

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2017
Signature Confirmation

NOTICE OF DECISION

Client ID # ██████████
Request # 796908

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 her that she must meet a spend-down before medical assistance can be authorized.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department’s determination that she 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.

The following individuals were present at the hearing:

████████████████████ Appellant
████████████████████ Appellant’s Husband
Cecelia Tafur, Translator (DSS)
Jacqueline Taft, 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 [REDACTED], Connecticut. (Hearing record)
2. The Appellant is age fifty-six. Her date of birth is [REDACTED] 1960. She is a disabled individual. (Eligibility Determination Document – Department's exhibit 1, Appellant's testimony)
3. The Appellant resides with her spouse. Her spouse is age sixty-three. His date of birth is [REDACTED] 1953. He is a disabled individual. (Department's exhibit 1, Appellant's testimony)
4. The Appellant receives gross Social Security benefits in the monthly amount of \$916.00. (Eligibility Management System BINQ screen print – Department's exhibit 7)
5. The Appellant's husband receives gross Social Security benefits in the monthly amount of \$673.00. (Department's exhibit 7)
6. The Appellant and her husband receive no other income in addition to their Social Security benefits. (Appellant's testimony)
7. On [REDACTED] 2016, the Appellant applied for medical assistance for herself, and her husband. (Department's representative's testimony)
8. On [REDACTED] 2016, the Department issued a notice to the Appellant advising that her income is too high to receive medical assistance and that if she has medical bills that she owes or has recently paid totaling \$1,310.94, medical assistance eligibility can begin. (Notice dated [REDACTED] [REDACTED] 2016 – Department's exhibit 5)
9. The Department determined medical assistance eligibility for the Appellant's spouse reflecting the Appellant as Head of Household on the case. (Eligibility Management System STAT screen print – Department's exhibit 6, Department's representative's testimony)
10. There is no evidence in the record that the Department screened the Appellant for medical assistance for herself. (Department's exhibit 6, 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. Uniform Policy Manual (“UPM”) § 1005.05(A) provides that the assistance unit has the right to apply for assistance under any of the programs administered by the Department.
3. The Appellant applied for medical assistance benefits for herself and indicated at the time of application that her husband also seeks medical assistance benefits.
4. UPM § 1505.35(A)(1) provides that prompt action is taken to determine eligibility on each application filed with the Department.
5. UPM § 1505.35(A)(2) provides that reasonable processing standards are established to assure prompt actions on applications.

The Department timely processed the application that the Appellant filed on [REDACTED] 2016.

6. 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 applies 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
7. The Department’s Procedures found at P-2015.05(1) provide guidance with respect to assistance unit composition and states; include in the assistance unit only the one individual who requests assistance.

Both adults in this household requested medical assistance therefore, each should be screened separately as assistance units of one.

The Department incorrectly processed this household’s application for medical assistance.

8. It cannot be determined from the information on the record, whether this household must meet a spend-down in the amount of \$1,310.94 before medical assistance can be authorized

Additional processing is needed to properly determine this household’s medical assistance eligibility.

DISCUSSION

The Department did not properly process the Appellant's request for medical assistance.

Regulations provide that each adult that requests medical assistance is an assistance unit of one for Medicaid eligibility purposes.

The Department must determine medical assistance eligibility for the Appellant and rescreen and determine medical assistance eligibility for the Appellant's spouse.

DECISION


This case is remanded to the Department for additional eligibility processing.

ORDER

The Department shall screen and process an application for medical assistance for the Appellant using the application date of [REDACTED] 2016.

The Department shall screen and process an application for medical assistance for the Appellant's husband using the application date of [REDACTED] 2016.

Compliance with this decision shall be shown by submission of verification that the Appellant and her spouse have each been separately screened for medical assistance and is due to OLCRAH by [REDACTED] 2017.


Pamela J. Gonzalez
Hearing Officer

Copy: Lisa Wells, SSOM, DSS R.O. #20, New Haven
Cheryl Stuart, SSPM, DSS R.O. #20, New Haven
Brian Sexton, SSOM, DSS R.O. #20, New Haven
Jacqueline Taft, ESW, DSS R.O. #20, New Haven

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.