

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

██████████ 2019  
Signature Confirmation

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

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2018, the Department of Social Services (the “Department”) issued ██████████ (the “Appellant”) a Notice of Action stating that Husky C Medicaid Assistance for the Working Disabled was discontinued effective ██████████, 2018, because he no longer met program requirements.

On ██████████ 2018, the Department issued the Appellant a Notice of Action stating that he must meet a spend-down before his Husky C Medical Assistance for the Aged, Blind and Disabled (“Husky C”) can be activated.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department’s actions.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████████, 2018.

On ██████████ 2018, the Appellant requested to reschedule the administrative hearing.

On ██████████ 2018, the OLCRAH issued a notice scheduling an administrative hearing for ██████████ 2018.

On ██████████ 2018, the Appellant’s attorney, Atty ██████████ (the “Attorney”), requested to reschedule the administrative hearing.

On [REDACTED] 2018, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2018.

On [REDACTED] 2018, the Attorney requested to reschedule the administrative hearing.

[REDACTED], 2018, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED], 2019.

On [REDACTED] 2019, the Attorney requested to reschedule the administrative hearing.

On [REDACTED] 2019, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2019.

On [REDACTED], 2019, 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], Appellant  
Jacqueline Taft, Eligibility Services Worker, Department's Representative  
Roberta Gould, Hearing Officer

### **STATEMENTS OF THE ISSUE**

The issue to be decided is whether the Department's action to discontinue the Appellant's Medicaid for the Employed Disabled and require him to meet a Medicaid spend-down amount before being eligible for Husky C medical assistance because the Department has determined that his applied income exceeds the Medically Needy Income Limit ("MNIL") for Medicaid is correct.

### **FINDINGS OF FACT**

1. The Appellant is requesting medical assistance for himself. (Hearing record)
2. The Appellant is disabled. (Hearing record)
3. The Appellant resides in [REDACTED], CT. (Appellant's testimony)
4. The Appellant lives with someone to whom he is not related. (Hearing record)
5. On [REDACTED] 2017, the Appellant stopped working. (Exhibit 2: EMS work participation screen and Hearing summary)
6. The Appellant receives gross Social Security benefits ("SSA") of \$2,010.00 per month. (appellant's testimony and Hearing summary)

7. On [REDACTED], 2018, the Department received the Appellant's completed Medicaid renewal form. The Appellant reported no changes. (Exhibit 1: Renewal of eligibility form and Hearing summary)
8. On [REDACTED], 2018, the Department issued the Appellant a notice that his Husky C Medicaid for the Employed Disabled would be discontinued effective [REDACTED], 2018, because he did not meet program requirements. (Exhibit 3: Notice of action dated [REDACTED]/2018 and Hearing summary)
9. On [REDACTED] 2018, the Department issued a notice that the Appellant has a Medicaid spend-down for the period of [REDACTED], 2018, through [REDACTED], 2019. (Exhibit 4: Notice of action dated [REDACTED]/2018 and Hearing summary)
10. On [REDACTED], 2018, the Department issued a notice that the Appellant has a Husky C Medicaid spend-down of \$6,478.32. (Exhibit 6: Notice of spend-down amount dated [REDACTED]/2018 and Hearing summary)
11. On [REDACTED] 2019, the Appellant began employment with [REDACTED] Insulation. (Appellant's testimony)
12. The Appellant requested to go forward with the administrative hearing without his Attorney present. (Appellant's testimony)
13. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that the decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2018. However, due to the Appellant and his Attorney requesting to reschedule the administrative hearing on several occasions, the decision is due not later than [REDACTED], 2019.

### **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. Connecticut General Statute § 17b-597(a) authorizes the Department of Social Services to establish and implement a working persons with disabilities program to provide medical assistance as authorized under 42 USC 1396a(a)(10)(A)(ii), as amended from time to time, to persons who are disabled and regularly employed.
3. Uniform Policy Manual ("UPM") § 2540.85 provides that there are two distinct groups of employed individuals between the ages of 18 and 64 inclusive who have a medically certified disability or blindness and who qualify for Medicaid as working individuals with disabilities. These groups are the Basic Insurance Group and the Medically Improved Group. There is a third group of employed individuals consisting of persons at least 18 years of age who have a medically certified disability or blindness who also qualify for

Medicaid as working individuals with disabilities. This is the Balanced Budget Act Group. Persons in this third group may be age 65 or older.

4. UPM § 2540.85(A)(1) provides that an individual in the Basic Insurance Group must be engaged in a substantial and reasonable work effort to meet the employment criterion.
  - a. Such effort consists of an activity for which the individual receives cash remuneration and receives pay stubs from his or her employer.
  - b. If the individual is self-employed, he or she must have established an account through the Social Security Administration and must make regular payments based on earnings as required by the Federal Insurance Contributions Act.
  - c. An individual who meets the employment criterion but then loses employment through no fault of his or her own, for reasons such as a temporary health problem or involuntary termination, continues to meet the employment criterion for up to one year from the date of the loss of employment. The individual must maintain a connection to the labor market by either intending to return to work as soon as the health problem is resolved, or by making a bona fide effort to seek employment upon an involuntary termination.

**The Department correctly determined that the Appellant met the criterion for Medicaid for the Employed Disabled for one year after he lost employment, or until ██████████ 2018.**

**On ██████████, 2018, the Department correctly sent the Appellant a notice that his Medicaid for the Employed Disabled would be discontinued effective ██████████, 2018, because he no longer met program requirements.**

5. Uniform Policy Manual (“UPM”) § 2540.01(C) provides that individuals qualify for medical assistance (“MA”) as medically needy 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.

6. 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 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.
7. UPM § 4510.10(A) provides that 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.
8. 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 TFA program to an assistance unit of the same size with no income for the appropriate region of residence.
9. UPM § 4510.10(B) provides that ██████ is in Region B.

**The Department correctly determined that the Appellant resides in Region B and that the MNIL for the Appellant's assistance unit of one person is \$523.38 (\$366.00 x 1.43).**

10. UPM § 5050.13(A) provides that income from Social Security and Veterans' benefits are treated as unearned income in all programs. It further states that this income is subject to unearned income disregards in the AABD and MAABD programs.

**The Department correctly determined that the Appellant's total monthly unearned income from ██████ of 2018 through ██████ of 2019 was \$2,010.00 per month.**

11. UPM § 5030.15(B)(1)(c) provides that the disregard is \$294.90 for those individuals who share non-rated housing with at least one person who is not related to them as a parent, spouse or child. This does not apply to individuals who reside in shelters for battered women or shelters for the homeless. 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.
12. Agency guidelines effective January 1, 2018, in UPM § 5030.15P provide that for an individual who shares his or her home in the community with at least one person who is not a parent, spouse or child, the Special disregard of \$406.90 is subtracted from the individual's gross monthly unearned income.

**The Department correctly applied the Special unearned income disregard of \$406.90 per month to the Appellant's income.**

**The Department correctly determined that the Appellant's applied income for ██████ of 2018 through ██████ of 2019 was \$1,603.10 per month (\$2,010.00 - \$406.90).**

13. 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.
14. 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.
15. 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.
16. 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.

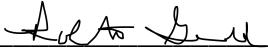
**The Department correctly determined that the Appellant's applied income exceeds the MNIL by \$1,079.72 per month (\$1,603.10 - \$523.38).**

**The Department correctly determined that the Appellant's six-month spend-down amount is \$6,478.32 (\$1,079.72 x 6 mo's) for the period from [REDACTED] 2018, through [REDACTED] 2019.**

**On [REDACTED] 2018, the Department correctly determined that the Appellant's income exceeds the MNIL for the MAABD program and that he must meet a spend-down.**

### **DECISION**

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

  
Roberta Gould  
Hearing Officer

Cc: Rachel Anderson, Social Services Operations Manager, DSS New Haven  
Cheryl Stuart, Social Services Operations Manager, DSS New Haven  
Lisa Wells, Social Services Operations Manager, DSS New Haven  
Jacqueline Taft, Eligibility Services Worker, DSS New Haven

### **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.