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

[redacted]
Signature Confirmation

Case ID: # [redacted]
Client ID: # [redacted]
Hearing #: [redacted]

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] the Department of Social Services (the "Department") issued a notice of action to [redacted] (the "Appellant") indicating her Medical Assistance for the Aged, Blind or Disabled ("MAABD") spend-down would be $330.00 effective [redacted] through [redacted].

On [redacted], the Appellant requested an administrative hearing to contest the Department's calculation of her spend-down.

On [redacted], the Office of Legal Counsel, Regulations, and Administrative Hearings, ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted]

On [redacted], in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

[redacted], Appellant
[redacted], Appellant's spouse
Christopher Gomes, Department's Representative
Ahide Kamberi, Department's Representative
Sara Hart, Hearing Officer

The Hearing record remained open through [redacted] for the Department to submit additional evidence. On [redacted], the Department submitted additional evidence and the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the amount of Appellant's MAABD spend-down.

FINDINGS OF FACT

1. The Appellant was certified for a HUSKY C MAABD spenddown in the amount of $330 for the certification period of [redacted] through [redacted]. *(Exhibit 12: NOA dated* [redacted]

2. The Appellant is married to [redacted] (the "spouse"). *(Appellant's Testimony)*

3. The Appellant and her spouse reside together in [redacted] Connecticut. There are no other individuals residing in their home *(Appellant's Testimony, Hearing Record*)

4. The Appellant is [redacted] years old (DOB [redacted]) and the spouse is [redacted] years old [redacted]). *(Appellant's Testimony, Spouse's Testimony)*

5. The Appellant's gross monthly Social Security ("SSA") benefit is $295.00. *(Appellant's Testimony)*

6. The spouse receives $1125.00 in gross monthly SSA. *(Spouse's Testimony)*

7. There are no other sources of income received by the Appellant and her spouse. *(Spouse's Testimony)*

8. The Appellant's HUSKY D eligibility ended on [redacted]. *(Department's Testimony)*

9. Neither the Appellant nor her spouse have submitted unpaid medical bills to the Department. *(Spouse's Testimony)*

10. The Appellant and her spouse are enrolled in Medicare A and B and are recipients of the Medicare Savings Program. *(Exhibit 10: Verification of Benefits)*

11. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be rendered within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [redacted]. The hearing record closed on [redacted]; therefore, this decision is due no later than [redacted].

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. "The department's uniform policy manual ("UPM") is the equivalent of state regulation and, as such, carries the force of law." Bucchere v. Rowe, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; Richard v. Commissioner of Income Maintenance, 214 Conn. 601, 573 A.2d 712 (1990)).

3. UPM § 2540.01(A) provides in order to qualify for Medicaid; an individual must meet the conditions of a least one coverage group.

   UPM § 2540.01(C) provides for medically needy eligibility. Generally, individuals qualify for MA as medically needy if: 3. their income either: a. (a) is within the Medically Needy Income Limit ("MNIL"); or b. can be reduced to the MNIL by a spend-down of medical expenses

   UPM § 2540.96(A) provides for the MAABD coverage group to include 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.

   The Department correctly determined the Appellant is considered aged for purposes of eligibility under the MAABD program and meets the medically needy income and asset criteria.

4. UPM § 5515.05(C)(2) provides in relevant part that the needs group for a MAABD unit includes the following: (a) the applicant or recipient; and (b) the spouse of the applicant or recipient when they share the same home regardless of whether one or both applying for or receiving assistance, except in cases involving working individuals with disabilities.

   UPM § 2015.05(A) provides that the assistance unit in MAABD consists of only one member. In these programs, each individual is a separate assistance unit.

   The Department correctly determined that the Appellant is a needs group of two persons and an assistance unit of one member. The Appellant's spouse is correctly considered a deemor for the Appellant's eligibility for medical assistance.

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

   UPM § 4510.10(B)(2) provides that [redacted] is part of Region B.

The Department correctly determined that the Appellant resides in Region B.

6. UPM 8562.15(B)(2) provides for the TFA payment standard. The Payment Standard for assistance units that do not contain a child who is subject to the Family Cap is seventy-three percent of the Standard of Need.

   Section 17b-104(b) of the Connecticut General Statutes provides in relevant part: "On July 1, 2007, and annually thereafter, the commissioner shall increase the payment standards over those of the previous fiscal year under the temporary family assistance program and the state-administered general assistance program by the percentage increase, if any, in the most recent calendar year average in the consumer price index for urban consumers over the average for the previous calendar year, provided the annual increase, if any, shall not exceed five per cent, except that the payment standards for the fiscal years ending June 30, 2010, June 30, 2011, June 30, 2012, June 30, 2013, June 30, 2016, June 30, 2017, June 30, 2018, June 30, 2019, June 30, 2020, and June 30, 2021, shall not be increased."

   The Department correctly determined that the TFA payment standard was $495.00 in [redacted] for a needs group of two residing in Region B.

7. UPM § 4530.15(A)(1) provides that a uniform set of income standards is established for all assistance units who do not qualify as categorically needy.

   UPM § 4530.15(A)(2) provides that 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(B) provides that the MNIL is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the AFDC (TFA) program to an assistance unit of the same size with no income for the appropriate region of residence.

   The Department correctly determined that the MNIL for the Appellant's assistance unit of two is $708.00 ($495.00 * 1.43 = $707.85 rounded up).

8. UPM § 5020.75(A)(1)(a) provides that the Department deems income from the spouse of a MAABD applicant or recipient if he or she is considered to be living with the assistance unit member.

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

   The Department correctly determined the Appellant's household's total monthly unearned income as $1420.00 ($295.00+$1125.00).

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.

   UPM § 5030.15(B)(1)(a) provides that the disregard was $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 1 thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration. Effective January 1, 2021, the disregard is $362.00 for those individuals who reside in their own homes in the community.

   UPM § 5045.10(C)(1) provides that except for determining Aid to the Aged, Blind, and Disabled ("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 § 5050.13(A)(2) provides that Social Security income is subject to unearned income disregards in the AABD and MAABD programs.

   The Department correctly calculated the Appellant's applied unearned income as $0.00 ($295.00-$362.00)

   The Department correctly calculated the spouse's applied unearned income as $763.00 ($1125.00- $362.00).

   The Department correctly calculated the household's total applied income as $763.00 ($763.00+$0.00).

10. UPM § 5520.20(B) provides the following method is used to determine the assistance unit's eligibility in the prospective period: 1. 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.

    UPM § 5520.20(B)(5) states 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: a. when the unit's total applied income equals or is less than the total MNIL's the assistance unit is eligible; b. 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 § 5520.25(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 calculated the Appellant's six-month period of eligibility as [redacted] through [redacted].

The Department correctly determined that the Appellant's applied income exceeded the MNIL by $55.00 per month ($763.00-$708.00).

The Department correctly determined that the Appellant's six-month spend-down amount is $330.00 ($55.00 excess income * 6 months).

DISCUSSION

The Department was correct when it determined that the Appellant's income exceeds the current MNIL by $55.00 and correctly determined that the Appellant must meet a $330.00 spenddown to become eligible for MAABD for the period of [redacted]. The Appellant may submit medical bills to the Department for evaluation to help offset her spenddown.

DECISION

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

Sara Hart
Hearing Officer

Cc: Princess O'Reggio, Department Representative, Bridgeport Regional Office
Christopher Gomes, Department Representative, Bridgeport Regional Office
Vahide Kamberi, Department Representative, Bridgeport Regional Office
Yecenia Acosta, Operations Manager Bridgeport Regional Office
Tim Latifi, Operations Manager Bridgeport Regional Office
Robin Stewart, Operations Manager Bridgeport Regional Office

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.