

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

██████████, 2018  
Signature Confirmation

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

**NOTICE OF DECISION**

**PARTY**

████████████████████  
████████████████████  
████████████████████

**PROCEDURAL BACKGROUND**

On ██████████, 2018, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") granting Medicaid benefits under the Medically Needy for Aged, Blind, and Disabled Program ("MAABD") under a spenddown effective ██████████ 2018.

On ██████████, 2018, the Appellant requested an administrative hearing to contest the Department's action.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing on ██████████ 2018.

On ██████████, 2018, the Appellant requested to reschedule the hearing by telephone.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing by telephone on ██████████

On ██████████ 2018, 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 by telephone.

The following individuals participated at the telephone conferenced hearing:

██████████, Appellant  
 Guerline Dominique, Department's Representative  
 Shelley Starr, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Appellant must meet a spenddown to become eligible for MAABD coverage.

### **FINDINGS OF FACT**

1. The Appellant is ██████████ years old ██████████ (Appellant's Testimony)
2. The Appellant's assistance unit consists of ██████ member. (Hearing Record: Appellant's Testimony; Exhibit D: MAABD income test)
3. The Appellant resides in ██████████ Connecticut and she is responsible for \$█████████ per month in rent. (Appellant's Testimony)
4. The Appellant receives Social Security Disability ("SSDI") benefits of \$915.00 per month. (Hearing Summary; Appellant's Testimony: Exhibit C: Unearned Income - Details)
5. The Appellant is enrolled in Medicare Part A and B and is active on the Medicare Savings Plan Qualified Medicare Beneficiaries program which pays the Appellant's Medicare Part B monthly premiums. (Appellant's Testimony; Department's Testimony)
6. The Appellant resides in ██████████, Connecticut which is located in geographical region B. (Department's Testimony; Hearing Record)
7. The medically needy income limit ("MNIL") under the MAABD program is \$523.38. (Exhibit D: MAABD Income Test; Department's Testimony)
8. On ██████████ 2018, the Department determined the Appellant eligible for MAABD under a spenddown totaling \$315.72 for the period ██████████ 2018 through ██████████, 2018 because her monthly net income of \$576.00 exceeds the Husky C income limit of \$523.38 by \$52.62 per month. (\$52.62 excess income x 6 months spenddown period = \$315.72 spenddown amount) (Hearing Summary; Exhibit F: Notice of Action dated ██████████ 2018; Department's Testimony)
9. On ██████████, 2018, the Department sent the Appellant a notice advising her that her income is too high for medical coverage because her income exceeds the Husky income limit. Medical expenses totaling

\$315.72 would need to be submitted to meet a spenddown in order to become eligible for MAABD coverage for the six-month spenddown period [REDACTED], 2018 through [REDACTED], 2018. (Exhibit F: Notice of Action dated [REDACTED], 2018)

10. The Appellant has outstanding medical debt. (Appellant's Testimony)
11. The Appellant has not submitted any medical expenses to be applied towards [REDACTED] for [REDACTED] 2018 through [REDACTED] 2018 spenddown. (Appellant's Testimony)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes 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. Uniform Policy Manual ("UPM") § 2540.01 (A) provides that in order to qualify for medical assistance, an individual must meet the conditions of at least one coverage group.

UPM 2540.01(C) provides that individuals qualify for medical assistance ("MA") as medically needs if:

1. their income or assets exceed the limits of the Aid to Families with Dependent Children ("AFDC") or Aid to the Aged, Blind and Disabled ("AABD") programs; and
2. their assets are within the medically needy asset limit; and
3. their income either:
  - (a) is within the Medically Needy Income Limit ("MNIL"); or
  - (b) can be reduced to the MNIL by a spend-down of medical expenses.

UPM § 5515.05 (C)(2) provides in part that the needs group for an MAABD unit includes the following: the applicant or recipient. (Cross reference: 2540.85)

**The Department correctly determined the Appellant's needs group consists of [REDACTED] member.**

3. UPM § 4530.15 (A) 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.

UPM § 4530.15(B) provides that the medically needy income limit 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.

UPM § 4510.10(A)(1) provides that the State of Connecticut is divided into three geographic regions on the basis of a similarity in the cost of housing. Separate standards of need are established for each state region. The standard of need which is applicable to a particular assistance unit is based on:

- (a) The current region of residence; and
- (b) The appropriate needs group size.

UPM § 4510.10 (B)(2) provides Canton is a part of Region B.

**The Department correctly determined that the Appellant is a needs group of one residing in Region B with the MNIL for the Appellant's assistance unit of \$523.38.**

- 4. UPM § 5050.13(A)(1) provides that income from Social Security is treated as unearned income in all programs.

**The Department correctly determined the Appellant's total monthly gross unearned income of Social Security Disability as \$915.00.**

- 5. UPM § 5050.13(A)(2) provides that Social Security income is subject to an unearned income disregard in the AABD and MAABD programs.

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.

UPM § 5030.15(C)(2)(a) provides that all of the disregards used in the AABD programs are used to determine eligibility for MAABD.

UPM § 5030.15(B)(1)(a) provides for the standard disregard as \$339.00 [effective 1/1/18] 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 1<sup>st</sup> thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration. The current unearned income disregard is \$339.00.

**The Department correctly applied the standard unearned income disregard of \$339.00 per month.**

6. UPM § 5045.10(C)(1) provides that except for determining AABD eligibility and benefit amounts for individuals residing in long term care facilities, applied unearned income is calculated by reducing the gross unearned income amount by the appropriate disregard based upon living arrangements.

UPM § 5045.10(E) provides that the assistance unit's total applied income is the sum of the unit's applied earnings, applied unearned income, and the amount deemed.

**The Department correctly calculated the Appellant's total applied Income at \$576.00 (\$915.00 - \$339.00).**

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.

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

UPM § 5520.25 (B) provides that when the amount of the assistance unit's monthly income exceeds the MNIL, income eligibility for a medically needy assistance unit does not occur until the amount of excess income is offset by medical expenses. This process of offsetting is referred to as a spend-down.

**The Department correctly determined that the Appellant's applied income exceeds the MNIL by \$52.62 (\$576.00 - \$523.38 = \$52.62 per month.**

**The Department correctly determined that the Appellant's income exceeds the MNIL for the MAABD program and that [REDACTED] must meet a spend-down.**

**The Department correctly determined that the Appellant's six-month spend-down amount is \$315.72 (\$52.62 x 6 months) for the period from [REDACTED]**

8. UPM § 5520.25 (B)(1) provides that medical expenses are used for a spend-down if they meet the following conditions:

- a. the expenses must be incurred by 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.

UPM § 5520.25 (B)(7) provides that income eligibility for the assistance unit exists as of the day when excess income is totally offset by medical expenses.

**The Department correctly determined the assistance unit's spenddown as \$315.72. (\$52.62 excess income x 6 months = \$315.72)**

**The Department correctly determined the Appellant must meet a spend-down in order to become eligible for medical benefits under the MAABD program.**

### **DECISION**

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

  
Shelley Starr  
Hearing Officer

cc: Musa Mohamud, DSS, Hartford  
Judy Williams, DSS, Hartford  
Jessica Carroll, DSS, Hartford  
Jay Bartolomei, DSS, 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.