

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

Case ID #: ██████████  
Client Id: # ██████████  
Hearing Id: # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a notice indicating her income exceeds the limits for the Medical Assistance for the Aged, Blind and Disabled program ("MAABD") and she must meet a spenddown amount of \$5,707.46 before her medical assistance can be activated.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department's determination of said spenddown.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings, ("OLCRAH") issued a notice scheduling 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
- ██████████ Appellant's Spouse
- Lindsay Valle, Department's Representative
- Antoneta Avila, Department's Interpreter
- Christopher Turner, Hearing Officer

### STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to place the Appellant's Medical Assistance for the Aged, Blind, or Disabled ("MAABD") in spenddown status was correct.

### FINDINGS OF FACT

1. The Appellant is requesting medical assistance for only herself. Her spouse has a separate community medical case. (Hearing summary; Appellant's testimony)
2. The Appellant resides with her husband in the town of [REDACTED] (Record; Appellant's testimony)
3. The Appellant is age [REDACTED] and her spouse is [REDACTED] years old [REDACTED] (Record; Appellant's testimony)
4. The Appellant's gross monthly Social Security Disability ("SSD") benefit is \$1,196.00. (Exhibit 2A: Unearned income printout; Appellant's testimony)
5. The Appellant's spouse receives \$1,258.00 in gross monthly Social Security ("SSA") (Exhibit 2A: Unearned income printout; Appellant's testimony)
6. There are no other sources of income, earned or unearned, received by the Appellant or her spouse. (Record; Appellant's testimony)
7. The Temporary Family Assistance grant for two residing in Region A is \$563.00. (Record)
8. The Appellant and her spouse are recipients of the Department's Medicare Savings Program. (Record; Appellant's testimony)
9. On [REDACTED] 2018, the Department completed a review of the Appellant's assistance. The Department notified the Appellant that she would have to submit medical bills totaling \$5,707.46 to meet a spenddown in order to become eligible for MAABD coverage for the period of [REDACTED] 2017 through [REDACTED] 2018. (Exhibit 1: Notice dated [REDACTED] 7)

### 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 in order to qualify for Medicaid; an individual must meet the conditions of a least one coverage group.

3. UPM § 2540.01 (C) (3) provides individuals who qualify as Medically Needy if their income either: (a) is within the Medically Needy Income Limit ("MNIL"); or (b) can be reduced to the MNIL by a spenddown of medical expenses (cross reference : 5520)

UPM 2540.96 (A) provides for the MAABD coverage group to include individuals who: 1. meet the MAABD categorical eligibility requirements of age, blindness, or disability; and 2. are not eligible as categorically needy; and 3. meet the medically needy income and asset criteria.

**The Department correctly determined the Appellant is considered disabled under the MAABD program.**

4. UPM § 5515.05 (C) (2) provides in part that the needs group for a 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 applying for or receiving assistance, except in cases involving working individuals with disabilities.

**The Department correctly determined that the Appellant is deemed a needs group of two, the Appellant and her spouse.**

5. UPM § 4510.10 (A) (1) provides the State of Connecticut is divided into three geographic regions based on similarity in the cost of housing.

UPM § 4510.10 (A) (2) provides separate standards of need are established for each state region.

UPM § 4510.10 (A) (3) provides 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) provides that [REDACTED] part of Region A.

6. UPM § 4530.15 (A) (1) provides that a uniform set of income standards is established for all assistance units who do not qualify as categorically needy.

UPM § 4530.15 (A) (2) provides that the MNIL of an assistance unit vary 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 (B) provides that the MNIL is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the AFDC (TFA) program to an assistance unit of the same size with no income for the appropriate region of residence.

**The Department correctly determined the Temporary Family Assistance grant for two residing in Region A is \$563.00.**

**The Department correctly determined that the MNIL for the Appellant's assistance unit of two is \$805.09 (\$563.00 \* 1.43).**

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

**The Department correctly determined that the Appellant's total gross monthly household unearned income is \$2,454.00 (\$1,196.00 SSD + \$1,258.00 SSA)**

8. 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 (B) (1) (a) provides that the disregard was \$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 thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration. Effective January 1, 2018, the disregard is \$339.00 for those individuals who reside in their own homes in the community.

UPM § 5045.10 (C) (1) provides that except for determining Aid to the Aged, Blind, and Disabled ("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 § 5050.13 (A) (2) provides that Social Security income is subject to unearned income disregards in the AABD and MAABD programs.

**The Department correctly calculated the Appellant's applied unearned income as \$1,776.00 (\$2,454.00 total income - \$678.00 standard disregard (\$339.00 \* 2)).**

9. UPM § 5520.20 (B) provides the following method is used to determine the assistance unit's eligibility in the prospective period: 1. 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. 2. The needs group which is expected to exist in each of the six months is established. 3. An MNIL is determined for each of six months is determined on the basis of: a. the anticipated place of residency of the assistance unit in each of the six months; and b. the anticipated composition of the needs group for each of the same six months. 4. The assistance unit's applied income is estimated for each of the six months. 5. 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: a. when the unit's total applied income equals or is less than the total MNIL's the assistance unit is eligible; b. 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 § 5520.25 (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.

UPM § 5520.25 (B) (1) Medical expenses are used for a spend-down if they meet the following conditions: a. the expenses must be incurred by the 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 providers or to a lender for a loan used to pay the providers, 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.

The Department correctly calculated the Appellant's six-month period of eligibility as [REDACTED] 2017 through [REDACTED] 2018.

The Department correctly determined that the Appellant's applied income exceeded the MNIL by \$970.91 per month (\$1,776.91 – \$805.09).

The Department correctly determined that the Appellant's six month spenddown amount is \$5,825.46 (\$970.91 excess \* 6 months).

#### DISCUSSION

The Department was correct to place the Appellant's Medicaid assistance in a spenddown based on her applied income exceeding the MNIL. The Appellant may submit medical bills to the Department anytime for evaluation to help offset her spenddown.

#### DECISION

The Appellant's appeal is Denied.

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Christopher Turner  
Hearing Officer

Cc: CarolSue Shannon, Operations Manager Stamford  
Lindsay Vallee, DSS Stamford

### **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, law, and 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, if 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 06105-3725. 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.