

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

██████████ 2021  
Signature Confirmation

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

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2021, the Department of Social Services (the “Department”) issued ██████████ (the “Appellant”) a notice of spenddown for the period of ██████████, 2021, through ██████████, 2021, indicating that she must meet a spenddown before her HUSKY C Medical assistance can be activated. The Department also issued a Notification of Unusable Expenses on ██████████, 2021, stating that submitted medical bills could not be used to meet a spend-down.

On ██████████, 2021, the Appellant requested an administrative hearing to contest the Department’s actions.

On ██████████, 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████████, 2021.

On ██████████, 2021, 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’s Authorized Representative (“AREP”)  
Althea Forbes-Francis, Eligibility Services Worker, Department’s Representative  
Roberta Gould, Hearing Officer

The hearing record remained open for the submission of additional evidence. On ██████████ 2021, the hearing record closed.

## **STATEMENTS OF THE ISSUE**

The issue to be decided is whether the Appellant's current spenddown amount for Husky C medical assistance is correct and whether the Department correctly applied medical expenses towards her previous Medicaid spenddown.

## **FINDINGS OF FACT**

1. The Appellant is requesting medical assistance for herself. (Hearing record)
2. The Appellant is disabled. (Hearing record)
3. The Appellant resides in [REDACTED], CT. (Hearing record)
4. Beginning on [REDACTED] 2020, the Appellant receives gross Social Security Income ("SSA") of \$966.00 per month. (Exhibit 2: Bendex inquiry details and Exhibit 4: SOLQ -I results details)
5. The Appellant is receiving Qualified Medicare Beneficiary ("QMB") assistance, through which her Medicare B premiums and co-pays are paid by the Department. (Exhibit 12: MA EDG summary)
6. The Department activated the Appellant's HUSKY C Medicaid assistance for the period of [REDACTED] 2020, through [REDACTED], 2021. (Exhibit 8: MA EDG summary)
7. On [REDACTED] 2021, the Appellant submitted a bill from [REDACTED] Physician with a date of service of [REDACTED] 2021, as well as an insurance premium notice from United Healthcare to apply towards her spenddown. (Exhibit 11: Case notes, Exhibit 14: Receipt from [REDACTED] Physicians, Exhibit 15: United Healthcare statement and Exhibit 16: Social Security Administration letter dated [REDACTED])
8. On [REDACTED], 2021, the Department issued a notice to the Appellant stating that bills she submitted for [REDACTED] Physicians and United Healthcare are unusable because she was covered by HUSKY medical assistance on the date of service for these bills. The Department indicated that she should call her provider to have the bill(s) sent to HUSKY insurance. (Exhibit 11 and Exhibit 13: Notice of Unusable Expenses dated [REDACTED])
9. In [REDACTED] 2021, the Appellant's spenddown increased from \$477.72 to \$483.72 due to an increase in her SSA benefit. (Hearing summary)
10. On [REDACTED] 2021, the Department processed the Appellant's HUSKY C Medicaid renewal. (Exhibit 1: Notice of passive renewal dated [REDACTED] and Hearing summary)

11. On [REDACTED], 2021, the Department determined that the Appellant has a Medicaid spenddown of \$483.72 for the period of [REDACTED] 2021, through [REDACTED], 2021, because her income is too high. (Exhibit 1, Exhibit 7: MA Spend-down printout and Hearing summary)
12. 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] 2021. However, due to the hearing record remaining open for an additional 5 days, the decision is due not later than [REDACTED], 2021.

### **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 New Britain 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 [REDACTED] 2021, through [REDACTED] 2021, is \$966.00 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 \$362.00 per month to the Appellant's income.**

**The Department correctly determined that the Appellant's applied income for [REDACTED] 2021, through [REDACTED], 2021, is \$604.00 per month (\$966.00 - \$362.00).**

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 applied income exceeds the MNIL by \$80.62 per month (\$604.00 - \$523.38) from [REDACTED] 2021, through [REDACTED], 2021.**

**The Department correctly determined that the Appellant's six-month spend-down amount is \$483.72 for the period from [REDACTED] 2021, through [REDACTED], 2021 (\$80.62 x 6 months = \$483.72 spenddown amount).**

**On [REDACTED], 2021, the Department correctly determined that the Appellant's income exceeded the MNIL for the MAABD program and that she must meet a spend-down of \$483.72 before her Medicaid assistance is activated.**

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 submit documentation of her United Healthcare insurance premiums to the Department.**

### **DISCUSSION**

After reviewing the evidence and testimony presented at this hearing, I find that the Department correctly determined that the Appellant's applied income exceeds the Medically Needy Income Limit for Medicaid and correctly calculated her HUSKY C Medicaid spenddown amount for the period of [REDACTED] 2021, through [REDACTED], 2021. The hearing record also reflects that medical bills submitted by the Appellant for [REDACTED] Physicians should be covered because her Medicaid assistance was active on the date of service. The Appellant will need to request that the medical provider submit those bills for payment under HUSKY Medicaid insurance. Also, the Department should apply the Appellant's United Healthcare insurance premiums as a deduction for her current spenddown period as well as towards future spenddown periods, as outlined in agency policy.

### **DECISION**

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

  
Roberta Gould  
Hearing Officer

Cc: Patricia Ostroski, Social Services Operations Manager, DSS New Britain  
Althea Forbes-Francis, Eligibility Services Worker, DSS New Britain

### **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, 165 Capitol Avenue, 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.