

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

██████████, 2023  
SIGNATURE CONFIRMATION

CASE # ██████████  
CLIENT ID # ██████████  
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”) indicating his income exceeds the limit for Medicaid coverage under the Medically Needy, Aged, Blind and Disabled (“MAABD”) program thus he would be required to meet a spend-down of \$2,441.50 before medical coverage could become active.

On ██████████, 2022, the Appellant’s father/Conservator (the “Conservator”) requested an administrative hearing on the Appellant’s behalf to dispute the spend-down amount.

On ██████████ 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████████, 2022, to be held in-person at the Department’s ██████████ regional office.

On ██████████ 2022, the OLCRAH issued a second notice scheduling the administrative hearing for ██████████, 2022, to be held telephonically.

On [REDACTED], 2022, the Conservator requested the hearing be rescheduled to allow the Department additional time to review the Appellant's Medicaid eligibility.

On [REDACTED], 2022, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2023, to be held in-person at the Department's [REDACTED] regional office.

On [REDACTED] 2023, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive of the Connecticut General Statutes, OLCRAH held the administrative hearing. The following individuals participated at the hearing:

- [REDACTED], Appellant (in-person)
- [REDACTED], Appellant's Conservator (in-person)
- Leigh Hunt, Department's Representative (via telephone)
- Ellen Croll-Wissner, Department's Representative (via telephone)
- Joseph Alexander, Administrative Hearing Officer (via computer connection/telephone)

### **STATEMENT OF THE ISSUE**

The first issue to be decided is whether the Appellant's income exceeds the Medically Needy Income Limit ("MNIL") for the MAABD.

The second issue to be decided is whether the Appellant must meet a spend-down totaling \$2,441.50 to become eligible for Medicaid coverage.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] ([REDACTED]) years old [DOB [REDACTED]]. (Department Exhibit 1: W-1LTC Long-Term Care/Waiver Application)
2. On [REDACTED], 2022, the Department received a W-1LTC Long-Term Care/Waiver application requesting medical coverage for the Appellant. (Department Exhibit 1: W1LTC Long-Term Care/Waiver Application)
3. In [REDACTED] of 2022 the Appellant was residing at home sharing his residence with another individual. (Department Exhibit 7: Living Arrangement Details)
4. In [REDACTED] of 2022 the Appellant began residing in a licensed boarding home. (Conservator Testimony, Department Exhibit 7: Living Arrangement Details, Department Exhibit 8: Email Correspondence dated [REDACTED] 2022)
5. The Appellant did not report any household members other than himself on the W1LTC. (Department Exhibit 1: W1LTC Long-Term Care/Waiver Application)

6. The Appellant receives monthly Social Security Disability Income (“SSDI”) totaling \$1,392.00. (Hearing Record, Conservator Testimony)
7. The Appellant receives Medicare Part A and Medicare Part B. (Department Exhibit 1: W1LTC Long-Term Care/Waiver Application)
8. The Department determined the Medically Needy Income Limit (“MNIL”) for a household of one is \$653.00. (Hearing Record)
9. The Department determined the Appellant was eligible for a standard disregard (subtracted from the SSDI) totaling \$409.00 for the month of [REDACTED] 2022 as he was residing at home. (Department Exhibit 8: Email Correspondence dated [REDACTED] 2022)
10. On [REDACTED], 2022, the Department issued an NOA to the Appellant which stated he was approved for a HUSKY C MAABD spend-down totaling \$1,980.00 for the period of [REDACTED] 2022 through [REDACTED], 2023. (Department Exhibit 2: NOA dated [REDACTED], 2022)
11. On [REDACTED] 2022, The Department determined the Appellant was eligible for a boarding home disregard (rather than a standard disregard) totaling \$316.70 effective [REDACTED] 2022 and ongoing as the Appellant was residing in a licensed boarding home. (Email Correspondence dated [REDACTED] 2022)
12. On [REDACTED] 2022, the Department recalculated the spend-down amount as follows:
 

\$1,392.00 (SSDI)-\$409.00 (standard disregard) = \$983.00 - \$653.00 MNIL = \$330.00  
(income in excess of MNIL) x 1 month ([REDACTED]) = \$330.00

\$1,392.00 (SSDI)-\$316.70 (boarding home disregard) = \$1,075.30 - \$653.00 MNIL = \$422.30 (income in excess of MNIL) x 5 months ([REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]) = \$2,111.50

\$330.00 (total spend-down amount for [REDACTED] 2022) + \$2,111.50 (total spend-down amount for [REDACTED] through [REDACTED] 2023) = \$2,441.50 total spend-down for the period of [REDACTED] 2022 through [REDACTED] 2023.  
(Department Exhibit 8: Email Correspondence dated [REDACTED] 2022)
13. On [REDACTED] 2022, the Department issued both an NOA and a Notice of Spend-down Amount Change to the Appellant. (Department Exhibit 3: Notice of Spend-down Amount Change, Department Exhibit 4: NOA dated [REDACTED] 2022)
14. As of the date of this hearing ([REDACTED] 2023) the Appellant has not submitted any expenses to be reviewed and potentially applied to the spend-down. (Hearing Record)

15. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a) which requires that a decision be issued within █ days of the request for an administrative hearing. The hearing request was received on █, 2022, making this decision due no later than █, 2023. However, due to the rescheduling of this hearing an additional █ (█) days have been added making this decision due no later than █, 2023. (Hearing Record)

### **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 pursuant to Title XIX of the Social Security Act.
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, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).

3. UPM § 2015.05 specifies the assistance unit in ABD and MAABD consists of only one member. In these programs, each individual is a separate assistance unit.

**The Department correctly determined the Appellant is an assistance unit of one member.**

4. UPM § 2540.01(A) provides that in order to qualify for MA, an individual must meet the conditions of at least one coverage group.
5. UPM § 2540.01(C) provides for Medically Needy Eligibility. Generally, individuals qualify for MA as medically needy if: (1) their income or assets exceed the limits of the AFDC or 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.
6. UPM § 4530.15 (A)(B) provide for the Medically Needy income Limit ("MNIL") as follows. (A) Provisions. (1) A uniform set of standards is established for all assistance units who do not qualify as categorically needy. (2) 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. (B) Standard of Assistance. The Medically Needy Income Limit is 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.

**Effective [REDACTED] 2022, the three geographic TFA regions (A, B, & C) became one statewide standard as a result of the passing of Public Act No. 22-118. This change means that DSS will use a single statewide standard for the TFA Standard of Need rather than using different amounts for different regions of the state. This will make TFA payment standards, TFA grant levels, and the HUSKY C Medically Needy Income Limit (MNIL) uniform across the state.**

**The Department correctly determined the MNIL for an assistance unit of one is \$653.00 using the following calculation; TFA payment standard for a household of one \$456.00 x 1.43 (143%) = \$652.08 (rounded up to \$653.00)**

7. UPM § 5050.13(A)(1)(2) provides for the treatment of specific types of benefits (SSA, SSI, V.A.) for the MAABD program. (A) Social Security and Veteran's Benefits. (1) Income from these sources is treated as unearned income in all programs. (2) This income is subject to unearned income disregards in the AABD and MAABD programs.

**The Department correctly determined the Appellant's monthly \$1,392.00 Social Security Disability ("SSDI") benefit is considered countable income for determining eligibility for Medicaid.**

8. UPM § 5030.15(A) provides for income disregards and specifies that except as provided in section 5030.15(d)., unearned income disregards are subtracted from the unit members total gross unearned income.

**The Department correctly determined the Appellant's monthly \$1,392.00 SSDI benefit is subject to income disregards.**

9. UPM § 5030.15(A) provides for 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.

10. UPM § 5030.15(B)(1)(a)(b) provides for Amount and Duration of the Disregards. The Department uses the following unearned income disregards, as appropriate under the circumstances described: (a) 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. (b) Boarding Home Disregard. The disregard is \$134.70 for those individuals who pay for room and board in licensed boarding homes or adult family living homes. 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.

**The Department correctly determined the Appellant was eligible for a Standard Disregard of \$409.00 for the month of [REDACTED] 2022 as he was residing at home.**

**The Department correctly determined the Appellant was eligible for a Boarding Home Disregard of \$316.70 for the months of [REDACTED] 2022, [REDACTED] 2022, [REDACTED] 2022, [REDACTED] 2022 and [REDACTED] 2023 as he had been residing in a licensed boarding home.**

11. UPM § 5520.20(B)(1) provides for 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.
12. UPM § 5520.20(B)(5) provides for 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.
13. UPM § 5520.25(B) provides Income Eligibility Tests. Medically Needy Cases. 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 the Appellant's income exceeds the MNIL (\$653.00) therefore he is required to meet the spend-down amount before becoming eligible for Medicaid.**

**The Department correctly determined the Appellant's six-month spend-down amount is \$2,441.50 (refer to calculations in Finding of Fact # 12)**

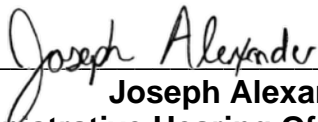
On [REDACTED] 2022, the Department correctly determined the Appellant must meet a total spend-down amount of \$2,441.50 to become eligible for MAABD.

### DISCUSSION

MAABD spend-down calculations are determined by comparing the MNIL to the household's total income minus the appropriate disregard (applied income). When the applied income is greater than the MNIL, the household is ineligible for Medicaid coverage until the excess income (multiplied by the six-month cycle) is offset through the spend-down process, as outlined under UPM § 5520.20(B)(5). In this instance, the Department correctly determined the Appellant's applied income of \$983.00 for the month of [REDACTED] 2022, and the applied income of \$1,075.30 for the months of [REDACTED] 2022 through [REDACTED] 2023 were greater than the \$653.00 MNIL. In this instance, the excess income for [REDACTED] was multiplied by one month (as Appellant's living arrangement changed in [REDACTED] 2022 thus the appropriate disregard changed) and the excess income beginning [REDACTED] 2022 was multiplied by five months to equal a total six-month spend-down amount of \$2,441.50 (Refer to calculations in Finding of Fact #12).

**DECISION**

The Appellant's appeal is **DENIED**

  
\_\_\_\_\_  
**Joseph Alexander**  
**Administrative Hearing Officer**

CC: Sarah Chmielecki, Operations Manager, DSS, New Haven Regional Office  
Tim LaTifi, Operations Manager, DSS, New Haven Regional Office  
Ralph Filek, Field Operations, DSS, New Haven Regional Office  
Leigh Hunt, DSS, New Haven Regional Office  
Ellen Croll-Wissner, DSS, New Haven 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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 with **45** days of the mailing of this decision, or **45** days after the agency denies 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 06105-3725. 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 her 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.