



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

Linda Green, Social Worker Supervisor, Team #53805, Division of Social Services

**I.**

Redacted ("Appellant") opposes a decision by the Division of Social Services ("DSS") to close her Medical Assistance benefits based upon being over the income limit for a household of one (1).

The Division of Social Services ("DSS") contends that the Appellant is over the income limit for a household of one (1).

**II.**

On December 7, 2009, DSS sent to Appellant a Notice to Close Your Medical Assistance, effective December 31, 2009. (Exhibit 3).

On December 25, 2009, 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 January 8, 2010, benefits have continued. (Exhibit 1).

The Appellant was notified by certified letter dated February 8, 2010, that a fair hearing would be held on February 23, 2010. The hearing was conducted on that date in Newark, Delaware.

This is the decision resulting from that hearing.

**III.**

According to the Notice to Close Your Medical Assistance dated December 7, 2009, the Appellant informed DSS that she would be paid \$1044.56 from the Appellant's employer, Safeway, for the month of January. Ms. Green testified that this was the income the Appellant anticipated receiving when she completed her medical assistance renewal form dated December 2, 2009. DSS entered this income information into the calculations for Appellant's case and the agency determined that her gross monthly income amounted to \$1044.56 per month.

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 an earned income deduction (disregard) of \$90.00 because the household’s income is considered earned under DSSM 16250. Accordingly, DSS determined that the Appellant’s monthly income amounted to \$954.56. DSS applied a monthly income limit for a family of one (1) amounting to \$903.00 and closed Appellant’s medical assistance benefits.

In her request for a fair hearing dated December 30, 2009, the Appellant stated that she would not be earning \$1044.56 in January because she was only a part-time employee, and her hours would be cut. The Appellant also stated that she was taking two (2) new medications, and had two (2) broken bones in her hand. At the hearing, the Appellant testified that she has epilepsy, and to control her seizures she requires two (2) drugs with a combined monthly cost of \$161.20. The Appellant further testified that her monthly car insurance rate has doubled to \$121.73. However, the Appellant offered no evidence concerning either how much income she received for the month of January 2010, or how much income she anticipated receiving in the future.

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 family of one (1). As a result, the Appellant was properly sent a Notice to Close Your Medical Assistance. I conclude that substantial evidence supports DSS’ decision to close the Appellant’s medical assistance benefits.

IV.

For these reasons, the decision of the Division of Social Services to close Appellant’s Medical Assistance benefits effective December 31, 2009 is AFFIRMED.

Date: March 16, 2010



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MICHAEL L. STEINBERG, J.D.  
HEARING OFFICER

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

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March 16, 2010  
POSTED

cc: Redacted  
Linda Green, Social Work Supervisor, Team #53805

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Hearing Summary dated January 8, 2010, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Appellant's request for a fair hearing dated December 25, 2009, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice to Close Your Medical Assistance, dated December 7, 2009 consisting of two (2) pages.