

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

██████████, 2025
SIGNATURE CONFIRMATION

Case ID # ██████████
Client ID # ██████████
REQUEST # 256888

NOTICE OF DECISION

PARTY

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

On ██████████, 2025, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") granting Long Term Care Facility benefits effective ██████████ 2025, and indicating the amount of monthly income that he must contribute to the cost of his long-term care.

On ██████████ 2025, the Appellant requested an administrative hearing with a request for intervenor status filed by ██████████ of ██████████ on behalf of ██████████ (the "facility") to contest the Department's calculation of the amount of applied income he must pay the facility monthly.

On ██████████, 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the hearing for ██████████ 2025.

On ██████████, 2025, the Appellant's representative requested the administrative hearing be rescheduled.

On ██████████, 2025, the OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2025.

On [REDACTED] 2025, 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 by telephone.

The following individuals participated in the hearing:

[REDACTED], Appellant's conservator
 [REDACTED], Assistant to [REDACTED]
 [REDACTED], Esq., Counsel for [REDACTED]
 [REDACTED], Business Office, [REDACTED]
 Marta Karwowski, Department's Representative
 Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the Appellant's applied income payable to the long-term care facility.

FINDINGS OF FACT

1. The Appellant is a resident of [REDACTED] (the "facility"). (Hearing Record)
2. On [REDACTED] 2022, the Social Security Administration ("SSA") notified the Appellant at the facility, that his Supplemental Security Income ("SSI") payments received in the past were more than he should have received. The SSA notified the Appellant that \$84.00 monthly would be withheld from his Social Security benefits each month until \$5,178.00, the amount he owes is collected. (Exhibit G: SSA letter, [REDACTED]/2022)
3. In [REDACTED] 2022, the Appellant's SSI payments ended because he is living in a Nursing Facility. (Department's testimony)
4. In [REDACTED] of 2023, the Appellant received a letter from SSA notifying him in part that no payment of SSI can be made at this time because they don't pay money to the State of CT if he is living in a Nursing Facility. SSI payments have been discontinued. (Conservator's assistant testimony)
5. The Appellant is a recipient of Husky C – Medicaid for Long Term Care Facility Residents. (Exhibit I: Notice of Action, [REDACTED] 2025)
6. The Appellant does not have a spouse in the community. (Hearing Record)
7. In 2024, the Appellant's gross SSA was \$209.00 monthly. (Hearing Summary and

Exhibit A: Unearned Income – Details screenshot)

8. In 2025, the Appellant's gross SSA is \$214.00 monthly. (Hearing Summary and Exhibit B: Unearned income – Details screenshot)
9. The monthly SSI overpayment of \$84.00 is deducted from the monthly SSA payment of \$214.00. (Department's testimony)
10. The Appellant pays a monthly Dental Insurance Premium of \$120.00 for Dental coverage to [REDACTED]. (Hearing Summary, Exhibit E: Medical Insurance Information form)
11. The Department afforded the Appellant a monthly personal needs allowance ("PNA") of \$75.00. (Hearing Record, Exhibit C: MA – LTSS Patient Liability Amount [REDACTED] 2024 and Exhibit D: MA – LTSS Patient Liability Amount [REDACTED] 2025)
12. On [REDACTED], 2025, the Department sent a NOA to the Appellant notifying him that he was approved for Long Term Care Medicaid effective [REDACTED] 2025, and that the patient liability amount (applied income) to be paid to the facility is \$19.00 through [REDACTED], 2025. (Exhibit I: NOA, [REDACTED]/2025)
13. The issuance of this decision is timely under the 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 was requested on [REDACTED], 2025, making this decision is due no later than [REDACTED] 2025. However, the hearing, which was originally scheduled for [REDACTED], 2025, was rescheduled to [REDACTED] 2025, which caused a 22-day delay. Because this 22-day delay was at the request of the Appellant this decision is not due until [REDACTED], 2025, and is therefore timely. (Hearing Record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes Section 17b-2 (6) provides that 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. Connecticut General Statutes § 17b-261(r) provides for the determination of applied income. (a) For purposes of this section, "applied income" means the income of a recipient of medical assistance, pursuant to section 17b-261, that is required, after the exhaustion of all appeals and in accordance with state and federal law, to be paid to a nursing home facility for the cost of care and services.

3. "The Department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere vs. 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. Uniform Policy Manual ("UPM") § 5045.20 provides that assistance units who are residents of long-term care facilities ("LTCF") or receiving community-based services ("CBS") are responsible for contributing a portion of their income toward the cost of their care. For LTCF cases only, the amount to be contributed is projected for a six-month period.
5. UPM § 5050.66(C) provides for reduction in Income due to Recovery of Overpayments and states that when money is withheld from an income source to recoup an overpayment, the amount of income to be counted is the amount the household would receive if no withholding had occurred unless: (1) the income was received concurrently with AABD or MAABD assistance at the time the overpayment occurred; and (2) the overpayment amount was included in determining AABD or MAABD eligibility.
6. UPM provides for treatment of income for Social Security ("SSA") and Veterans' Benefits and states "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 SSA income is countable.

7. UPM provides for the definition of inaccessible income as, "money which an assistance unit member is due but neither receives nor benefits from due to circumstances beyond his or her control."

UPM § 5000.01.

UPM provides for the treatment of inaccessible income as follows:

- A. The Department considers all income to be accessible unless otherwise indicated.
- B. Inaccessible income is not counted for any month in which it is considered inaccessible throughout the month.
- C. The assistance unit must, as a condition of eligibility, cooperate as required by the Department, in gaining access to the inaccessible income. (Cross Reference: 3525- "Procedural Eligibility Requirements")

UPM § 5010.

The SSI overpayment debt payment from the Appellant's gross SSA income is not considered inaccessible income because the gross SSA is countable and the

overpayment is a deduction from the gross SSA, which is owed to the SSA for repayment of the SSI debt because the Appellant was being paid while in a facility.

The Department correctly considered the full amount of the Appellant's gross SSA income as accessible income.

8. UPM § 5045.20(B)(1)(a) provides that the amount of income to be contributed in LTC cases at the initial calculation for each month in the six month period for which the contribution is projected, monthly gross income is established as follows: total gross monthly income which was paid or payable to the applicant or recipient, in the six months prior to the period for which the contribution is projected, is divided by six.

UPM § 5045.20(B)(1)(b) provides that the total gross income is reduced by post-eligibility deductions (Cross-reference: 5035-"Income Deductions") to arrive at the amount of income to be contributed.

The Department correctly determined that the Appellant's gross monthly income totals \$209.00 in [REDACTED] of 2024 and \$214.00 beginning [REDACTED] 2025.

9. UPM § 5035.25 (B)(1) provides a monthly deduction for LTFC units of a personal needs allowance ("PNA") of \$50.00, which, effective [REDACTED] 1999, and annually thereafter, shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

The Department correctly allowed a PNA totaling \$75.00 (figure effective [REDACTED] 21).

10. UPM § 5035.25(B)(4) provides that Medicare and other health insurance premiums, deductibles, and coinsurance costs are allowable deductions when not paid for by the Department or any other third party.

The Department correctly applied a health care premium deduction totaling \$120.00.

11. UPM § 5045.30 provides for calculating applied income for Long-Term Care Facility ("LTCF") units with community spouses as follows:

General Principles for Calculating Applied Income

1. Determine amount of income to be considered from fixed income sources.
2. Determine amount of income to be considered from variable sources. (N/A)
3. Add the figures from steps 1 and 2, above.
4. Deduct a personal needs allowance of \$60.00 per month from the amount derived in step 3.
5. Deduct a community Spouse Allowance (CSA) (cross reference 5035.30).

6. Deduct a Community Family Allowance (CFA) for each eligible family member (cross reference 5035.35).
7. Deduct Medicare and other health insurance premiums.
8. Deduct costs for medical treatment approved by a physician, which are incurred subsequent to the effective date of eligibility, and which are not covered by Medicaid.
9. Deduct expenses for services provided by a licensed medical provider in the six month period immediately preceding the first month of eligibility providing the following conditions are met:
 - a. the expenses were not for LTCF services, services provided by a medical institution equivalent to those provided in a long term care facility, or home and community based services, when any of these services were incurred during a penalty period resulting from an improper transfer of assets;
 - b. the recipient is currently liable for the expenses;
 - c. the services are not covered by Medicaid in a prior period of eligibility.
10. Use the resulting figure from the calculations above as the amount to be contributed to the cost of care.
11. If applied income increases, follow advance notice requirements.
12. Set a tickler for the sixth month of the six month period to begin the process of reconciling projected income with actual income.

██████████ 2024	
Fixed Income (Social Security)	\$209.00
Total Income	\$209.00
Less PNA	-\$75.00
Post PNA Deduction Income	\$134.00
Less Medicare Premium	-\$0.00
Less Health Care Premium Deduction	-\$0.00
Post Health Care Premium Deduction	\$134.00
Less Community Home Maintenance	-\$0.00
Less Community Spousal Allowance	-\$0.00
Less Community Family Allowance	-\$0.00
Less Uncovered Medical Expenses	-\$0.00
LTSS Patient Liability Amount	\$134.00

██████████ 2025 and ongoing	
Fixed Income (Social Security)	\$214.00
Total Income	\$214.00
Less PNA	-\$75.00
Post PNA Deduction Income	\$139.00
Less Medicare Premium	-\$0.00

Less Health Care Premium Deduction	-\$120.00
Post Health Care Premium Deduction	\$19.00
Less Community Home Maintenance	-\$0.00
Less Community Spousal Allowance	-\$0.00
Less Community Family Allowance	-\$0.00
Less Uncovered Medical Expenses	-\$0.00
LTSS Patient Liability Amount	\$19.00

The Department correctly calculated the LTSS patient liability amount effective [REDACTED] 2025.

DISCUSSION

A Medicaid recipient who is residing in a long-term care facility must contribute to the cost of his or her care which is referred to as applied income. The regulations allow for deductions based on specific conditions. The Department correctly calculated the Applicant's gross income source and deducted the \$75.00 personal needs allowance. In addition, the Department applied the appropriate health care premium deduction.

The Department correctly calculated the Appellant's LTSS patient liability amount. The Appellant's representative appeal is that the Department in calculating the Appellant's applied income amount, an \$84.00 SSI overpayment deducted from the Appellant's monthly SSA, is neither received by the Appellant nor used for his care while in the Facility. The undersigned has determined that the SSI overpayment is not inaccessible income or an allowable deduction in the calculation of the applied income.

DECISION

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

Scott Zuckerman
Scott Zuckerman
Hearing Officer

PC. Nicole Caldwell, Operations Manager, DSS, Hartford Office
Lindsey Collins, Operations Manager, DSS, Hartford Office
Shaniqua Rose, Operations Manager, DSS, Hartford Office
Robert Stewart, Operations Manager, DSS, Hartford Office
Wilfredo Medina, Fair Hearing Liaison Supervisor, DSS, Hartford Office
Marta Karwowski, DSS, Manchester Resource Center

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.

