



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. 0000000000

Ms. Jones

Appearances: Ms. Jones, pro se, Appellant

Marietta Wharton, Administrator, Division of Social Services

I.

Ms. Jones ("Appellant") opposes a decision by the Division of Social Services ("DSS") to close her Medicaid for Uninsured Adults based upon being over the income limit for a household of one (1).

The Division of Social Services ("DSS") contends that it properly closed the Appellant's medical assistance benefits.

II.

On May 11, 2012, DSS sent to Appellant a Notice to Close Your Medical Assistance, effective May 31, 2012. (Exhibit 3)

On May 29, 2012, the Appellant filed a request for a fair hearing, requesting that assistance continue during the pendency of the case. (Exhibit 2) According to the Fair Hearing Summary dated June 6, 2012, assistance has continued. (Exhibit 1)

The Appellant was notified by certified letter dated June 26, 2012, that a fair hearing would be held on July 13, 2012. The hearing was conducted on that date in Newark, Delaware.

This is the decision resulting from that hearing.

DSS testified that at the time the Appellant requested her fair hearing, she was over the income limit for eligibility for Medicaid for Uninsured Adults. DSS testified that the Appellant works as a substitute teacher. According to the Notice to Close Your Medical Assistance, DSS calculated the Appellant's gross monthly income to be \$1,829.43. (Exhibit 3) Approximately two (2) weeks after she requested this Fair Hearing, DSS testified, the Appellant informed them that she was no longer employed, as school was no longer in session. DSS testified that after verifying this information, the agency reinstated the Appellant's medical assistance effective June 1, 2012. As a result, DSS testified, the Appellant suffered no lapse in coverage.

At the hearing, the Appellant testified that she works as a substitute schoolteacher. As a result, she testified, she is unemployed during the summer months, receiving no income. When school is in session, she testified, her net weekly income amounts to approximately \$380.00. In addition, she testified, she suffers from a heart condition for which she is prescribed two (2) or three (3) daily medications. Lastly, the Appellant testified that she had no out of pocket expenses relating to her May 11, 2012 notice closing her Medicaid.

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.

In order to determine eligibility for Medicaid for Uninsured Adults, DSSM 16250 instructs DSS that after applying appropriate disregards to income, to compare the countable family income to the income eligibility standard for the budget unit size. Uninsured adults must have family income at or below 100% of poverty.

According to Administrative Notice A-09-2011, 100% of the federal poverty level for a household of one (1) is equal to \$931.00 per month.

Based upon the information provided, DSS correctly determined that the Appellant's total monthly countable income was over the income limit for a family of one (1) to qualify for Medicaid for Uninsured Adults. Although the Appellant testified that her income has since decreased, she did not contest the figures used by DSS to calculate her income at that time¹. Accordingly, DSS correctly determined that the Appellant's income exceeded the limit for a household 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.

¹ Further, this Hearing Officer notes that even the Appellant's stated net income would be enough to place her over the income limit for a household of one (1). A weekly income of \$380.00 would equal a countable monthly income of \$1,645.40 ($\$380.00 \times 4.33 = \$1,645.50$).

IV.

For these reasons, the May 11, 2012 decision of the Division of Social Services to close the Appellant's Medical Assistance benefits effective May 31, 2012 is AFFIRMED.

Date: August 1, 2012



MICHAEL L. STEINBERG, J.D.
HEARING OFFICER

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

August 1, 2012
POSTED

cc: Ms. Jones
Marietta Wharton, DSS

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Fair Hearing Summary dated June 6, 2012, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Appellant's request for a fair hearing date-stamped May 29, 2012, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice to Close Your Medical Assistance, dated May 11, 2012, consisting of three (3) pages.