

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

████████████████████
Signature Confirmation

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

NOTICE OF DECISION

PARTY

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

██████████ BACKGROUND

On ██████████, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) stating that she must meet a spenddown in the amount of \$249.06 before her Medicaid can be activated.

On ██████████, the Appellant requested an administrative hearing to contest the Department’s determination that she must meet a spenddown before her Medicaid could be activated.

On ██████████, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████.

On ██████████, the Appellant contacted OLCRAH to state that she was disabled and would like to amend her request to a telephone hearing.

On ██████████, OLCRAH issued a notice rescheduling the administrative hearing to be held by telephone on ██████████.

On ██████████, the Appellant requested a continuance of the hearing as she and the Department were working on a possible resolution to the issue of the hearing.

On [REDACTED] [REDACTED] [REDACTED], OLCRAH issued a notice rescheduling the administrative hearing to be held by telephone on [REDACTED].

On [REDACTED], when the Appellant was called for the hearing she was at the doctor's office and requested that the hearing be rescheduled.

On [REDACTED] [REDACTED] [REDACTED], OLCRAH issued a notice rescheduling the administrative hearing to be held by telephone on [REDACTED].

On [REDACTED], 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:

[REDACTED], the Appellant, via telephone conference call
Joseph Alexander, Eligibility Specialist, Hearing Liaison,
Maureen Foley-Roy, 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. The Appellant is requesting medical assistance for herself. (Appellant's testimony)
2. The Appellant resides alone. (Appellant's testimony)
3. The Appellant's only source of income is from Social Security. In 2018, her benefit was \$1014.00 monthly. (Department's summary and Appellant's testimony)
4. On [REDACTED], the Department sent the Appellant a notice that she was ineligible for medical coverage as her income was too high. The letter advised her that the spenddown amount was \$249.06 and the spenddown period was [REDACTED] through [REDACTED]. (Exhibit 4: Notice of Action dated [REDACTED])
5. Spenddowns are in periods of six months. (Department's summary and Department representative's testimony)

6. The issuance of this decision is timely under Connecticut General Statutes Section 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED]. The Appellant requested three postponements of the hearing date, which resulted in 105 delay days; therefore, this decision is due not later than [REDACTED].

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") § 4530.15(A) pertains to the medical assistance standards. It 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 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.
3. 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.
4. UPM § 4510.10(B) provides that [REDACTED] is part of Region A.
5. The Department correctly determined that the Appellant lives in Region A.
6. The Department correctly determined that the MNIL for the Appellant's assistance unit for one person was \$633.49.
7. UPM § 5050.13(A) (1) provides that income from Social Security is treated as unearned income for all programs.
8. The Department correctly determined that the Appellant's total unearned income was \$1014 per month.
9. UPM § 5050.13(A)(2) provides that Social Security income is subject to unearned income disregards in the Aid to the Aged, Blind, and Disabled ("AABD") and Medicaid for the Aid to the Aged, Blind, and Disabled ("MAABD") programs.
10. 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.

11. UPM § 5030.15(B)(1)(a) provides that the disregard was \$302 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 1st thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration. Effective January of 2018, the disregard was increased to \$339 for those individuals who reside in their own homes in the community.
12. The Department correctly applied the standard unearned income disregard of \$339 per month to the Appellant's income.
13. The Department correctly determined that the Appellant's applied income was \$675 per month. (\$1014 - 339)
14. The Department correctly determined that the Appellant's applied income exceeded the MNIL by \$41.51 per month. (\$675 – \$633.49) and that the Appellant must meet a spenddown before becoming eligible for Medicaid
15. 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.
16. UPM § 5520.20(B)(5) 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.
17. The Department was correct when it determined that the Appellant's six month spenddown was \$249.06 (\$41.51 X 6) for the period from [REDACTED], 2018 through [REDACTED], 2019.

DISCUSSION

The Appellant's income clearly exceeds the established medically needy income limit. The Appellant was under the mistaken impression that her rent amount would affect her spenddown and was concerned that the correct rent amount was not being used in the calculation. However, the rent amount is not a factor in the Appellant's Medicaid eligibility and does not affect her spenddown or the amount.

DECISION

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

Maureen Foley-Roy

Maureen Foley-Roy
Hearing Officer

PC: Fred Presnick, Yecenia Acosta, Tim Latifi Operations Managers, DSS,
Bridgeport
Joseph Alexander, DSS Hearing Liaison, Bridgeport

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.