

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

██████████ 2022
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT# ██████████
REQUEST# ██████████

NOTICE OF DECISION
PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2022, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”), a Notice of Action (“NOA”) stating that he must meet a spenddown amount of \$738.00 before his Husky C Medicaid for the Aged, Blind or Disabled (“AABD”) benefits can be activated.

On ██████████ 2022, the Appellant requested an administrative hearing to contest the Department’s determination that he must meet the spenddown before his Husky C Medicaid AABD benefit could be activated.

On ██████████, 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2022.

On ██████████ 2022, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an in-person administrative hearing. The following individuals participated in the hearing:

Appellant, ██████████
Appellant’s Friend/Representative, ██████████
Department’s Representative, Juan Santiago
Hearing Officer, Joshua Couillard

STATEMENT OF THE ISSUE

The first issue is whether the Appellant's income excess the Medically Needy Income Limit ("MNIL") for Medicaid.

The second issue is whether the Appellant must meet the spenddown amount before becoming eligible for Husky C Medicaid AABD benefits.

FINDINGS OF FACT

1. The Appellant is 48-years-old [DOB: ██████████ 1973]. He lives alone. (Appellant's Testimony)
2. In ██████████ the Appellant was receiving S03 Husky C Medicaid coverage. (Department's Testimony)
3. The Appellant lives in ██████████ (Department's Testimony)
4. The Medically Needy Income Limit ("MNIL") for a household of one living in ██████████ is \$532.00, effective ██████████ 2022. (Exhibit 6: Program Limits Chart, Department's Testimony)
5. In ██████████ 2022, the Appellant's Social Security Disability Income ("SSDI") increased to \$1,064.00 per month. (Appellant's Testimony, Exhibit 5: MAABD Income Test Page)
6. The Unearned Disregard for a household of one is \$409.00, effective ██████████ 2022. (Exhibit 6)
7. On ██████████ 2022, the Department issued a NOA to the Appellant stating he was now eligible for Husky C Medicaid AABD Spenddown benefits, effective ██████████ 2022. The notice advised that the spenddown amount was \$738.00 for the six-month time period from ██████████ 2022 through ██████████ 2022. The notice further advised that the Husky C Medicaid AABD Spenddown benefits would be activated once the Appellant met the \$738.00 spenddown deductible amount with applicable medical expenses. (Exhibit 2: ██████████ 2022 NOA)
8. On ██████████ 2022, the Department issued another NOA to the Appellant stating once again that he was eligible for Husky C Medicaid AABD Spenddown benefits, effective ██████████ 2022. The notice advised that the spenddown amount was \$738.00 for the six-month time period from ██████████ 2022 through ██████████ 2022. The notice further advised that the Husky C Medicaid AABD Spenddown benefits would be activated once the Appellant met the \$738.00 spenddown deductible amount with applicable medical expenses. (Exhibit 3: ██████████ 2022 NOA)

9. The Appellant submitted medical bills from his Personal Care Assistant (“PCA”) showing dates of service in ██████████ 2022, however, these bills were rejected as there are discrepancies between the hours worked that were recorded on the timesheet and the hours listed on the payroll register. (Exhibit 7: Medical Bills, Department’s Testimony)
10. The Appellant has a recent unpaid dentist bill of \$80.00, but he has not submitted it to the Department. (Appellant’s Testimony)
11. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The hearing request was received on ██████████ 2022; therefore, this decision is due no later than ██████████ 2022.

CONCLUSIONS OF LAW

1. “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. Connecticut General Statutes (Conn. Gen. Stat.) § 17b-2(6)
2. The Department’s Uniform Policy Manual (“UPM”) “is the equivalent of a state regulation and, as such, carries the force of law.” *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A. 2d 712(1990))
3. “Regional Breakdown. The regional breakdown of the state by cities and towns is as follows: ██████████.” UPM § 4510.10(B)

The Department correctly determined that the Appellant lives in ██████████

4. “*Medically Needy Income Limit*. A uniform set of income standards is established for all assistance units who do not qualify as categorically needy. 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.” UPM § 4530.15(A)
5. “*Standard of Assistance*. 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.” UPM § 4530.15(B)

The Department correctly determined that the MNIL for the Appellant’s assistance unit size of one was \$532.00.

6. “*Treatment of Income*. Social Security and Veterans’ Benefits. Income from these sources is treated as unearned income in all programs.” UPM § 5050.13(A)(1)

The Department correctly determined that the Appellant's \$1,064.00 unearned SSDI income is considered countable income toward the Medicaid program.

7. *"Treatment of Income.* This income is subject to unearned income disregards in the AABD and Medicaid for the Aged, Blind and Disabled ("MAABD") programs." UPM § 5050.13(A)(2)
8. *"Income Disregards.* 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)
9. *"Amount and Duration of the Disregards.* The Department uses the following unearned income disregards, as appropriate under the circumstances described: Standard Disregard. The disregard is \$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 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)

The Department correctly determined that the Appellant's Unearned Income Disregard was \$409.00. Note - this change was effective [REDACTED] 2022 but is not yet reflected in policy.

The Department correctly determined that the Appellant's applied income was \$655.00, effective [REDACTED] 2022 (\$1,064.00 SSDI - \$409.00 Standard Disregard = \$655.00).

The Department correctly determined that the Appellant's applied income exceeded the Region B MNIL by \$123.00 per month (\$655.00 Applied Income - \$532.00 MNIL = \$123.00)

10. *"Income Eligibility Tests.* The following method is used to determine the assistance unit's eligibility in the prospective period: 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)(1)
11. *"Income Eligibility Tests.* 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 § 5520.20(B)(5)

The Department correctly determined that the Appellant's income exceeds the Region B MNIL and therefore he is required to meet the spenddown before becoming eligible for Medicaid.

The Department correctly determined that the Appellant's six-month spenddown amount was \$738.00 (\$123.00 Applied Income x 6 months = \$738.00) for the period of [REDACTED] 2022 through [REDACTED] 2022.

DECISION

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



Joshua Couillard
Fair Hearing Officer

CC: Tonya Beckford, Willimantic Regional Office Operations Manager
Juan Santiago, Willimantic Regional Office Fair Hearing Liaison

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.