



The Delaware Code (31 Del. C. §520) provides for judicial review of hearing decisions. In order to have a review of this decision in Court, a notice of appeal must be filed with the clerk (Prothonotary) of the Superior Court within 30 days of the date of the decision. An appeal may result in a reversal of the decision. Readers are directed to notify the DSS Hearing Office, P.O. Box 906, New Castle, DE 19720 of any formal errors in the text so that corrections can be made.

**DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SOCIAL SERVICES**

In re:

DCIS No. Redacted

Redacted

Appearances: Redacted, pro se, Appellant
Redacted, Appellant's Husband

Cathy Price, Sr. Social Worker/Case Manager, Division of Social Services

I.

Redacted ("Appellant") opposes a decision by the Division of Social Services ("DSS") to deny her husband Medical Assistance benefits based upon being over the income limit for a household of four (4).

The Division of Social Services ("DSS") contends that while the Appellant was eligible for Family Planning Medicaid, and her children eligible for CHIPS, the Appellant's husband was not eligible for Medicaid for Uninsured Adults, being over the income limit for a household of four (4).

II.

On March 19, 2010, DSS sent to Appellant a Notice to Deny Your Medical Assistance, effective April 1, 2010. (Exhibit 3)

On April 27, 2010, the Appellant filed a request for a fair hearing requesting that benefits continue during the pendency of the case. (Exhibit 2) According to the Fair Hearing Summary dated May 20, 2010, benefits have continued. (Exhibit 1)

The Appellant was notified by certified letter dated June 11, 2010, that a fair hearing would be held on June 22, 2010. The hearing was conducted on that date in Newark, Delaware.

This is the decision resulting from that hearing.

III.

DSS testified that the Appellant applied for Medical Assistance for herself, her husband, and her two (2) children. DSS testified that both the Appellant and her husband were receiving unemployment compensation. DSS testified that as the Appellant's countable household income was \$2513.22, that exceeded the monthly income limit for a household of four (4), which is \$1838. Accordingly, DSS

enrolled the Appellant in Family Planning Medicaid, enrolled her two (2) children in CHIPS, and determined that the Appellant's husband was ineligible for Medicaid for Uninsured Adults.

Pursuant to the Division of Social Services Manual ("DSSM") 16230, countable income is used to determine eligibility for benefits. DSSM 16230 defines countable income as earned or unearned income minus any disregards, if applicable. In this case, the Appellant received no disregards because income from unemployment compensation income is considered to be unearned. (DSSM 16230.2) Accordingly, DSS determined that the Appellant's monthly income amounted to \$2513.22. DSS applied a monthly income limit for a household of four (4) amounting to \$1838.00 and denied Appellant's husband's medical assistance benefits.

At the hearing, the Appellant conceded that the amount used by DSS in determining her family's medical assistance eligibility was correct. The Appellant further testified that her husband's unemployment compensation had ceased sometime in early June 2010. Both DSS and the Appellant testified that on the date of the hearing the Appellant provided verification showing that her husband no longer received unemployment compensation. According to DSS, the Appellant's monthly household income was reduced, and both the Appellant and her husband are now eligible for Medicaid for Uninsured Adults. At the hearing, the Appellant testified that she believed that DSS did not accurately calculate the bills submitted by the Appellant, in determining the Appellant's monthly income.

Pursuant to DSSM 16230.1.1, DSS is only permitted to utilize gross income, and not net income (after expenses), for purposes of eligibility. As this benefit is based solely on income, there are no deductions made for medical or other expenses and a person's medical condition is not taken into consideration when determining eligibility.

Based upon the information provided, DSS correctly determined that the Appellant's total monthly countable income is over the income limit for a household of four (4). As a result, the Appellant was properly sent a Notice to Deny Your Medical Assistance. I conclude that substantial evidence supports DSS' decision to deny the Appellant's husband's medical assistance benefits.

IV.

For these reasons, the decision of the Division of Social Services to deny Appellant's Medical Assistance benefits effective April 1, 2010 is AFFIRMED.

Date: June 28, 2010



MICHAEL L. STEINBERG, J.D.
HEARING OFFICER

THE FOREGOING IS THE FINAL DECISION OF THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

June 28, 2010

POSTED

cc: Redacted
Cathy Price, Team 810

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Hearing Summary dated May 20, 2010, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Appellant's request for a fair hearing date-stamped April 27, 2010, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice to Deny Your Medical Assistance, dated March 19, 2010, consisting of four (4) pages.