012, and annually thereafter, the commissioner shall increase the income limits established under this subsection over those of the previous fiscal year to reflect the annual inflation adjustment in Social Security income, if any.
5. UPM 2540.97(D) provides that 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 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 the income must be less than a percentage of the Federal Poverty Level for the appropriate needs group size, as described in paragraph A.

6. Effective March 1, 2016, the FPL for an assistance unit of two persons is \$1,335.00. The income limit for ALMB is \$3,284.10, or 246% of the FPL. ( $\$1,335.00 \times 2.46 = \$3,284.10$ ) (Federal Register, Vol. 81, No. 15, January 25, 2016)
7. The Department correctly determined that the assistance unit's total gross income was \$3,430.55 per month ( $\$1,418.00 + \$1,506.55 + \$506.00$ ).
8. On [REDACTED] 2016, the Department correctly determined that the assistance unit's monthly applied income of \$3,430.55 exceeded 246% of the FPL.
9. On [REDACTED] 2016, the Department was correct when it took action to discontinue the Appellant and his spouse's benefits under the MSP because the assistance unit's income exceeds the allowable limit.

**DECISION**

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

*Roberta Gould*  
Roberta Gould  
Hearing Officer

PC: Rachel Anderson, Social Services Operations Manager, DSS Stamford  
Timika Sanders, Eligibility Services Specialist, 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 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.