



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, Claimant

Carolyn Cannon, Sr. Social Worker/Case Manager, Team #860, Division of Social Services

Joanne Friend, Presenter, Team #860, Division of Social Services

I.

Redacted ("Claimant") opposes a decision by the Division of Social Services ("DSS") to deny her adult expansion Medicaid benefits based upon being over the income limit for a household of one (1).

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

II.

On February 24, 2010, DSS sent to Claimant a Notice to Deny Your Medical Assistance. (Exhibit 3).

On March 5, 2010, the Claimant filed a request for a fair hearing. (Exhibit 2).

The Claimant was notified by certified letter dated April 5, 2010, that a fair hearing would be held on May 10, 2010. The hearing was conducted on that date in Georgetown, Delaware.

This is the decision resulting from that hearing.

III.

DSS testified that with her application for medical assistance, the Claimant provided two (2) paystubs from her employer, Tuesday Morning. DSS testified that one (1) paystub dated February 5, 2010 showed gross wages of \$466.40 and that a second paystub dated February 19, 2010 showed gross wages of \$456.70. DSS testified that they added both wages together for a total of \$923.10 ( $\$466.40 + \$456.70 = \$923.10$ ). DSS testified that they then multiplied that amount by 216%, resulting in \$1993.90 ( $\$923.10 \times 216\% = \$1993.90$ ). To determine the Claimant's monthly gross income, DSS testified that they then divided \$1993.90 in half, resulting in a monthly gross wage of \$996.95 ( $\$1993.90 \div 2 = \$996.95$ ).

DSS testified that when an individual is paid biweekly, merely adding the two (2) submitted paystubs gives an inaccurate monthly income amount, because it fails to account for two (2) extra paychecks:

Biweekly payment results in twenty-six (26), not twenty-four (24) total pay periods. DSS testified that this inaccuracy led to many erroneous denials: For the two (2) months a year that had an "extra" pay period, DSS clients would always have their benefits closed for being over income. To remedy this result, DSS testified that federal policy requires them to multiply the sum of the two (2) submitted paystubs by 216%, and then divided in half to get a number reflecting an individual's total monthly income.

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 Claimant 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 Claimant's monthly income amounted to \$906.95. DSS applied a monthly income limit for a family of one (1) amounting to \$903.00 and denied the Claimant medical assistance benefits.

At the hearing, the Claimant testified that she needs health insurance to cover needed tests for gastrointestinal and dental problems. The Claimant testified that in her opinion, it was not right that the system would penalize her for working, and that it would be in her best interests to lose her job and go on public assistance in order to qualify for health insurance.

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 Claimant's total monthly countable income is over the income limit for a family of one (1). As a result, the Claimant was properly sent a Notice to Deny Your Medical Assistance. I conclude that substantial evidence supports DSS' decision to deny the Claimant medical assistance benefits.

IV.

For these reasons, the decision of the Division of Social Services to deny the Claimant's Medical Assistance benefits effective February 24,2010 is AFFIRMED.

Date: May 24, 2010



MICHAEL L. STEINBERG, J.D.  
HEARING OFFICER

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

May 24, 2010  
POSTED

cc: Redacted  
Carolyn Cannon, Sr. Social Worker/Case Manager, Team #860  
Joanne Friend, Presenter, Team #860

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Hearing Summary dated March 12, 2010, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Claimant's request for a fair hearing dated March 5, 2010, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice to Deny Your Medical Assistance, dated February 24, 2010, consisting of two (2) pages.