

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 # 797802

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").

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department's denial 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
Darien Haney, Department's Representative
Swati Sehgal, 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 was correct.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Department received an application for benefits under the MSP for the Appellant. (Exhibit 1: Medicare Savings Program Application)
2. The Appellant resides with his daughter and grandchildren. (Appellant's Testimony)
3. The Appellant receives gross Social Security Benefits of \$2311.00 per month. (Exhibit 1, Appellant's Testimony)
4. The Appellant receives \$860.00 a month (\$200 a week x 4.3) in worker's compensation benefits. (Exhibit 1, Appellant's Testimony)
5. The Appellant's total gross monthly income equals to \$3171.00 (\$2311+\$860). (Exhibit 1, Appellant's Testimony)
6. The Appellant has Medicare Part A & B coverage from the Social Security Administration, and pays monthly premium for Medicare Part B. (Appellant's Testimony and Exhibit 1)
7. The Appellant has Connecticare and pays \$150 a month in insurance premium. (Appellant's Testimony and Exhibit 2)
8. On [REDACTED] 2016, the Department denied the Appellant's application for MSP under the Additional Low Income Medicare Beneficiary ("ALMB") because the household's income exceeds the income limit under the MSP. (Hearing Summary and Exhibit 4: Notice of Action)
9. On [REDACTED] 2016, the Department issued the Appellant a Notice of Denial. The notice stated that the Department denied the Appellant's application for MSP under the ALMB program because the money your family gets each month is more than our limit. (Exhibit 4: 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. 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.
 5. The Department correctly determined an assistance unit of one.
 6. 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)
 7. The Department correctly determined a needs group of one.
 8. UPM § 5050.13(A)(1) provides that income from the Social Security Administrative is treated as unearned income in all programs.
 9. 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.
 10. The Department correctly determined the Appellant receives Social Security Benefits of \$2311.00 per month.
 11. 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.
 12. The Department correctly determined the Appellant's Worker's compensation benefit as \$860.00 per month. ($\$200 \times 4.3 \text{ weeks} = \860.00)
 13. The Department correctly determined the assistance unit's gross monthly income as \$3,171.00. ($\$2311.00 \text{ SSD} + \$860.00 \text{ Worker's Compensation Benefits} = \3171.00)

14. 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.
15. UPM § 2540.97 A 1 provides for Additional Low Income Medicare Beneficiaries Under 135% and states that this group includes individuals who would be Qualified Medicare Beneficiaries described in 2540.94 except that their applied income is equal to or exceeds 120 percent of the Federal Poverty Level but is less than 135% of the Federal Poverty Level.
16. Effective [REDACTED] 2016, the Department established the income limit under the MSP applicable to the ALMB program for a household of one as \$2435.40.
17. The Department was correct when it determined that the Appellant's household's income exceeded the limit for the ALMB program.

DISCUSSION

The Application form that the Appellant submitted on [REDACTED] 2016 reported that he is receiving worker's compensation benefits in the amount of \$200 a week in addition to Social security benefits that he receives monthly in the amount of \$2311.00. The Department was correct when it determined that based on information reported, the household's income exceeds the limits established for Medicare Savings Program.

DECISION

The Appellant's appeal is denied.

Swati Sehgal

Swati Sehgal
Fair Hearing Officer

CC: Cheryl D. Parsons, Social Service Operations Manager, Norwich
Darien Haney, Hearing Liaison, Norwich

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.