

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

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

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

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") stating that she must meet a spenddown before her Medicaid can be activated.

On ██████████, 2017, the Appellant requested an administrative hearing to contest the Department's action.

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

On ██████████ 2018, the Appellant requested the administrative hearing be rescheduled.

On ██████████, 2018, the OLCRAH issued a Notice rescheduling the administrative hearing for ██████████ 2018.

On ██████████ 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 were present at the hearing:

██████████, Appellant  
Paul Chase, Department's Representative

Scott Zuckerman, 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 must meet a spenddown amount before being eligible for Medicaid.

### **FINDINGS OF FACT**

1. On [REDACTED] 2017, the Department sent a Notice of Action to the Appellant stating her medical coverage will change from Husky C – Individual Receiving Home and Community Based Services to Husky C – Medically Needy Aged, Blind, Disabled – Spenddown. The Appellant was certified from [REDACTED] 2017 through [REDACTED], 2018 with a spenddown of \$1,581.72. (Exhibit 1: Notice dated 11/9/17)
2. The Decision to change coverage from Husky C – Individual Receiving Home and Community Based Services to Husky C – Medically Needy Aged, Blind, Disabled – Spenddown effective [REDACTED] 2017, was incorrect. The Department must reinstate the Appellant's Home Care Waiver Medicaid assistance effective [REDACTED] 2017. (Cross Reference Hearing Decision ID # [REDACTED] dated [REDACTED], 2018)

### **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. UPM § 1570.05(B) provides that subject to the conditions described in this chapter, the requester has the right to a Fair Hearing if: (3) the requester feels that the Department has either failed to take required action or has taken an erroneous action. Such actions include: (a) suspending, reducing, discontinuing, or termination benefits
3. The Hearing Officer's decision to reinstate W01 Home Care Waiver Medicaid renders this decision moot.

4. The Department incorrectly discontinued the Appellant's Medical coverage from the W01 Home Care Waiver Medicaid to Medically Needy Aged, Blind, and Disabled Spenddown.

**DECISION**

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

**ORDER**

1. The Department must discontinue the Husky C – Medically Needy Aged, Blind, Disabled Spenddown effective [REDACTED] 2017.
2. The Department will reinstate the Appellant's Home Care Waiver Medicaid assistance effective [REDACTED] 2017 and continue to process her case to determine ongoing eligibility for the waiver program (Cross reference Hearing decision, Hearing ID # [REDACTED] dated [REDACTED], 2018).
3. No later than [REDACTED], 2018, the Department will submit to the undersigned verification of compliance with this order.

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Scott Zuckerman  
Hearing Officer

Cc:Paul Chase, DSS, Central Office  
Shirlee Stoute, DSS, Central Office  
Lisa Bonetti, DSS, Central Office  
Laurie Filippini, DSS, Central Office  
Pam Adams, DSS, Central Office  
Peter Bucknall, DSS, Operations Manager, Waterbury Regional Office  
Karen Main, DSS, Operations Manager, Waterbury Regional Office.

### **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 06105-3725.

### **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.