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

[redacted], 2018
Signature Confirmation

Client# [redacted]
Request # [redacted]

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2017, the Department of Social Services (the "Department") issued [redacted], (the "Appellant") a Notice of Action ("NOA") stating that he must met a spenddown before his Medicaid for can be activated effective [redacted] 2017.

On [redacted] 2017, the Appellant requested an administrative hearing to contest the Department's decision to take this action

On [redacted] 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2018.

On [redacted] 2018, 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:

[redacted] Appellant
Javier Rodriguez, Department's Representative
Sybil Hardy, Hearing Officer

STATEMENTS OF THE ISSUE

The issue is whether the Department correctly granted the Appellant's medical assistance under the Medicaid for Aged, Blind and Disabled ("MAABD") program effective [redacted] 2017.

FINDINGS OF FACT

1. The Appellant is a 45 years old. (Appellant's Testimony)

2. The Appellant is disabled. (Appellant's Testimony, Exhibit 7: Social Security Administration Benefit Statement, [redacted]/17, Exhibit 8: Social Security Benefit Statement, [redacted]/17)

3. The Appellant resides with his brother and his 13 year old niece in their home. (Appellant's Testimony)

4. The Appellant receives a monthly gross unearned income from the Social Security Disability ("SSD") in the amount of $959.00. (Exhibit 6: SOLQ R-I I Results Details, Exhibit 7, Exhibit 8)

5. The Appellant's pays $182.00 monthly for court ordered child support and that amount is deducted from his SSD benefits. (Exhibit 1: Case Notes, Exhibit 7)

6. The Appellant's is active on the Medicare Savings Plan and the Department pays his Medicare Part B premiums. (Exhibit 8)

7. The Appellant's medical spenddown period is [redacted] 2017 through [redacted] 2017. (Exhibit 1)

8. The Appellant's spenddown amount for the period of [redacted] 2017 through [redacted] 2017 was $584.05. (Exhibit 1)

9. Xerox/Conduit (the "contractor") is the contractor for the Department that handles medical bills submitted for a spenddown. (Hearing Record)

10. On [redacted] 2017, the contractor determined that the Appellant met his spenddown amount for the period of [redacted] 2017 through [redacted] 2017 effective [redacted] 2017. (Exhibit 1)

11. On [redacted] 2017, the Department activated the Appellant MAABD medical assistance effective [redacted] 2017.

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 an 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 one person and an assistance unit of one member.

7. UPM § 5520.20(B)(1) provides that 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.

8. The Department correctly calculated the Appellant's six month period of eligibility as [redacted] through [redacted].

9. UPM § 5520.25(B) provides for the use of medical expenses under a spend-down.

    1. Medical expenses are used for a spend-down if they meet the following conditions:
        a. the expenses must be incurred by a person whose income is used to determine eligibility;
        b. any portion of an expense used for a spend-down must not be payable through third party coverage unless the third party is a public

assistance program totally financed by the State of Connecticut or by a political subdivision of the State;

c. there must be current liability for the incurred expenses, either directly to the provider(s) or to a lender for a loan used to pay the provider(s), on the part of the needs group members;

d. the expenses may not have been used for a previous spend-down in which their use resulted in eligibility for the assistance unit.

2. The unpaid principal balance which occurs or exists during the spend-down period for loans used to pay for medical expense incurred before or during the spend-down period, is used provided that:
   a. the loan proceeds were actually paid to the provider; and
   b. the provider charges that were paid with the loan proceeds have not been applied against the spend-down liability; and
   c. the unpaid principal balance was not previously applied against spend-down liability, resulting in eligibility being achieved.
3. Medicaid expenses are used in the following order of categories and, within each category, chronologically starting with the oldest bills:
   a. first, Medicare and other health insurance premiums, deductibles, or coinsurance charges. Medical insurance premium expenses which exist at the time of the processing of the application which are reasonably anticipated to exist for six month prospective period are considered as a six-month projected total;
   b. then, expenses incurred for necessary medical and remedial services that are recognized under State Law as medical costs but <u>not</u> covered by Medicaid in Connecticut.
4. When unpaid loan principal balances are used, they are categorized by the type of expense they were used to pay, as in B.3.
5. Expenses used to determine eligibility in a retroactive period are used in the following order:
   a. <u>unpaid</u> expenses incurred anytime prior to the three-month retroactive period; then
   b. <u>paid or unpaid</u> expenses incurred within the three-month retroactive period but not later than the end of the retroactive month being considered; then
   c. an unpaid principal balance of a loan which exists during the retroactive period.
6. Expenses used to determine eligibility in the prospective period are used in the categorical and chronological order described previously.
7. Income eligibility for the assistance unit exists as of the day when excess Income is totally offset by medical expenses: Any portion of medical expenses used to offset the excess income are the responsibility of the unit to pay.
   a. Medical expenses which are recognized as payable under the State's plan and which are remained unpaid at the time eligibility begins are paid by the Department provided the expenses were not used to offset income.

10. UPM § 5520.30(B)(2) provides that when the excess income is offset by medical expenses before the expiration of the prospective period, the assistance unit is eligible for the remaining balance of the six months.

11. The Department correctly determined that the Appellant met the full spend-down amount of $584.05 in order to become eligible for MAABD effective [redacted] 2017.

12. The Department correctly granted the Appellant's MAABD medical assistance effective [redacted] 2017.

DISCUSSION

The Department correctly granted the Appellant's MAABD benefits effective [redacted] 2017 when the Appellant met the full spenddown amount. Eligibility begins the day the Appellant met the spenddown and continues until the end of the six month eligibility period. It does not go back to the first day of the spenddown period.

DECISION

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

Sybil Hardy
Hearing Officer

Pc: Tricia Morelli, Operations Manager, DSS R.O. # 11, Manchester
Javier Rivera, Fair Hearings Liaison, DSS R.O. # 11, Manchester

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.