

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

Client Id: # [REDACTED]
Hearing Id: # 139085

[REDACTED] 2019
Signature Confirmation

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], 2019, [REDACTED] (the "Appellant") requested an administrative hearing because the Department was unable to correct the Appellant's Husky C medical assistance Spend-down cycle.

On [REDACTED] 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling an administrative hearing by telephone 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 by telephone.

The following individuals participated at the hearing:

[REDACTED], Authorized Representative for Appellant, via telephone
[REDACTED], Attorney, [REDACTED], via telephone
Joseph Alexander, Department's Representative
Princess, O'Reggio, Department Observer
Shelley Starr, Hearing Officer

The Appellant was not present at the hearing.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's delay in adjusting the Appellant's HUSKY C Spend-down period to reflect the correct Spend-down period is in accordance with regulations.

FINDINGS OF FACT

1. The Appellant is a recipient of the HUSKY C Medically Needy Aged, Blind, Disabled Medicaid Spend-down program as a disabled individual. (Hearing Summary; Representative's Testimony; Hearing Record)
2. Since the Department's conversion to the eligibility system, ImpaCT, the Appellant has experienced a system issue of incorrect spend-down cycles with overlapping spend-downs and ten month long cycles. (Exhibit 3: ImpaCT Escalation Report; Department's Testimony; Representative's Testimony; Hearing Summary)
3. The Department's eligibility system, ImpaCT, is reflecting the Appellant's current HUSKY C Spend-down period from [REDACTED] 2019 through [REDACTED], 2019. (Department's Testimony; Hearing Summary; Exhibit 6: MA Spend-down)
4. The Department determined that the Appellant's current Spend-down period should reflect [REDACTED] 2019 through [REDACTED] 2019. (Department's Testimony; Hearing Summary; Exhibit 3: ImpaCT Escalation Reporting Sheet)
5. On [REDACTED], 2019, the Department sent the most recent ImpaCT Escalation Issue Reporting Sheet to the Department's Helpdesk requesting adjustment of the Appellant's Husky C Spend-down cycle to reflect [REDACTED] 2019 through [REDACTED], 2019. (Hearing Summary; Department's Testimony; Exhibit 3: ImpaCT Escalation Issue Reporting Sheet dated [REDACTED], 2019)
6. At the time of the hearing, the Department did not correct the Appellant's Spend-down period to reflect a [REDACTED] 2019 through [REDACTED], 2019 Spend-down cycle and offered no resolution. (Department's Testimony; Hearing Record)
7. The Appellant is not disputing the calculation of the \$423.06 Spend-down amount. (Representative's Testimony; Hearing Record)
8. On [REDACTED] 2019, at the time of the hearing, the Appellant's Representative submitted bills to the Department to apply towards the current Spend-down period. The Appellant's Spend-down was met and activated. (Hearing Record; Exhibit 12: Department Email dated [REDACTED] 2019; Notice of Action dated [REDACTED] 2019)

9. The issuance of this decision is timely under Connecticut General Statutes § 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], 2019. Therefore, this decision is due no later than [REDACTED], 2019, and is therefore timely.

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.

The Department correctly determined that the Appellant meets the conditions of the Husky C Medically Need Aged, Blind, Disabled Spend-down program.

3. UPM § 1545.10(2)(b) provides for Redetermination Period subsequent to Initial Application and provides that the month following the redetermination month is the first month of the new redetermination period for an active case.

The Department correctly determined the Appellant's Spend-down period should run from [REDACTED] 2019 through [REDACTED] 2019.

4. UPM § 1545.10(2)(D) provides for MA Spend-down Cases and states (a) Medically needy spend-down cases must be redetermined at least as often as every six months. (b) The six month redetermination cycle corresponds to the six month excess income spend-down period. (cross reference: 5500)

The Department correctly determined the Appellant's six month redetermination cycle is not corresponding to the six month excess income spend-down period of [REDACTED], 2019 through [REDACTED], 2019.

5. UPM § 1545.40(1) provides for agency responsibilities in reference to the processing requirements during the redetermination process:
 - a. Eligibility is redetermined by the end of the current redetermination period in all cases where sufficient information exists to reach a decision.
 - b. Continued eligibility is either approved or denied, and the assistance unit notified of the Department's determination.
 - c. Eligible assistance units are entitled to receive benefits by the normal issuance date in the first month of the new redetermination period, provided that they meet all other program or monthly reporting requirements

The Department determined the correct Spend-down cycle should reflect a period beginning [REDACTED] 2019 through [REDACTED], 2019.

The Department incorrectly reflected the Appellant's Spend-down cycle to reflect a period beginning [REDACTED] 2019 through [REDACTED], 2019.

6. UPM § 5520.30(B) (2) provides the Community Spend-down Methodology and states that 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.

The Department correctly determined that the Appellant has met her \$423.06 Spend-down for the current Spend-down cycle.

The Appellant's current Spend-down cycle should reflect a [REDACTED], 2019 through [REDACTED], 2019 cycle, with an active Spend-down period through [REDACTED], 2019.

The Department is incorrect when it failed to reflect the correct Spend-down cycle.

DISCUSSION

The Department has established eligibility for the Appellant and does not dispute that she is eligible for the Husky C Medicaid Spenddown program. Regulations provide that eligibility must be determined and benefits in place to eligible individuals as of the first month of the new redetermination period. The Department has established the correct Spend-down cycle should begin [REDACTED] 2019 through [REDACTED], 2019, however the Spend-down cycle is not correct within the established regulatory time frame. The Department has explained that the incorrect Spend-down cycle is due to a system error and they have made effort to resolve the issue, however unsuccessfully.

DECISION

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

ORDER

1. The Department shall correct the ImpaCT system issue and correct the Appellant's Spend-down cycle to reflect a [REDACTED] 2019 through [REDACTED], 2019 cycle. Proof of compliance with this order is due by [REDACTED] 2019.


Shelley Starr
Hearing Officer

Pc: Fred Presnick, DSS, Bridgeport
Yecenia Acosta, DSS, Bridgeport
Tim Latifi, DSS, Bridgeport
Joseph Alexander, DSS, 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, 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.