

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

██████████ 2020
Signature Confirmation

Client ID # ██████████
Request # 152666

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA) transferring his Husky C-Aged, Blind, Disabled receiving State Supplement medical benefits to the Husky C-Medically Needy for Aged, Blind, and Disabled Spenddown Program ("MAABD") effective ██████████ 2019.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department's action.

On ██████████ ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████ 2020, in accordance with sections 17b-60, 17-61 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
Christopher Filek, Department's Representative
Lisa Nyren, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant must meet a spenddown to become eligible for MAABD coverage.

FINDINGS OF FACT

1. The Appellant receives Medicaid under a spenddown. (Exhibit 1: MAABD Income Test, Exhibit 3: Notice of Action, and Exhibit 4: MA-Spenddown)
2. The Appellant is age [REDACTED] (Appellant's Testimony)
3. The Appellant lives in [REDACTED]. (Appellant's Testimony)
4. Beginning [REDACTED] 2019, the Appellant receives Social Security Disability ("SSDI") benefits of \$933.00 per month. (Appellant's Testimony, Exhibit 1: MAABD Income Test, Exhibit 2: Case Notes, and Exhibit 3: Notice of Action)
5. Beginning [REDACTED] 2020, the Appellant's SSDI increased to \$948.00 per month. (Appellant's Testimony, Exhibit 1: MAABD Income Test, and Exhibit 4: MA-Spenddown)
6. The Appellant is not a recipient of Medicare Part A and Medicare Part B benefits from the Social Security Administration. (Appellant's Testimony)
7. The medically needy income limit ("MNIL") under the MAABD program is \$523.38. (Exhibit 1: MAABD – Income Test and Department Representative's Testimony)
8. On [REDACTED] 2019, the Department determined the Appellant eligible for MAABD under a spenddown totaling \$423.72 for the period [REDACTED], 2019 through [REDACTED], 2020 because his monthly net income exceeds the Husky C income limit. (Exhibit 2: Notice of Action, Exhibit 3: Spend Down Notice, and Department Representative's Testimony)
9. On [REDACTED] 2020, the Department notified the Appellant that his medical coverage is changing because your monthly net income of your household is more than the limit for this program. The Department enclosed a Spenddown Tracking Form listing the current spenddown as 423.72 and the six-month spenddown period as [REDACTED] 2019 through [REDACTED] 2020. (Exhibit 3: Notice of Action)
10. Due to the increase in the Appellant's SSDI benefits effective [REDACTED] 2020, the Department recalculated the Appellant's spenddown amount as

\$438.72 for the period [REDACTED] 2019 through [REDACTED] 2020. (Exhibit 4: MA-Spenddown)

11. At the administrative hearing, the Appellant provided the Department with receipts totaling \$670.00 for emergency dental work completed on [REDACTED] 2020 and [REDACTED] 2020 in which he paid for. (Appellant's Testimony)
12. The Appellant seeks medical coverage to pay for out of pocket medical expenses. (Appellant's Testimony)

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Section 2530.05(B) of the Uniform Policy Manual ("UPM") provides as follows:

To qualify for the State Supplement or related Medical Assistance programs on the basis of disability, the individual must be disabled as determined by SSA or the Department. The individual must be found to have an impairment which:

1. Is medically determinable; and
 2. Is severe in nature; and
 3. Can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months; and
 4. Except as provided in paragraph C below, prevents the performance of previous work or any other substantial gainful activity which exists in the national economy.
3. "An individual who is considered disabled by SSA is considered disabled by the Department." UPM § 2530.10(A)(1)
 4. The Department correctly determined the Appellant meets the disability criteria under the MAABD program because the Appellant receives SSDI disability benefits from the SSA.
 5. "When the assistance unit's applied income exceeds the CNIL, the assistance unit is ineligible to receive Medicaid as a categorically needy case." UPM § 5520.25(A)

“Those assistance units which are determined ineligible as categorically needy cases have their eligibility determined as medically needy.” UPM § 5520.25(A)(2)

6. Department policy provides as follows:

Medically Needy Aged, Blind and Disabled. This group includes 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.

UPM § 2540.96(A)

7. Department policy provides as follows:

The Department uses the MAABD medically needy income and asset criteria to determine eligibility under this coverage group, including:

1. Medically needy deeming rules;
2. The Medically Needy Income Limit (“MNIL”);
3. The income spend-down process;
4. The medically needy asset limits.

UPM § 2540.96(C)

8. “A uniform set of income standards is established for all assistance units who do not qualify as categorically needy.” UPM § 4530.15(A)(1)

Department policy provides as follows:

The MNIL of an assistance unit varies 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(A)(2)

9. “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 § 4530.15(B)

10. The Department correctly determined that the MNIL for the Appellant's assistance unit for one person as \$523.38.
11. "Income from Social Security is treated as unearned income in all programs." UPM § 5050.13(A)(1)
12. "If income is received on a monthly basis, a representative monthly amount is used as the estimate of income." UPM § 5025.05(B)(1)
13. The Department correctly determined the Appellant's [REDACTED] 2019 SSDI benefit as \$933.00 per month.
14. The Department correctly determined the Appellant's monthly gross unearned income for [REDACTED] 2019 as \$933.00.
15. The Department correctly determined the Appellant's SSDI benefit beginning [REDACTED] 2020 as \$948.00.
16. The Department correctly determined the Appellant's monthly gross unearned income as \$948.00 beginning [REDACTED] 2020.
17. "Social Security income is subject to an unearned income disregard in the AABD and MAABD programs." UPM § 5050.13(A)(2)

"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(A)
18. "All of the disregards used in the AABD programs are used to determine eligibility for MAABD." UPM § 5030.15(C)(2)(a)
19. Department policy provides as follows:

The Department uses the following unearned income disregards, as appropriate under the circumstances described: The disregard is [\$339.00 effective [REDACTED] 17] 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.

UPM § 5030.15(B)(1)(a)

20. Effective [REDACTED] 2020, the standard disregard under the MAABD program increased to \$351.00 per month.

21. The Department correctly determined the standard disregard as \$339.00 for ██████████ 2019.
22. The Department correctly determined the standard disregard as \$351.00 beginning ██████████ 2020.
23. "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(C)(1)
24. The Department correctly calculated the Appellant's applied unearned income as \$594.00 for ██████████ 2019. (\$933.00 SSDI - \$339.00 standard disregard = \$594.00)
25. The Department correctly calculated the Appellant's applied unearned income as \$597.00 beginning ██████████ 2020. (\$948.00 SSDI - \$351.00 standard disregard = \$597.00)
26. "The assistance unit's total applied income is the sum of the unit's applied earnings, applied unearned income, and the amount deemed." UPM § 5045.10(E)
27. For ██████████ 2019, the Department correctly calculated the Appellant's total applied income as \$594.00. (\$00.00 applied earned income + \$594.00 applied unearned income + \$00.00 deemed income = \$594.000 total applied income)
28. For the ██████████ 2020 through ██████████ 2020, the Department correctly calculated the Appellant's total applied income as \$597.00 per month. (\$00.00 applied earned income + \$597.00 applied unearned income + \$00.00 deemed income = \$597.000 total applied income)
29. "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: 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 § 5520.20(B)(5)(b)
- "When the amount of 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)

30. "Redetermination periods correspond to calendar months, and for FS assistance units are equivalent to certification periods." UPM 1545.10(A)(1)(a)

"The month following the redetermination month is the first month of the new redetermination period for an active case." UPM § 1545.10(A)(2)(b)

"The six month redetermination cycle corresponds to the six month excess income spenddown period." UPM § 1545.10(D)(1)(b)

31. The Department correctly determined the spenddown period as [REDACTED] 2019 through [REDACTED] 2020.

32. The Department correctly determined the six (6) months MNIL equals \$3,140.28 for the spenddown period [REDACTED] 2019 through [REDACTED] 2020. (523.38 Monthly MNIL x 6 months = \$3,140.28)

33. The Department correctly determined the six month applied income for the period [REDACTED] 2019 through [REDACTED] 2020 equals \$3,579.00. [\$594.00 [REDACTED] 2019 Applied Income + \$2,985.00 [REDACTED] 2020 through [REDACTED] 2020 applied income (\$597.00 x 5 = \$2,985.00) = \$3,579.00]

34. The Department correctly calculated the Appellant's spenddown as \$438.72. (\$3,140.28 MNIL - \$3,579.00 applied income = \$438.72)

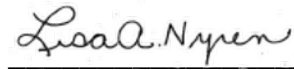
35. The Department correctly determined the Appellant must meet a spenddown in order to become eligible for medical benefits under the MAABD program.

DECISION

The Appellant's appeal is denied.

DISCUSSION

The Department correctly determined the Appellant is subject to a spenddown totaling \$438.72 under Medicaid. This means the Appellant is liable for Medical expenses totaling \$438.72 during the period [REDACTED] 2019 through [REDACTED] 2020 before Medicaid pays for any medical services and/or expenses during this six month period. At the administrative hearing, the Appellant reported out of pocket medical expenses totaling \$620.00 for emergency dental work completed on [REDACTED] 2020 and [REDACTED] 2020. The Appellant may submit proof of out of pocket dental expenses for the Department to review and apply only those qualifying medical expenses to offset the spenddown.

Handwritten signature of Lisa A. Nyren in cursive script.

Lisa A. Nyren
Hearing Officer

CC: Brian Sexton, DSS RO #50
Christopher Filek, DSS RO #50

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.

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.