

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

██████ 2024
Signature Confirmation

Client ID ██████████
Case ID ██████████
Request # 238277

NOTICE OF DECISION

PARTY

██████████
██████████████████
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PROCEDURAL BACKGROUND

On ██████ ██████ 2024, the Department of Social Services (the "Department") sent ██████ ██████ (the "Appellant") a Notice of Action ("NOA") closing her medical benefits under the Husky C – Medically Needy, Aged, Blind, Disabled Spend-down Program ("Husky C Spend-down") effective ██████ ██████ 2024.

On ██████ ██████ 2024, the Appellant requested an administrative hearing to contest the Department's decision to close the Husky C Spend-down program.

On ██████ ██████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the 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, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████ Appellant
Daphne Harris, Department Representative
Lisa Nyren, Fair Hearing Officer

On [REDACTED] [REDACTED] 2024, the Fair Hearing Officer reopened the hearing record requesting additional information from the Department. On [REDACTED] [REDACTED] 2024, the Department submitted the additional information. The hearing record remained open through [REDACTED] [REDACTED] 2024 to allow the Appellant an opportunity to review the additional evidence and comment. No additional evidence was received from the Appellant. On [REDACTED] [REDACTED] 2024, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to close the Appellant's medical benefits under the Husky C Spend-down program effective [REDACTED] [REDACTED] 2024 was correct.

FINDINGS OF FACT

1. The Appellant is a recipient of medical benefits under the Husky C Spend-down program. (Stipulated)
2. A Husky C Spend-down is similar to an insurance deductible. A recipient of Husky C Spend-down program must submit qualifying medical bills or receipts for which they paid or are liable to pay to the Department in order to activate their medical coverage under the Husky C Spend-down program and qualify for Medicaid. Medicaid is not activated until their spend-down is met. (Department Representative Testimony)
3. The Appellant is age [REDACTED] (Stipulated)
4. The Appellant has Medicare Part A and Part B. The Department pays the Appellant's Medicare Part B premiums, including co-pays and deductibles, under the Medicare Savings Program ("MSP") Qualified Medicare Beneficiary (QMB") program. (Stipulated)
5. The Appellant's first 6-month spend-down period under the Husky C Spend-down program began [REDACTED] [REDACTED] 2023 and ended on [REDACTED] [REDACTED] 2023 with a corresponding spend-down of \$780.00. (Department Representative Testimony and Exhibit 3: Notice of Action)
6. On [REDACTED] [REDACTED] [REDACTED] 2023, the Department issued the Appellant a Notice of Action due to a change in another program. The NOA lists the spend-down period as [REDACTED] [REDACTED] 2023 to [REDACTED] [REDACTED] 2023. The NOA included the following language, "Income for the following individual(s) is too high for ACTIVE medical coverage, which means the individual(s) is in a spend-down. Medical coverage for the individual(s) will become active (no longer in a spend-down) when the individual(s) shows DSS proof of acceptable

- medical expenses, not covered by Medicare or other insurance, for the total amount of the spend-down. ... If for any reason you do not provide us with enough medical expenses to meet your spend-down, you will not be eligible for medical coverage in that six-month period. If you have not met your spend-down for the prior two spend-down periods, your spend-down will close at the end of your benefit period.” (Exhibit 3: Notice of Action)
7. Although the Appellant provided the Department with some receipts for prescriptions, the Appellant did not meet her spend-down for the period [REDACTED] [REDACTED] 2023 through [REDACTED] [REDACTED] 2023. (Stipulated)
 8. The Appellant’s 2nd 6-month spend-down period began [REDACTED] [REDACTED] 2023 and ended on [REDACTED] [REDACTED] 2024 with a corresponding spend-down of \$786.00. (Department Representative Testimony and Exhibit 4: Notice of Action)
 9. On [REDACTED] [REDACTED] 2023, the Department issued the Appellant a Notice of Action due to a change in another program. The NOA lists the spenddown period as [REDACTED] [REDACTED] 2023 to [REDACTED] [REDACTED] 2024. The NOA included the following language, “ Income for the following individual(s) is too high for ACTIVE medical coverage, which means the individual(s) is in a spend-down. Medical coverage for the individual(s) will become active (no longer in a spend-down) when the individual(s) shows DSS proof of acceptable medical expenses, not covered by Medicare or other insurance, for the total amount of the spend-down. ... If for any reason you do not provide us with enough medical expenses to meet your spend-down, you will not be eligible for medical coverage in that six-month period. If you have not met your spend-down for the prior two spend-down periods, your spend-down will close at the end of your benefit period.” (Exhibit 4: Notice of Action)
 10. On [REDACTED] [REDACTED] 2024, the Department received proof the Appellant paid \$75.00 to [REDACTED] (“dental office”) on [REDACTED] [REDACTED] 2023 to have her teeth cleaned. (Exhibit 2: Medical Receipt and Appellant Testimony)
 11. The Department applied the dental office receipt of \$75.00 toward the Appellant’s \$786.00 spend-down, but the this was not enough to activate the Husky C Spend-down program which began [REDACTED] [REDACTED] 2023 for the Appellant. (Hearing Record)
 12. The Appellant incurs approximately \$4.50 out of pocket medical costs for prescriptions monthly. The Appellant does not have medical coverage for dental visits or optometry and seeks medical coverage under Medicaid to cover such appointments. (Appellant Testimony)

13. Although the Appellant provided the Department with some receipts for prescriptions, she failed to meet her spend-down for the spend-down period [REDACTED] 2023 through [REDACTED] 2024. (Hearing Record)
14. On [REDACTED] 2024, the Department closed the Appellant's Husky C Spend-down medical benefits effective [REDACTED] 2024 because the Appellant failed to meet her spend-down for two consecutive six-month periods. (Exhibit 1: Notice of Action and Department Representative Testimony)
15. On [REDACTED] 2024, the Department issued a Notice of Action to the Appellant. The notice stated the Appellant's medical benefits under the Husky C Spend-down program will close on [REDACTED] 2024 because "Spend-down not met for two six month periods in a row. You must reapply. No household members are eligible for this program. Does not meet program requirements." (Exhibit 1: Notice of Action)
16. 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] 2024. Therefore, this decision is due not later than [REDACTED] 2024.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the 2024 Supplement to the Connecticut General Statutes ("Conn. Gen. Stat.") 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 of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department." Conn. Gen. Stat. § 17b-261b(a)
3. "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))
4. Section 5520.30(B)(3) of the Uniform Policy Manual ("UPM") provides as follows:

When the amount of incurred expenses is insufficient to offset the excess income, no eligibility exists for that six-month period.

The Department correctly determined the Appellant not eligible for Medicaid under the Husky C Spend-down program because the Appellant never incurred medical expenses sufficient to meet her Husky C spend-down for the spend-down periods [REDACTED] [REDACTED] 2023 through [REDACTED] [REDACTED] 2023 and [REDACTED] [REDACTED] 2023 through [REDACTED] [REDACTED] 2024.

5. Department policy provides as follows:

In the Medicaid program, the Department sends adequate notice no later than the date of the action, under the following situations, as well as under those described in paragraph 1: The Department authorizes the assistance unit to receive assistance for a specific period of time and informs the unit in writing at the time of authorization that assistance automatically terminates when the specific period ends.

UPM § 1570.10(B)(4)(c)

The Department correctly discontinued the Appellant's medical coverage under the Husky C – Spend-down program effective [REDACTED] [REDACTED] 2024 because the Appellant did not meet her spend-down obligation for two consecutive spend-down periods, [REDACTED] [REDACTED] 2023 through [REDACTED] [REDACTED] 2023 and [REDACTED] [REDACTED] 2023 through [REDACTED] [REDACTED] 2024.

On [REDACTED] [REDACTED] 2024, the Department correctly issued a notice of action informing her that her medical coverage under the Husky C – Spend-down program will close on [REDACTED] [REDACTED] 2024. The Department has met their obligation of timely notification since during each spend-down period the Department issued the Appellant notices informing her of the specific spend-down period start and end dates and an explanation of the Husky C - Spend-down program with the most recent notice issued on [REDACTED] [REDACTED] 2023.

DISCUSSION

Understandably the Appellant is concerned about out of pocket medical costs for services not covered by Medicare Part A and Medicare Part B. The Appellant seeks coverage for dental services and ophthalmology which she had under the Husky D program prior to turning age 65.

Medicaid applicants who are 65 years of age or older, and/or who are blind or disabled, may qualify for medical coverage through Medicaid under the Husky C program depending on their income and assets. The current monthly income limit for a household of one equals \$723.00 per month. Individuals whose income exceeds this limit may qualify under the Husky C – Spend-down program. The Husky C Spend-down program is similar to an insurance plan with a deductible. The applicant, similar to a policy holder, must accumulate medical bills, paid or unpaid, greater than the excess income or deductible. Medicaid will then pay only those bills over the excess income or deductible.

If a recipient of medical benefits under the Husky C Spend-down program does not meet their Spend-down for two consecutive spend-down periods (6-months each), the Department will not send a renewal application at the end of the second 6-month period but rather take action to close the Husky C Spend-down program because 12 months have passed without ever activating the Husky C Spend-down coverage. The applicant can always choose to reapply and complete a new application for coverage.

DECISION

The Appellant's appeal is DENIED.

Lisa A. Nyren
Lisa A. Nyren
Fair Hearing Officer

CC: Shahar Thadal, SSOM RO #32
Daphne Harris, FHL RO #32

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.