



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

Linda Greene, Social Worker/Case Manager Supervisor, Team #530, 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 April 14, 2010, DSS sent to Claimant a Notice to Deny Your Medical Assistance. (Exhibit 3)

On April 21, 2010, the Claimant 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 April 23, 2010, benefits have not continued.

The Claimant was notified by certified letter dated May 13, 2010, that a fair hearing would be held on June 1, 2010. The hearing was conducted on that date in New Castle, Delaware.

This is the decision resulting from that hearing.

**III.**

DSS testified that with her application for medical assistance, the Claimant indicated that she had medical insurance from her employer. The Claimant testified that she did have full coverage medical insurance from her employer, UPS. The Claimant testified that she had been reduced to fifteen (15) hours per week of employment per her physician's orders. The Claimant testified that as a result of working less than full-time, the amount of contribution by the employer to her medical costs lowered: The Claimant testified that as opposed to UPS contributing eighty percent (80%) of the costs, they now

contribute only twenty-five (25%) of the costs. As a result, the Claimant testified, she has higher out-of-pocket costs, and some of her medication is not covered. The Claimant testified that she only brings home \$122 in weekly income, yet has to buy two (2) drugs that combined cost her \$600 per month. The Claimant testified that she hoped Medicaid for Uninsured Adults could serve as a secondary, supplemental health insurance, to help her cover the costs not covered by her employer-provided health insurance.

Pursuant to the Division of Social Services Manual (“DSSM”) 16220.4, in order to be eligible to enroll in Medicaid for Uninsured Adults, the applicant must not have Medicare or other comprehensive health insurance. Comprehensive health insurance is defined in DSSM 16220.4.1 as a benefit package that covers hospital and physician services as well as laboratory and radiology services, but does not necessarily include optional benefits like coverage for prescription drugs.

Based upon the information provided, DSS correctly determined that the Claimant did not qualify for coverage under Medicaid for Uninsured Adults because she has comprehensive health insurance provided by her employer. The fact that this health insurance does not adequately meet the Claimant’s needs for prescription drug coverage does not establish that the Claimant’s current health insurance is not comprehensive. 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. Further, as the Claimant was not eligible to receive medical assistance, the agency was correct in not continuing assistance through the pendency of the case.

IV.

For these reasons, the decision of the Division of Social Services to deny the Claimant’s Medical Assistance benefits effective April 14, 2010 is AFFIRMED.

Date: June 9, 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

June 9, 2010

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POSTED

cc: Redacted  
Linda Greene, Team #530

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Hearing Summary dated April 23, 2010, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Claimant's request for a fair hearing date-stamped April 21, 2010, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice to Deny Your Medical Assistance, dated April 14, 2010, consisting of three (3) pages.