

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

██████████ 2024
Signature confirmation

Case: ██████████
Client: ██████████
Request: 233778

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2024, the Department of Social Services (the “Department”) issued a *Notice of Action* to ██████████ (the “Appellant”) determining her medical spend-down to be met as \$4,037.00 to receive HUSKY-C/Medicaid coverage from ██████████ 2024 through ██████████ 2024.

On ██████████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Appellant’s faxed hearing request.

On ██████████ 2024, the OLCRAH scheduled an administrative hearing for ██████████ 2024.

On ██████████, 2024, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing by videoconferencing. The following individuals participated:

██████████, Appellant
Kirsten Bellisle, Department Representative
Eva Tar, Hearing Officer

The hearing record closed ██████████, 2024.

STATEMENT OF ISSUE

The issue is whether the Department correctly determined that the Appellant must meet a spend-down to receive HUSKY-C/Medicaid coverage from ██████████ 2024 through ██████████, 2024.

FINDINGS OF FACT

1. The Appellant lives alone in [REDACTED], Connecticut. (Appellant Testimony)
2. The Appellant grosses \$1,903.00 per month in Social Security disability benefits. (Dept. Exhibit F)
3. The Appellant's sole source of income is her Social Security disability benefits. (Appellant Testimony)
4. The Appellant is a participant in the Department's Medicare Savings Program. (Dept. Exhibit A)
5. On [REDACTED], 2024, the Department issued a *Notice of Action* to the Appellant, a *Spend-down Tracking Form*, and a *Notice of Spend-down Amount Change* advising the Appellant to submit \$4,037.00 in acceptable medical expenses to offset her spend-down for the period of [REDACTED] 2024 through [REDACTED] 2024. (Dept. Exhibit A and B)
6. In [REDACTED] 2024, the standard unearned income disregard equaled \$511.00. (Dept. Exhibit F)
7. In [REDACTED] 2024, the Medically Needy Income Limit (MNIL) equaled \$700.00; the MNIL increased to \$723.00 in [REDACTED] 2024. (Department Representative Testimony) (Dept. Exhibit F)
8. On [REDACTED] 2024, the Appellant submitted documentation of unpaid medical expenses from [REDACTED] 2023 through [REDACTED] 9, 2024 totalling less than \$500.00. (Appellant Exhibit 1)
9. Connecticut General Statutes § 17b-61 (a) provides: "The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not later than ninety days after the date the commissioner receives a request for a fair hearing pursuant to section 17b-60," On [REDACTED] 2024, the OLCRAH received the Appellant's hearing request. This hearing decision would have become due by no later than [REDACTED] [REDACTED]. This final decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

"The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program...." Conn. Gen. Stat. § 17b-262.

"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)).

The Department had the authority to administer the HUSKY-C/Medicaid program in Connecticut.

2. Section 5515.05 C.2. of the Department's Uniform Policy Manual ("UPM") provides: "The needs group for a Medicaid unit for individuals who are aged, blind, or disabled includes the following:
 - a. the applicant or recipient;"

The Appellant was a needs group of one.

3. "In consideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded. Income is considered available if it is: 1. received directly by the assistance unit; or 2. received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or 3. deemed by the Department to benefit the assistance unit." UPM § 5005 A.

"Social Security and Veterans' Benefits. Income from these sources is treated as unearned income in all programs. This income is subject to unearned income disregards in the AABD and MAABD programs." UPM § 5050.13 A.1. and A.2.

The Appellant's gross monthly Social Security disability benefits were counted unearned income.

4. "The Department uses the assistance unit's applied income to determine income eligibility and to calculate the amount of benefits." UPM § 5005 D.

"The Department computes applied income by subtracting certain disregards and deductions, as described in this section, from counted income." UPM § 5005 C.

"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.

"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.

For the purposes of the HUSKY-C/Medicaid program, the Appellant's monthly applied income in 2024 was \$1,392.00. [\$1,903.00 minus \$511.00 (standard disregard)]

5. "A uniform set of income standards is established for all assistance units who do not qualify as categorically needy." UPM § 4530.15 A.1.

"The Medically Needy Income Limit ("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 A.2.

"The MNIL is the amount equivalent to 143 percent of the benefit amount that ordinarily would be paid under the TFA [Temporary Family Assistance] program to an assistance unit of the same size with no income for the appropriate region of residence." UPM § 4530.15 B.

In [REDACTED] 2024, the TFA benefit for a household of one is \$489.00; effective [REDACTED] 2024, the TFA benefit for a household of one is \$505.00.

In [REDACTED] 2024, the MNIL for a needs group of one, was \$700.00. [\$489.00 multiplied by 143 percent; equals \$699.27, rounded up to nearest dollar]

In [REDACTED] 2024, the Appellant's monthly applied income exceeded the MNIL by \$692.00. [\$1,392.00 (monthly applied income) minus \$700.00 (MNIL)]

Effective [REDACTED] 2024, the MNIL for a needs group of one, was \$723.00. [\$505.00 multiplied by 143 percent ; equals \$722.15, rounded up to nearest dollar]

In [REDACTED] 2024, the Appellant's monthly applied income exceeded the MNIL by \$669.00. [\$1,392.00 (monthly applied income) minus \$723.00 (MNIL after increase)]

6. "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." UPM § 5520.25 B.

The Department correctly determined that the Appellant must meet a spend-down to offset her excess income to receive HUSKY-C/Medicaid coverage.

7. "Income eligibility for the assistance unit exists as of the day when excess income is totally offset by medical expenses: a. Any portion of medical expenses used to offset the excess income are the responsibility of the unit to pay. b. Medical expenses which are recognized as payable under the State's plan and which are remained unpaid at the time eligibility begins are paid by the Department provided the expenses were not used to offset income." UPM § 5520.25 B.7.

"The total amount of excess income for the entire six-month prospective period is offset by: a. medical expenses occurring prior to the prospective period in accordance with guidelines set forth in 5520.25; and b. paid or unpaid medical expenses occurring in the prospective period in chronological order." UPM § 5520.30 B.1.

Section 5520.25 B.1. of the Uniform Policy Manual addresses how medical expenses are subject to specific conditions before being used to offset a spend-down.

The Appellant's spend-down equaled \$4,037.00 for the six-month period of [REDACTED] 2024 through [REDACTED], 2024. [\$692.00 plus \$669.00 plus \$669.00 plus \$669.00 plus \$669.00 plus \$669.00]

As a condition of HUSKY-C/Medicaid eligibility, the Appellant must offset her \$4,037.00 spend-down with medical expenses recognizable by the State's plan.

As of [REDACTED] 2024, the Appellant had not met her \$4,037.00 spend-down.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature

Eva Tar

Hearing Officer

cc: Kirsten Bellisle, DSS-Willimantic
Tonya Beckford, DSS-Willimantic

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 Legal Counsel, Regulations, and Administrative Hearings, 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 his 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.