

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

[REDACTED], 2019
Signature Confirmation

Client Id. # [REDACTED]
Case # [REDACTED]
Hearing # [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2019, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") stating that she must meet a spenddown before her Medicaid can be activated.

On [REDACTED], 2019, the Appellant requested an administrative hearing to contest the Department's action.

On [REDACTED] 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("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]
Kristy Martinez, Department's Representative
Shelley Starr, Hearing Officer

The hearing record remained open for the submission of additional exhibits from the Department. The exhibits were received. On [REDACTED] 2019, the hearing record closed.

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 [REDACTED] years old [REDACTED] and disabled. (Appellant's Testimony)
2. The Appellant's assistance unit consists of one member. (Hearing Summary; Exhibit 1: MAABD Income Test)
3. The Appellant resides in [REDACTED] Connecticut. (Appellant's Testimony; Hearing Record)
4. The Appellant receives monthly benefits from Social Security Disability ("SSDI") in the amount of \$878.00 and ("SSI") of \$3.00. (Appellant's Testimony, Hearing Summary, Exhibit 1: MAABD Income Test)
5. The Appellant is enrolled in Medicare Part A and B and is active on the Medicare Saving Plan Qualified Medicare Beneficiaries program which pays the Appellant's Medicare Part B monthly premiums. (Department's Testimony; Hearing Record)
6. The Department determined the Appellant eligible for MAABD under a spend-down totaling \$93.72 for the period of [REDACTED] 2019, through [REDACTED], 2019 because her monthly net income of \$539.00 exceeds the Husky C income limit of \$523.38 by \$15.62 per month. ($\$15.62 \text{ excess income} \times 6 \text{ months spend-down period} = \93.72). (Hearing Summary; Exhibit 2: Ma Spend-down; Department's Testimony)
7. The Appellant has not submitted any medical expenses to be applied towards her [REDACTED] 2019 through [REDACTED] 2019 spend-down period. (Hearing Record; Post Hearing Exhibit 3: Document Search; Department's Testimony)
8. 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 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. "The Department's Uniform Policy Manual ("UPM") is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere V Rowe*, 43 Conn Supp. 175 178 (194) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601,573 A.2d712 (1990)).
3. Uniform Policy Manual ("UPM") § 2540.01 (A) provides that in order to qualify for medical assistance, an individual must meet the conditions of at least one coverage group.

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 needs 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.
4. UPM § 5515.05 (C)(2) provides in part that the needs group for an MAABD unit includes the following: the applicant or recipient. (Cross Reference: 2540.85)

The Department correctly determined the Appellant's needs group consists of one member.

5. 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.
6. 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

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

Separate standards of need are established for each state region. 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. (B)(2) provides [REDACTED] is part of Region C.

The Department correctly determined that the MNIL for the Appellant's assistance unit for one person residing in Region C is \$523.38.

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

UPM § 5050.13 (B) (2) & (4) provides in part that SSI income is treated as unearned income and SSI income is excluded from consideration in determining the applicant's or recipients eligibility for medical assistance.

The Department correctly excluded the Appellant's SSI income.

The Department correctly determined that the Appellant's total monthly countable unearned income is \$878.00 (\$878.00 SSDI).

8. 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.
9. 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.
10. UPM § 5030.15(B)(1)(a) provides that the disregard is \$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 1st thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration. The current unearned income disregard is \$339.00.

The Department correctly subtracted the current standard unearned income disregard of \$339.00 per month from the Appellant's gross monthly income.

11. UPM § 5045.10 (C)(1) provides that except for determining 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 § 5045.10 (E) provides that the assistance unit's total applied income is the sum of the unit's applied earnings, applied unearned income, and the amount deemed.

The Department correctly calculated the Appellant's total applied income at \$539.00 (\$878.00 SSDI - \$339.00 = \$539.00).

12. 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.
13. 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.
14. 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 spenddown process.
15. UPM § 5520.25 (B)(7) provides in part 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. Income eligibility for the assistance unit exists as of the day when excess income is totally offset by medical expenses.

The Department correctly determined that the Appellant's applied income exceeds the MNIL by \$15.62 (\$539.00 - \$523.38 = \$15.62).

The Department correctly determined that the Appellant's six-month spenddown amount is \$93.72 (\$15.62 x 6 months) for the period from [REDACTED] to [REDACTED].

DECISION

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


Shelley Starr
Hearing Officer

Peter Bucknall, DSS, Waterbury
Jamel Hilliard, DSS, Waterbury

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.