



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 Greene, Social Worker/Case Manager Supervisor Team #150, Division of Social Services

I.

Redacted ("Appellant") opposes a decision by the Division of Social Services ("DSS") to reduce her Medical Assistance to Family Planning Medicaid 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) to qualify for Medicaid for Uninsured Adults.

II.

On April 19, 2010, DSS sent to Appellant a Notice about Your Medical Assistance, effective May 1, 2010. (Exhibit 3) This notice served to inform Appellant that she was over the income for a family of (1) to qualify for Medicaid for Uninsured Adults, and could be covered only under Family Planning Services Medicaid.

On April 27, 2010, 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 April 27, 2010, benefits have continued. (Exhibit 1)

The Appellant 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.

According to testimony and the Notice About Your Medical Assistance dated April 19, 2010, DSS was informed via data exchange that the Appellant would receive \$330 in weekly unemployment compensation. Since there are 52 weekly pay periods in a year, merely multiplying a weekly income by four (4) yields an erroneous result because it fails to account for the four (4) "extra" pay periods in the year. To account for these "extra" pay periods, federal policy requires DSS to multiply a weekly gross income by 4.33, resulting in a monthly income reflecting one twelfth (1/12) of the Appellant's yearly

gross income. (DSSM 16230) Following this federal policy, DSS determined that the Appellant would receive a total of \$1428.90 in unemployment compensation for the month of May ($\$330 \times 4.33 = \1428.90).

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. DSSM 16230.2 identifies unemployment compensation as a type of unearned income, and notes that unearned income is counted as paid without application of any disregards. In this case, the Appellant did not receive an earned income deduction (disregard) of \$90.00 because the household's income is not considered earned under DSSM 16230. Accordingly, DSS determined that the Appellant's monthly income amounted to \$1,428.90. DHSS applied a monthly income limit for a family of one (1) amounting to \$903.00 and the agency reduced her benefits to Family Planning Medicaid.

In her request for a fair hearing, the Appellant stated that the unemployment compensation income predicted for the month of May could be incorrect. At hearing, the Appellant testified that she does not collect unemployment compensation every week. However, the Appellant further testified that for the month of May, she did collect four (4) weeks of unemployment compensation. The Appellant testified that due to her medical conditions, she must visit physicians on a monthly basis. The Appellant further testified that over half of her income is used to pay for medical expenses, even with Medicaid for Uninsured Adults 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 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 About Your Medical Assistance, removing the Appellant from coverage under Medicaid for Uninsured Adults. I conclude that substantial evidence supports DSS' decision to change the Appellant's medical assistance benefits.

IV.

For these reasons, the April 19, 2010 decision of the Division of Social Services to change Appellant's medical assistance benefits effective May 1, 2010 is AFFIRMED.

Date: June 9, 2010



MICHAEL L. STEINBERG, J.D.
HEARING OFFICER

THE FOREGOING IS THE FINAL DECISION OF THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
June 9, 2010

POSTED

cc: Redacted
Linda Greene, Team #150

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Fair Hearing Summary dated April 27, 2010, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Appellant's request for a fair hearing date-stamped April 27, 2010, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice About Your Medical Assistance, dated April 19, 2010, consisting of six (6) pages.