

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

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

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2020, the Department of Social Services (the “Department”) issued ██████████ ██████████ (the “Appellant”) a Notice of Action stating that he must meet a spend-down for the period of ██████████ 2019, through ██████████, 2020, before his Husky C Medical Assistance for the Aged, Blind and Disabled (“Husky C”) can be activated.

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 an administrative hearing for ██████████, 2020.

On ██████████ 2020, the Department failed to show for the administrative hearing.

On ██████████ 2020, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████, 2020, the Appellant requested to reschedule the administrative hearing.

On ██████████ 2020, the OLCRAH issued a notice scheduling the administrative hearing for ██████████, 2020.

On ██████████ 2020, 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:

██████████, Appellant
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 ██████████, 2019, the Department applied the Appellant's prescription bills from Walgreens in the amount of \$14.49 towards his spenddown. (Exhibit 1: Case notes)

11. On [REDACTED], 2020, the Department rejected the Appellant's bills from T-Mobile and Eversource because they are not eligible spenddown expenses. (Exhibit 1)
12. On [REDACTED], 2020, the Department applied the Appellant's Walgreens prescription bills in the amount of \$11.64 towards his spenddown. (Exhibit 1)
13. On [REDACTED], 2020, the Department applied the Appellant's prescription bills from Walgreens in the amount of \$1.56 and \$8.95 towards his spenddown. (Exhibit 1)
14. On [REDACTED] 2020, the Department applied the Appellant's prescription bills from Walgreens in the amount of \$12.35 towards his spenddown. (Exhibit 1)
15. On [REDACTED], 2020, the Department applied the Appellant's prescription bills from Walgreens in the amount of \$21.50 towards his spenddown. (Exhibit 1)
16. On [REDACTED] 2020, the Department applied the Appellant's prescription bills from Walgreens in the amount of \$7.55 towards his spenddown. The Department rejected bills from T-Mobile and Eversource because they are not eligible spenddown expenses. (Exhibit 1)
17. On [REDACTED], 2020, the Department applied the Appellant's prescription bills in the amount of \$31.60 towards his spenddown. (Exhibit 1)
18. On [REDACTED] 2020, the Department determined that the Appellant has a Medicaid spend-down for the period from [REDACTED] 2019, through [REDACTED], 2020, because his income is too high. (Exhibit 7: MA – Notice of action dated [REDACTED] 2020 and Hearing summary)
19. On [REDACTED] 2020, the Department applied Walgreens prescription bills towards the Appellant's spenddown, activating his Husky C Medicaid assistance effective [REDACTED] 2020.
20. The Appellant did not submit additional information related to his United Healthcare premiums. (Hearing record)
21. 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] [REDACTED] 020. However, due to the Appellant requesting to reschedule the administrative hearing, the decision is due not later than [REDACTED] 2020.

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 x 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 1st 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 [REDACTED] of 2019, through [REDACTED] 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 six-months.
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.

The Department correctly determined that the Appellant's applied income exceeds the MNIL by \$102.62 per month (\$626.00 - \$523.38) from [REDACTED] of 2019, through [REDACTED] of 2020.

The Department incorrectly determined that the Appellant's six-month spend-down amount is \$118.32 for the period from [REDACTED] 2019, through [REDACTED] [REDACTED] 2020 (\$102.62 x 6 months = \$615.72 spenddown amount).

On [REDACTED] 2020, the Department correctly determined that the Appellant's income exceeded the MNIL for the MAABD program and that he must meet a spend-down, and activated his Medicaid assistance effective [REDACTED] 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 [REDACTED], 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 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 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.