	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. 000000000

Ms. Jones

Appearances: Ms. Jones, pro se, Claimant

Roberta Johnson, Social Worker/Case Manager, Division of Social Services, Team #460

I.

Ms. Jones ("Claimant") opposes a decision by the Division of Social Services ("DSS") denying her Medical Assistance benefits based upon being over the income limit for Medicaid for Uninsured Adults 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 June 16, 2011, DSS sent to Claimant a Notice to Deny Your Medical Assistance, effective May 1, 2011. (Exhibit 3)

On July 7, 2011, the Claimant filed a request for a fair hearing. (Exhibit 2)

The Claimant was notified by certified letter dated August 8, 2011, that a fair hearing would be held on August 22, 2011. The hearing was conducted on that date in Dover, Delaware.

This is the decision resulting from that hearing.

III.

DSS testified that the Claimant applied for Medical Assistance benefits on June 13, 2011. DSS testified that the Claimant identified that she was employed at Presbyterian Homes and paid biweekly. DSS testified that it determined that the Claimant's gross household income to be $1,128.82.

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 disregard of $90.00. Accordingly, DSS determined that the Claimant's monthly net income amounted to $1,038.82 ($1,128.82 - $90.00 = $1,038.82). (Exhibit 3) DSS applied a monthly income limit for a family of one (1) amounting to $908.00 and denied the Claimant's Medical Assistance benefits under Medicaid for Uninsured Adults.

At the hearing, the Claimant testified that she had been insured under her father's health insurance, which she lost when she moved out of his home. The Claimant testified that she is only guaranteed twenty (20) hours of work per week. As a result, she testified, her monthly income can fluctuate from $700.00 per month to $1000.00 per month. The Claimant testified that her two (2) most recent paystubs reflect only $416.00 and $460.00 of gross pay, respectively.[1] However, the Claimant did not testify that the amounts used by DSS in determining her eligibility were incorrect for the time period when she applied for Medical Assistance benefits.

According to DSSM 16250, in order to qualify for Medicaid for Uninsured Adults, after applying appropriate disregards to income, DSS is instructed to compare the countable family income to the income eligibility standard for the budget unit size. The income eligibility standard for uninsured adults is family income at or below 100% of poverty.

According to Administrative Notice A-05-2011, 100% of the federal poverty level for a household of one (1) is equal to $908.00 per month.

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 household of one (1) for her to qualify for Medicaid for Uninsured Adults. 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's application for Medical Assistance benefits. The Claimant is encouraged to re-apply for Medical Assistance benefits, as her income has decreased since her initial application.

IV.

[1] I note that based upon this reported income, the Claimant should be eligible: The average of the two (2) paystubs equals $438.00 (($416.00 + $460.00)/2 = $438.00). As the Claimant is paid biweekly, this average biweekly income would be multiplied by a conversion factor of 2.16 (to account for the two (2) "extra" biweekly pay periods per year). This would equate to a monthly gross income of $946.00 ($438.00 X 2.16 = $946.08). After subtracting the earned income disregard, the Claimant's total household income would fall below the $908.00 income limit for a household of one (1) ($946.08 - $90.00 = $856.08).

For these reasons, the June 16, 2011 decision of the Division of Social Services to deny the Claimant's Medical Assistance benefits effective May 1, 2011 is AFFIRMED.

Date: September 16, 2011

MICHAEL L. STEINBERG, J.D.
HEARING OFFICER

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

September 16, 2011
POSTED

cc: Ms. Jones
Roberta Johnson, DSS, Team #460

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Fair Hearing Summary dated July 14, 2011, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Claimant's request for a fair hearing date-stamped July 7, 2011, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice to Deny Your Medical Assistance, dated June 16, 2011, consisting of four (4) pages.