

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

Client Id. # ██████████
Hearing Id. # 804204

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ the spouse of ██████████ (the "Appellant") a Notice of Action ("NOA") stating that she must meet a spenddown before her Medicaid is activated.

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

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals participated in the hearing:

██████████ the Appellant
Marc Blake, Department's Representative
Carla Hardy, Hearing Officer

STATEMENTS OF THE ISSUE

The first issue is whether the Appellant's income exceeds the Medically Needy Income Limit ("MNIL") for Medicaid.

The second issue is whether the Appellant's spouse, [REDACTED] must meet a spenddown amount before becoming eligible for Medicaid.

FINDINGS OF FACT

1. In [REDACTED] 2016, the Appellant submitted his renewal form to the Department (Department's Testimony).
2. The Appellant is a resident of the town of [REDACTED], CT (Hearing Record).
3. The Appellant's household consists of himself and his spouse, [REDACTED] (Appellant's Testimony).
4. The Appellant is a recipient of \$1,530.00 Social Security Disability and \$3,068.00 Veteran's benefits monthly (Exhibit 3: Unearned Income Screen, Appellant's Testimony).
5. The Appellant's spouse does not have a source of income (Appellant's Testimony).
6. The Appellant's spouse is 51 years old (DOB [REDACTED]/65) (Appellant's Testimony).
7. The Appellant's spouse is not disabled (Appellant's Testimony).
8. The Appellant is not requesting medical coverage for himself. His spouse is the only person requesting medical coverage (Appellant's Testimony).
9. On [REDACTED] 2016, the Department sent the Appellant's spouse a notice advising her that she or someone in her household has too much income to get medical assistance now or for a past period and that in order to be eligible for medical assistance she must meet a spenddown of \$22,431.72 for the period from [REDACTED] 2016 through [REDACTED] 2017 (Exhibit 4: Spenddown Notice, [REDACTED]/16).
10. The Appellant's spouse is receiving HUSKY D healthcare coverage and is not on a spenddown (Exhibit 5: Assistance Status Screen, Exhibit 6: Client Participation History Screen, Department's Testimony).

11. The Appellant is the household member who is on the spenddown (Exhibit 5).
12. The Appellant's spouse incorrectly received the notice stating that she is on a spenddown (Department'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.
2. Uniform Policy Manual ("UPM") § 2540.01(A) provides that in order to qualify for medical assistance, an individual just meet the conditions of at least one coverage group.
3. UPM § 5500.01 provides that a needs group is the group of persons comprising the assistance unit and certain other persons whose basic needs are added to the total needs of the assistance unit members when determining the income eligibility of the assistance unit.
4. UPM § 5515.05(C)(2) (a) and (b) provides in part that the needs group for Medical Assistance for the Aged, Blind and Disabled ("MAABD") unit includes the applicant or recipient and the spouse of the applicant or recipient when they share the same home regardless of whether one or both applying for or receiving assistance, except in cases involving working individuals with disabilities.
5. UPM § 2015.05(A) provides that the assistance unit in assistance to the Aged, Blind or Disabled ("AABD") and MAABD consists of only one member. In these programs, each individual is a separate assistance unit.
6. The Department correctly determined that the Appellant is in a needs group of two persons and an assistance unit of one.
7. UPM § 2015.05(B) provides that an eligible spouse in the home applies for and receives assistance as a separate assistance unit.
8. The Department correctly determined that the Appellant's spouse is not an eligible member of MAABD.
9. UPM § 5050.13(A)(1) provides that income from Social Security and Veteran's benefits is treated as unearned income for all programs.
10. UPM § 5050.13(A)(2) provides that Social Security and Veteran's Benefits income is subject to unearned income disregards in the Aid to the Aged,

Blind, and Disabled (“AABD”) and Medicaid for the Aid to the Aged, Blind, and Disabled (“MAABD”) programs.

11. UPM § 5030.15(A) provides that except as provided in section 5030.15 D., unearned income disregards are subtracted from the unit member's total gross monthly unearned income.
12. UPM § 5030.15(B)(1)(a) provides that the disregard is \$337 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.
13. The Department correctly determined that the Appellant’s applied income from Social Security and Veteran’s benefits is \$4,261.00 per month (\$1,530.00 Social Security + \$3,068.00 Veterans Benefits – \$337.00 Disregard).
14. UPM § 4530.15(A) pertains to the medical assistance standards. It provides that a uniform set of income standards is established for all assistance units who do not qualify as categorically needy. It further states that the Medically Needy Income Limit (“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.
15. UPM § 4530.15(B) provides that the MNIL is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the AFDC program to an assistance unit of the same size with no income for the appropriate region of residence.
16. UPM § 4510.10(B) provides that [REDACTED] is part of Region [REDACTED]
17. The Department correctly determined that the Appellant resides in Region [REDACTED]
18. The Temporary Family Assistance grant for two persons residing in Region [REDACTED] is \$487.00.
19. The MNIL for two persons residing in region [REDACTED] \$696.41 (\$487.00 X 143%).
20. The Department correctly determined that the MNIL for the Appellant’s needs group of two persons is \$696.41.
21. The Department correctly determined that the Appellant’s applied income (\$4,261.00) exceeds the MNIL.

22. 42 CFR § 435.119 provides that Medicaid health coverage is available for individuals age 19 or older and under age 65 at or below 133 percent of the Federal Poverty Limit ("FPL").

(b) Effective January 1, 2014, the agency must provide Medicaid to individuals who:

- 1) Are age 19 or older and under age 65;
- 2) Are not pregnant;
- 3) Are not entitled to or enrolled for Medicare benefits under part A or B of the title XVIII of the Act.
- 4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and
- 5) Have household income that is at or below 133 percent FPL for the applicable family size.

23. The Department correctly determined that the Appellant's spouse is eligible for Medicaid/HUSKY D.

24. UPM § 1570.05(C)(2) provides that the Department denies or dismisses a request for a Fair Hearing if the requester or his or her representative withdraws the request in writing.

25. The Appellant did not withdraw his request for the fair hearing in writing.

26. The Appellant's appeal is moot because the Department granted Medicaid/HUSKY D healthcare coverage for his spouse, therefore, there is no issue on which to rule.

DISCUSSION

The [REDACTED] 2016 Notice of Action appears to indicate that the Appellant's spouse, [REDACTED] is on a spenddown and not active on any Medicaid program because the notice is addressed to her. After reviewing the Assistance Status and Client Participation History screens, it is clear that the Appellant is the one who is on a spenddown and not his spouse. His spouse is active on Medicaid HUSKY D healthcare coverage.

The Department testified that the computer system was reading something incorrectly causing the erroneous spenddown notice to be issued to the Appellant's spouse. [REDACTED] is listed as the head of household on the spenddown case instead of the Appellant which is causing the spenddown notice to be issued to her instead of the Appellant.

The Department may want to consider rearranging how this spenddown case is organized so that future spenddown notices will be sent to the Appellant and not his spouse.

DECISION

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



Carla Hardy
Hearing Officer

Pc: Musa Mohamud, Operations Manager, Hartford
Judy Williams, Operations Manager, Hartford
Tricia Morelli, Program Manager, Hartford
Marc Blake, Fair Hearing Liaison, Hartford

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.