



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, Claimant  
Rick Schneider, Employment Consultant

Ken Andrews, Sr. Social Worker/Case Manager, Division of Social Services  
Carlene Radhouani, Sr. Social Worker/Case Manager, Division of Social Services

**I.**

Redacted ("Claimant") opposes a decision by the Division of Social Services ("DSS") to deny her medical assistance benefits.

The Division of Social Services ("DSS") contends that the Claimant's household income is over the limit to be eligible for the Special Low Income Medicare Beneficiary ("SLMB") program or any other medical assistance plan.

**II.**

On October 27, 2009, DSS sent to Claimant a Notice to Deny Your Medical Assistance. (Exhibit 3)

The Claimant filed a request for a fair hearing on November 9, 2009. (Exhibit 2).

The Claimant was notified by certified letter dated December 1, 2009, that a fair hearing would be held on December 29, 2009. A continuance was granted on January 22, 2010. The Claimant was notified by certified letter dated February 16, 2010 that a fair hearing would be held on March 9, 2010. A continuance was granted on February 24, 2010. The Claimant was notified by certified letter dated March 22, 2010 that a fair hearing would be held on April 15, 2010. The hearing was conducted on that date in New Castle, Delaware.

This is the decision resulting from that hearing.

**III.**

Pursuant to Delaware Social Services Manual ("DSSM") 16220.4, an individual must be uninsured in order to qualify and receive the medical assistance benefits sought by the Claimant. An uninsured

individual is defined as an individual who does not have Medicare, CHAMPUS, or other comprehensive health insurance. In this case, because Claimant is receiving Medicare she is ineligible for Adult Poverty medical assistance benefits. Pursuant to Delaware 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.

Pursuant to DSSM §17300.3.2.6, countable income is used to determine eligibility for benefits. Countable income is earned or unearned income minus appropriate deductions (disregards). Pursuant to Delaware Social Services Manual (“DSSM”) 17400, a Specified Low-Income Medicare Beneficiary (SLMB) is an individual who meets all of the eligibility requirements for Qualified Medicare Beneficiary (QMB) status except for income in excess of the QMB income limit. Pursuant to DSSM 17400.1, effective for calendar years beginning 1995, the income limit for SLMBs is 120% of the Federal Poverty Level.

DSS determined that the Claimant’s Social Security (Title II) benefit income after allowable deductions was \$1,241.00. The Claimant’s total monthly income of \$1,241.00 placed her over the income limit of \$1,220.00 per month for SLMB benefits.<sup>1</sup>

The Claimant testified that she cannot afford the twenty (20) percent co-pays and she has difficulty affording her prescribed medications.

Based upon the information provided, DSS correctly determined that the Claimant’s monthly countable income is \$1,241.00. The income limit for a household of one (1) for medical assistance benefits on the date that the notice was issued was \$1,220.00 per month. The Claimant’s income places her over the income limit. As a result, the Claimant was properly sent a Notice to Deny Your Medical Assistance. (Exhibit 3)

#### IV.

For these reasons, the October 27, 2009 decision of the Division of Social Services to Deny the Claimant’s Medical Assistance application is AFFIRMED.

Date: May 3, 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

May 3, 2010

POSTED

cc: Redacted  
Ken Andrews, Team 160  
Carlene Radhouani, Team 160

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<sup>1</sup> Although the agency testified that the Claimant was receiving Supplemental Security Income Medicaid, there is no evidence in the record that supports such a contention. Therefore, I conclude that the Claimant is receiving Title II based Medicare and is seeking SLMB benefits to cover the twenty (20) percent co-pays, which is consistent with her testimony.

Dineen Harris, Team 160

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 - DSS Hearing Summary consisting of two (2) pages date-stamped November 9, 2009.

EXHIBIT #2 - The Claimant's request for a fair hearing date-stamped November 9, 2009, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice to Deny Your Medical Assistance dated October 27, 2009, consisting of two (2) pages.