

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

██████████, 2018  
Signature confirmation

Case: ██████████  
Client: ██████████  
Request: ██████████

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received a hearing request from ██████████ (the “Appellant”) stating that he wanted an administrative hearing regarding his Medicaid/HUSKY C coverage.

On ██████████ 2017, the Department of Social Services (the “Department”) issued the Appellant a notice that the agency had determined that he must meet a \$1,469.72 spend-down in order to receive Medicaid/HUSKY C coverage in the period from ██████████ 2017 through ██████████, 2018.

On ██████████ 2017, the OLCRAH issued a notice scheduling an administrative hearing for ██████████ 2018, referencing the Appellant’s spend-down.

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

██████████, Appellant  
Guerline Dominique, Department’s representative  
Eva Tar, Hearing Officer

The hearing record closed ██████████.

### **STATEMENT OF ISSUE**

The issue to be decided by this administrative hearing is whether the Department correctly determined that the Appellant must meet a spend-down in order to receive Medicaid/HUSKY C coverage.

### **FINDINGS OF FACT**

1. The Appellant lives in his apartment in [REDACTED], Connecticut. (Appellant's testimony)
2. The Appellant is not married. (Appellant's testimony)
3. The Appellant grosses \$1,111.00 per month in Social Security disability benefits. (Department's Exhibit C)(Appellant's testimony)
4. The Appellant receives a Medicare Savings Program (MSP) benefit to pay for his Medicare premiums. (Department's representative's testimony)(Department's Exhibit D)
5. On [REDACTED], 2017, the Department issued the Appellant a *Notice of Action* stating that he would have to submit \$1,469.72 in medical bills to meet a spend-down in order to become eligible for Medicaid coverage in the period from [REDACTED] 2017 through [REDACTED] 2018. (Department's Exhibit D)
6. The [REDACTED] 2017 *Notice of Action* instructs the Appellant to submit proof of medical expenses only to the HUSKY Spend-Down Processing Center in the envelopes provided and gives instructions on how to get more envelopes. The proof is not to be submitted to the Department. (Department's Exhibit D)
7. At the [REDACTED] 2018 administrative hearing, the Appellant submitted invoices and receipts for medical services he received from [REDACTED] 2016 through [REDACTED] 2018 to the Department. (Appellant's Exhibit A)
8. Without further research, it is unclear as to whether the Appellant's out-of-pocket medical expenditures for periods prior to [REDACTED] 2017 can be used to offset the Appellant's current spend-down. (Department's representative's testimony)

### **CONCLUSIONS OF LAW**

1. The Department is designated as the state agency for the administration of (1) the Connecticut energy assistance program pursuant to the Low Income Home Energy Assistance Act of 1981; (2) the state plan for vocational rehabilitation services for the fiscal year ending June 30, 1994; (3) the refugee assistance program pursuant to the Refugee Act of 1980; (4) the legalization impact assistance grant program pursuant to the Immigration Reform and Control Act of 1986; (5) the temporary assistance for needy families program pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; (6) the Medicaid program pursuant to Title XIX of the Social Security Act; (7) the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008; (8) the state supplement to the Supplemental Security Income

Program pursuant to the Social Security Act; (9) the state child support enforcement plan pursuant to Title IV-D of the Social Security Act; (10) the state social services plan for the implementation of the social services block grants and community services block grants pursuant to the Social Security Act; and (11) services for persons with autism spectrum disorder in accordance with sections 17a-215 and 17a-215c. Conn. Gen. Stat. § 17b-2.

2. The needs group for a Medicaid unit for individuals who are aged, blind, or disabled 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. Uniform Policy Manual ("UPM") § 5515.05 (C)(2).
3. For the purposes of the Medicaid program, the Appellant is a needs group of one.
4. In consideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded. Income is considered available if it is: 1. received directly by the assistance unit; or 2. received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or 3. deemed by the Department to benefit the assistance unit. UPM § 5005 (A).
5. Social Security and Veterans' Benefits: Income from these sources is treated as unearned income in all programs. This income is subject to unearned income disregards in the AABD and MAABD programs. UPM § 5050.13 (A)(1) and (2).
6. For the purposes of the Medicaid program, the Appellant's gross monthly Social Security disability benefits are available income.
7. The Department computes applied income by subtracting certain disregards and deductions, as described in this section, from counted income. UPM § 5005 (C).
8. The Department uses the assistance unit's applied income to determine income eligibility and to calculate the amount of benefits. UPM § 5005 (D).
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).
10. Standard Disregard: The 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 1<sup>st</sup> 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).  
  
Effective January 1, 2017, the standard disregard associated with the AABD and MAABD programs is \$339.00 per month. UPM § P-5030.15.
11. For the purposes of the Medicaid program, the Appellant's monthly applied income was \$772.00. [\$1,111.00 (SSDI) minus \$339.00 (standard disregard)]

12. ██████████, Connecticut falls within Region B. UPM § 4510.10 (B)(1).
13. A uniform set of income standards is established for all assistance units who do not qualify as categorically needy. UPM § 4530.10 (A)(1).
14. The Medically Needy Income Limit ("MNIL") of an assistance unit varies according to: a. the size of the assistance unit; and b. the region of the state in which the assistance unit resides. UPM § 4530.15 (A)(2).
15. The MNIL 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).  

The MNIL for a needs group of one equals \$523.38 in Region B. UPM § P-4530.15 (2).
16. The Appellant's monthly applied income exceeds the MNIL by \$248.62 per month. [\$772.00, monthly applied income; minus \$523.38 (MNIL)]
17. 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. UPM § 5520.25 (B).
18. Income eligibility for the assistance unit exists as of the day when excess income is totally offset by medical expenses: a. Any portion of medical expenses used to offset the excess income are the responsibility of the unit to pay. b. 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. UPM § 5520.25 (B)(7).
19. The total amount of excess income for the entire six-month prospective period is offset by: a. medical expenses occurring prior to the prospective period in accordance with guidelines set forth in 5520.25; and b. paid or unpaid medical expenses occurring in the prospective period in chronological order. UPM § 5520.30 (B)(1).
20. 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. UPM § 5520.30 (B)(2).
21. When the amount of incurred expenses is insufficient to offset the excess income, no eligibility exists for that six-month period. UPM § 5520.30 (B)(3).
22. The Appellant's spend-down to be met from ██████████ 2017 through ██████████, 2018 equals \$1,491.72. [Monthly applied income in excess of MNIL for six-month period]
23. The Department correctly determined that the Appellant must meet a spend-down in order to receive Medicaid/HUSKY C coverage.

**DISCUSSION**

The Appellant receives \$1,111.00 in Social Security disability benefits per month. As a medically needy individual whose applied income exceeds \$523.38 per month, the Appellant must meet a “spend-down” procedure in order to receive Medicaid coverage in a six-month period. The Appellant’s current spend-down cycle runs from [REDACTED] 2017 through [REDACTED], 2018.

At the [REDACTED] 2017 administrative hearing, the Appellant submitted invoices and receipts for medical services he has received in the period from [REDACTED] 2016 through [REDACTED] 2018. The Appellant has paid for a number of these bills out-of-pocket while other bills remain unpaid. The Department should forward these documents to its HUSKY Spend-Down Processing Center, for the purpose of determining whether they may be used toward offsetting the Appellant’s current spend-down.

The Appellant is advised that if he wishes prompt action regarding having his medical bills applied to his spend-down, he must follow the instructions previously given to him and mail them to the HUSKY Spend-Down Processing Center, using the envelopes that the agency has already provided to him.

**DECISION**

The Appellant’s appeal is DENIED.

*Eva Tar-electronic signature*  
Eva Tar  
Hearing Officer

cc: Guerline Dominique, DSS-Hartford/Windsor  
Jay Bartolomei, DSS-Hartford/Windsor  
Musa Mohamud, DSS-Hartford/Windsor  
Judy Williams, DSS-Hartford/Windsor

### **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.