

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

■■■■ 2023
Signature Confirmation

Client ID ■■■■
Case ID ■■■■
Request # 215794

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ■■■■ 2023, the Department of Social Services (the "Department") sent ■■■■ (the "Appellant") a Notice of Unusable Spend-down Expenses informing him medical expenses from ■■■■ ■■■■ cannot be used toward meeting his spend-down.

On ■■■■ 2023, the Appellant requested an administrative hearing to contest the Department's decision to deny his request to apply such expenses to his spend-down.

On ■■■■ 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ■■■■ 2023.

On ■■■■ 2023, 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
Matthew Bartolotta, Department Representative
Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's [REDACTED] [REDACTED] 2023 decision to deny the Appellant's request to apply medical expenses from [REDACTED] [REDACTED] to his spend-down was correct.

FINDINGS OF FACT

1. The Appellant receives Medicaid coverage under the medical spend-down program as administered by the Department. (Hearing Record)
2. The Appellant's 6-month spend-down period began [REDACTED] [REDACTED] 2022 and expires on [REDACTED] [REDACTED] 2023. The Appellant's spend-down equals \$6,436.00 for this period. (Exhibit 1: Case Notes)
3. On [REDACTED] [REDACTED] 2023, the Department received an account statement from [REDACTED] [REDACTED] (the "medical provider") for medical services provided to the Appellant for dates of services between [REDACTED] [REDACTED] 2022 and [REDACTED] [REDACTED] 2023. The account statement lists total charges as \$14,539.50, payments/adjustments from Medicare and Medicaid as \$14,509.32, insurance due as \$30.18, and patient due as \$00.00. (Exhibit 1: Case Notes and Exhibit 2: Medical Provider Account Statement)
4. On [REDACTED] [REDACTED] 2023, the Department determined the Appellant had no patient liability for medical services provided to the Appellant for the period [REDACTED] [REDACTED] 2023 through [REDACTED] [REDACTED] 2023. Because there was no patient liability, the Department did not apply any portion of the charges listed on the medical provider's account statement toward the Appellant's spend-down. (Hearing Record)
5. On [REDACTED] [REDACTED] 2023, the Department issued the Appellant a Notice of Unusable Spend-down Expenses notifying the Appellant that expenses from the medical provider cannot be used toward meeting the Appellant's spend-down. (Exhibit 3: Spend-down Notice)
6. 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 Appellant requested an administrative hearing on [REDACTED] [REDACTED] 2023. Therefore, this decision is due not later than [REDACTED] [REDACTED] 2023.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes provides as follows:

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 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. Section 5520.25(B)(1) of the Uniform Policy Manual ("UPM") provides as follows:

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.

1. Medical expenses are used for a spend-down if they meet the following conditions:
 - a. The expenses must be incurred by person whose income is used to determine eligibility;
 - b. Any portion of an expense used for a spend-down must not be payable through third party coverage unless the third party is a public assistance program totally financed by the State of Connecticut or by a political subdivision of the State;
 - c. There must be current liability for the incurred expenses, either directly to the provider(s) or to a lender for a loan used to pay the provider(s), on the part of the needs group members;
 - d. The expenses may not have been used for a pervious spend-down in which their use resulted in ineligibility for assistance unit.

The Department correctly determined the Appellant as not liable for medical services provided by the medical provider between [REDACTED] 2022 and [REDACTED] 2023 because the account statement provided to the Department by the Appellant does not show the Appellant paid for these services nor the Appellant liable for such services. The account statement confirms Medicare and Medicaid insurance payments and adjustments received by the medical provider on behalf of the Appellant for medical services provided, effectively confirming the Appellant's liability as \$00.00. There are

no qualifying medical expenses to apply to the Appellant's spenddown.

DECISION

The Appellant's appeal is DENIED.

Lisa A. Nyren
Lisa A. Nyren
Fair Hearing Officer

CC: Brian Sexton, SSOM
Christopher Filek, FHL RO #50
Matthew Bartolotta, FHL RO #50

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.