

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 Mail

Client ID # ██████████

Request #806031

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent to ██████████ (the "Appellant") a notice to advise her that before medical assistance can be authorized she must meet a spend-down in the amount of \$7,028.72.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the Department's determination that she must meet a spend-down before medical assistance may be authorized.

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

The Appellant requested that her hearing be rescheduled. This request was granted. On ██████████ 2017, OLCRAH sent a notice of rescheduled hearing advising that the new date for the hearing was ██████████ 2017.

The Appellant appeared for her ██████████ 2017 hearing but was not brought into the hearing room. The Appellant's hearing was not held on ██████████ 2017.

On ██████████ 2017, OLCRAH rescheduled the Appellant's hearing to be held by telephone on ██████████ 2017.

On [REDACTED] 2017, in accordance with Connecticut General Statutes, sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, OLCRAH held a telephone hearing. The following individuals participated in the hearing:

[REDACTED] Appellant
Marc Blake, Department's Representative
Pamela J. Gonzalez, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department correctly determined that the Appellant must meet a spend-down in the amount of \$7,028.72, before medical assistance can be authorized.

FINDINGS OF FACT

1. The Appellant resides in [REDACTED], Connecticut. (Hearing record)
2. The Appellant resides alone and is an assistance unit of one member for Medicaid eligibility purposes. (Appellant's testimony, Hearing record)
3. The Appellant is 67 years of age. (Appellant's testimony)
4. The Appellant receives Social Security income. She has no other income source. (Appellant's testimony)
5. In the months of [REDACTED] 2016 – [REDACTED] 2016, the Appellant received Social Security income in the monthly amount of \$2,031.00. (Eligibility Management System UINC screen print – Department's exhibit C)
6. Effective [REDACTED] 2017, the Appellant receives Social security income in the monthly amount of \$2,038.00. (Department's exhibit C)
7. On [REDACTED] 2016, the Department issued a notice to the Appellant to advise that her income was too high to receive medical assistance however; she might qualify for medical assistance from [REDACTED] 2016 – [REDACTED] 2017 if she shows that she has medical bills that she owes on or has recently paid in the amount of \$7,028.72. (Notice dated [REDACTED] 2016 – Department's exhibit A)
8. As of the date of this hearing, the Appellant had not provided verification of outstanding medical expenses to the Department. (Hearing record)

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. A uniform set of income standards is established for all assistance units who do not qualify as categorically needy. It further states that the 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. Uniform Policy Manual ("UPM") § 4530.15(A)

The medically needy income limit is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the TFA program to an assistance unit of the same size with no income for the appropriate region of residence. UPM § 4530.15(B)

3. The Appellant resides in [REDACTED], which is in Region B. UPM § 4510.10 B.
4. The MNIL for one person residing Region B is \$523.38. UPM § P-4530.15 2.
5. 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 applied 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

The Department correctly determined that the Appellant's assistance unit consists of one member.

6. 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). UPM § 5515.05

The Department correctly determined that the Appellant's needs group size is one.

7. The income limit used to determine income eligibility is the limit for the number of persons in the needs group. UPM § 5515.10(C)

The Department correctly determined that the income limit used in this case to determine eligibility is \$523.38.

8. UPM § 5050.13(A) provides that (1) Income from Social Security and Veteran's Benefits is treated as unearned income in all programs. (2) This income is subject to unearned income disregards in the AABD and MAABD programs.
9. Except as provided in section 5030.15 D., unearned income disregards are subtracted from the unit member's total gross monthly unearned income. UPM § 5030.15(A)

The standard disregard is \$227.00 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. UPM § 5030.15(B)(1)(a)

10. The unearned income disregard increased to \$337.00 effective [REDACTED] 2015 and increased to \$339.00 effective [REDACTED] 2017.

After applying the unearned income disregard, the Appellant's applied unearned income for the six month period of [REDACTED] 2016 – [REDACTED] 2017 totals \$10,169.00. ([\$2,031.00 Social Security - \$337.00 Disregard = \$1,694.00 x 5 months [REDACTED] - [REDACTED] + [\$2,038.00 Social Security [REDACTED] \$339.00 Disregard])

11. A six-month period for which eligibility will be determined is established to include the month of application and the five consecutive calendar months which follow. UPM § 5520.20(B)(1)

The total of the assistance unit's applied income for the six-month period is compared to the total of the MNIL's for the same six-months: UPM § 5520.20(B)(5)

When the unit's total applied income, is greater than the total MNIL's the assistance unit is ineligible until the excess income is offset through the spend-down process. UPM § 5520.20(B)(5)(b)

The Appellant's applied income exceeds the MNIL by \$7,028.72 for the six month period of [REDACTED] 2016 – [REDACTED] 2017. (\$12,193.00 – \$2,024.00 [[\$337.00 x 5 months + \$339.00] - \$3,140.28 [\$523.38 MNIL limit for one person x 6 months]).

The Department has correctly determined that the Appellant must meet a \$7,028.72 spend-down before medical assistance can be authorized.

DISCUSSION

The Appellant agreed with the amount of Social Security income that the Department reflected but stated that she does not agree with the Department that she has excess income. She listed her expenses including the cost of her equity loan, taxes, insurance, heat and electric, car payment, telephone, water, and credit cards.

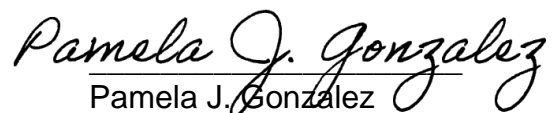
I have reviewed the Department's income eligibility determination and I find that the Appellant is subject to a spend-down as determined.

The Department has correctly reflected the Appellant's income and has properly computed her income eligibility for medical assistance. Regulations state that in cases where income exceeds the program income limit, eligibility is not established until the amount of the excess (amount of income that exceeds the limit) is offset by qualifying medical bills.

The Appellant testified that as of the date of the hearing, she had not provided verification of outstanding medical bills to the Department.

DECISION

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


Pamela J. Gonzalez
Hearing Officer

Copy: Musa Mohamud, SSOM, DSS R.O. #10, Hartford
Judy Williams, SSOM, DSS R.O. #10, Hartford
Tricia Morelli, SSPM, DSS R.O. #10, Hartford
Marc Blake, ESW, DSS R.O. #10, Hartford
Jay Bartolomei, ESS, DSS R.O. #10, 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 Legal Counsel, Regulations, and Administrative Hearings, 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 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.