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

2020 Signature Confirmation

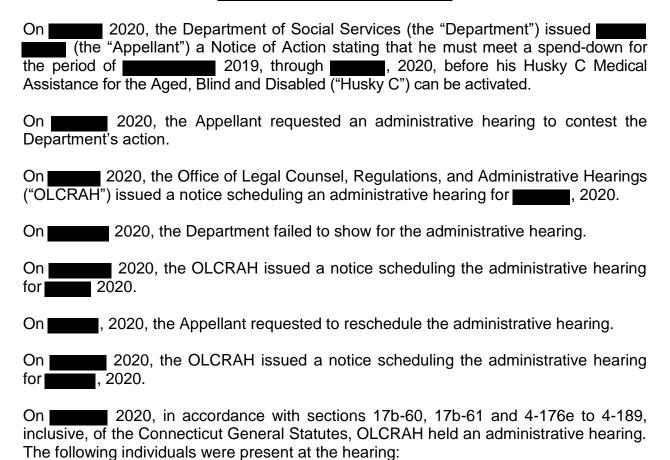
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## **NOTICE OF DECISION**

# <u>PARTY</u>



## PROCEDURAL BACKGROUND



Javier Rivera, Eligibility Services Worker, Department's Representative Roberta Gould, Hearing Officer

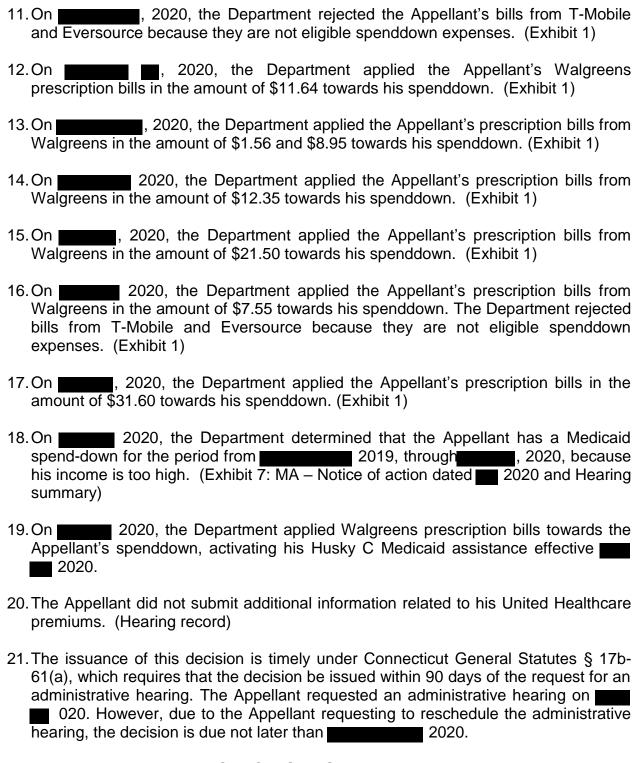
The hearing record remained open for the submission of additional evidence. On 2020, the hearing record closed.

## STATEMENTS OF THE ISSUE

The issue to be decided is whether the Appellant must meet a 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 and whether or not the Department correctly applied medical expenses towards his Medicaid spenddown.

## **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 CT. (Appellant's testimony)
- 4. The Appellant lives alone. (Hearing record)
- 5. The Appellant receives gross Social Security Disability Income ("SSDI") of \$965.00 per month. (Exhibit 7: Notice of action dated and Appellant's testimony)
- 6. The Appellant is receiving Qualified Medicare Beneficiary assistance, through which his Medicare B premiums and co-pays are paid by the Department. (Department's testimony)
- 7. The Appellant has health insurance coverage through United Health Care that covers some of his prescription and other medical costs. (Appellant's testimony)
- 8. The Department determined that the Appellant had a Medicaid spenddown of \$118.32 for the period of 2019, through 2020. (Exhibit 3: EDG summary)
- 9. The Appellant submitted bills from Walgreens, T-Mobile, Eversource, as well as ongoing prescription expenses. (Exhibit 4: Eversource notice dated 19, Exhibit 5: Walgreens prescription receipts Exhibit 6: T-Mobile bills for 2019 and 2020)
- 10. On Walgreens in the amount of \$14.49 towards his spenddown. (Exhibit 1: Case notes)



#### **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(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.
- 3. 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.
- 4. 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.
- 5. 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.
- 6. 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 \times 1.43$ ).

7. 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 2019, through of 2020, was \$965.00 per month.

8. UPM § 5030.15(B)(1)(a) provides that the disregard is \$339.00 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 1<sup>st</sup> thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

9. Agency guidelines effective January 1, 2018, in UPM § 5030.15P provide that for an individual who resides in their own home in the community, reside as a roomer in someone else's home, or reside in a long term care facility, the standard disregard of \$339.00 is subtracted from the individual's gross unearned income.

The Department correctly applied the standard unearned income disregard of \$339.00 per month to the Appellant's income.

The Department correctly determined that the Appellant's applied income for of 2019, through of 2020, was \$626.00 per month (\$965.00 - \$339.00).

- 10. 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.
- 11. 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 sixmonths.
- 12.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.
- 13. 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 T-Mobile and Eversource bills were not appropriate Medicaid spenddown expenses.

exceeds the MNIL by \$102.62 per month (\$626.00 - \$523.38) from 2019, through of 2020.	of
The Department incorrectly determined that the Appellant's six-month specific down amount is \$118.32 for the period from 2019, through 2020 (\$102.62 x 6 months = \$615.72 spenddown amount).	end-
On 2020, the Department correctly determined that the Appellant's income exceeded the MNIL for the MAABD program and that must meet a spend-down, and activated his Medicaid assistance	he

effective 2020.

14. UPM § P-5520.25 provides that "When considering Medicare or other health insurance premiums, co-pay amounts, or deductibles, project the total cost which will be incurred by the needs group for the six-month prospective period and deduct it in total before proceeding to other categories of expenses."

The Appellant did not submit documentation of his United Health Care insurance premiums to the Department.

#### DISCUSSION

After reviewing the evidence and testimony presented at this hearing, I find that although the Department appears to have incorrectly calculated the Appellant's Husky C Medicaid spenddown amount, it did correctly determine that his applied income exceeds the Medically Needy Income Limit ("MNIL") for Medicaid and did activate his Medicaid assistance effective \_\_\_\_\_\_\_, 2020, using appropriate medical bills that were submitted by the Appellant. The hearing record does not reflect whether or not the Appellant had other deductions that were used in the spenddown calculation to arrive at a spenddown amount of \$118.32. Evidence in the hearing record reflects that the Department did correctly determine that the Appellant's T-Mobile phone bill and Eversource utility bills were not appropriate as Medicaid spenddown expense deductions. Also, the Appellant failed to provide documentation of his private health insurance premiums, which, if provided to the Department, may be used towards future spenddown amounts.

# **DECISION**

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

Roberta Lould Roberta Gould Hearing Officer

Cc: Tricia Morelli, Social Services Operations Manager, DSS Manchester Javier Rivera, Eligibility Services Worker, DSS Manchester

# 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.