



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

Nicole Stevens, Sr. Social Worker/Case Manager Team #400, Division of Social Services

**I.**

Redacted ("Appellant") opposes a decision by the Division of Social Services ("DSS") to close his 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 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 to Close Your Medical Assistance, effective April 30, 2010. (Exhibit 3)

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 28, 2010, benefits have continued. (Exhibit 1)

The Appellant was notified by certified letter dated May 11, 2010, that a fair hearing would be held on June 4, 2010. The hearing was conducted on that date in Dover, Delaware.

This is the decision resulting from that hearing.

### III.

DSS testified that on approximately the fifteenth (15<sup>th</sup>) of every month, the division receives data exchange from Delaware's Department of Labor to verify the income of any client who receives unemployment compensation. DSS testified that on or about the fifteenth (15<sup>th</sup>) of April, the data exchange occurred and identified that the Appellant was a recipient of unemployment compensation. DSS testified that the data exchange showed that the Appellant was receiving \$330 in weekly unemployment compensation. (Exhibit 4) 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 \$1,428.90 in unemployment compensation for the month of May ( $\$330 \times 4.33 = \$1,428.90$ ).

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. DSS applied a monthly income limit for a family of one (1) amounting to \$903.00 and the agency closed the Appellant's medical assistance benefits.

In his request for a fair hearing, the Appellant stated that the unemployment compensation income he receives is not enough to pay his monthly expenses. At hearing, the Appellant testified that he cannot afford health insurance and that his medical bills have accumulated. The Appellant testified that although he receives unemployment compensation, it does not cover even mortgage, regardless of his other monthly household expenses. In addition, the Appellant testified that while he applied for medical assistance as a household of one (1), since May his daughter has been home from college, so he effectively provides for a household of two (2).

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). While the Appellant now effectively provides for a household of two (2), at the time of the determination he had applied as a household of one (1). The Appellant is encouraged to re-apply for benefits for a household of two (2). As a result, the Appellant was properly sent a Notice to Close Your Medical Assistance, effective April 30, 2010. I conclude that substantial evidence supports DSS' decision to close the Appellant's medical assistance benefits.

IV.

For these reasons, the April 19, 2010 decision of the Division of Social Services to close the Appellant's medical assistance benefits effective April 30, 2010 is AFFIRMED.

Date: June 10, 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 10, 2010

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POSTED

cc: Redacted  
Nicole Stevens, Team #400

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Fair Hearing Summary dated April 28, 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 to Close Your Medical Assistance, dated April 19, 2010, consisting of two (2) pages.

EXHIBIT #4 – Copy of a Delaware Department of Labor Unemployment Insurance Claim for the Appellant, covering dates April 19, 2010 through June 1, 2010, consisting of one (1) page.