

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2016
Signature Confirmation

Client ID # ██████████
Hearing Request # 751698

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ ██████████ (the Appellant), a Notice of Eligibility and Premium Obligation for the Medicaid for Employed Disabled program ("S05").

On ██████████ 2016, the Appellant requested an administrative hearing because she disagrees with the amount of her premium for the Medicaid for Employed Disabled program.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, the Appellant requested to reschedule the administrative hearing.

On ██████████ 2016, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████ Appellant
Joseph Alexander, Eligibility Services Specialist, Department's Representative
Roberta Gould, Hearing Officer

At the Appellant's request, the hearing record remained open for the submission of additional evidence. On ██████████ 2016, the record closed.

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to require the Appellant to pay a delinquent premium amount of \$60.41 for the Medicaid for the Employed Disabled program is correct.

FINDINGS OF FACT

1. The Appellant is a recipient of the Medicaid for the Employed Disabled ("S05") program. (Hearing record)
2. The Appellant is disabled. (Hearing record)
3. The Appellant receives gross Social Security Disability benefits of \$1,152.00 per month. (Exhibit 9: Unearned Income screen printout)
4. The Appellant is employed by ██████████. (Exhibit 5: Wage stubs, Exhibit 6: Wage stubs and Department's summary)
5. On ██████████ 2015, the Appellant provided the Department with wage stubs totaling \$1,422.65. The Department calculated her monthly earnings to be \$1,529.35 [$\$1,422.65/4 = \$355.66 \times 4.3 = \$1,529.35$]. (Exhibit 5 and Department's summary)
6. On ██████████ 2016, the Department recalculated the Appellant's monthly premium amount for S05 assistance. Her premium amount increased from \$36.50 per month to \$71.93 per month effective ██████████ 2015. (Exhibit 1: Case narrative and Department's summary)
7. On ██████████ 2015, the Appellant completed the renewal process for her S05 assistance. She provided the Department with wage stubs totaling \$981.99. The Department calculated her monthly earnings to be \$1,055.63 [$\$981.99/4 = \$245.49 \times 4.3 = \$1,055.63$]. (Exhibit 6 and Department's summary)
8. On ██████████ 2015, the Department recalculated the Appellant's monthly premium amount for S05 assistance. Her premium amount decreased to \$24.56 per month effective ██████████ 2015. (Exhibit 1 and Department's summary)
9. On ██████████ 2016, the Appellant completed a redetermination for her Medicare Savings Program and provided the Department with wage stubs totaling \$1,019.00. The Department calculated her monthly earnings to be \$1,095.00 [$\$1,019.00/4 = \$255.00 \times 4.3 = \$1,095.00$]. (Exhibit 7: Wage stubs and Department's summary)

10. On ██████████ 2016, the Department recalculated the Appellant's monthly premium amount for S05 assistance. Her premium amount increased to \$26.70 per month effective ██████████ 2016. (Exhibit 1 and Department's summary)
11. On ██████████ 2016, the Department sent the Appellant a notice that she was required to pay a delinquent premium amount of \$60.41. (Hearing record and Appellant's testimony)
12. From ████████ of 2015, through ████████ of 2015, the Appellant was charged \$425.67 for her S05 program premiums. (Exhibit 16: Statement of account)
13. From ██████████ 2015, through ██████████ 2016, the Appellant made S05 program premium payments of \$398.97. (Exhibit 16)
14. The Appellant currently owes S05 program premiums of \$33.90 [$\$425.67 - \$398.97 = \$26.70 + \$1.80 \times 4 \text{ months} = \33.90]. (Exhibit 17: Email from Benefits Accounting and Exhibit 16)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes ("Conn. Gen. Stats") authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. State statute authorizes the Department of Social Services to establish and implement a working persons with disabilities program to provide medical assistance as authorized under 42 USC 1396a(a)(10)(A)(ii), as amended from time to time, to persons who are disabled and regularly employed. Conn. Gen. Stats § 17b-597(a)
3. State Statute provides the Commissioner of Social Services shall implement the policies and procedures necessary to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal within twenty days after implementation. Conn. Gen. Stats § 17b-597(c)
4. Uniform Policy Manual ("UPM") § 2540.85 provides that there are two distinct groups of employed individuals between the ages of 18 and 64 inclusive who have a medically certified disability or blindness and who qualify for Medicaid as working individuals with disabilities. These groups are the Basic Insurance Group and the Medically Improved Group. There is a third group of employed individuals consisting of persons at least 18 years of age who have a medically certified disability or blindness who also qualify for Medicaid as working individuals with disabilities. This is the Balanced Budget Act Group.

5. UPM § 3545.15(A) provides for payment of Medical/Medicaid Premiums for Working Individuals with Disabilities:
 1. Individuals receiving Medicaid as Working Individuals with Disabilities may be required to pay the Department a premium for Medicaid coverage if the individual's gross income, plus the gross income of his or her spouse, minus Impairment-Related Work Expenses ("IRWE"), exceeds 200 percent of the federal poverty level for the appropriate family size.
 2. The amount of the individual's monthly Medicaid premium is equal to 10% of the excess monthly income described above, minus the amount of any monthly payments for health insurance made by the individual or spouse for any family member.
 3. For individuals whose net family income is greater than 250% of the FPL but does not exceed 450% of the FPL, the premium amount cannot exceed 7.5% of the individual's net family income. (Cross Reference: 2540.85).
6. The Department correctly determined that the Appellant's income exceeds 200 percent of the federal poverty level for a household of one person.
7. UPM § 5025.05(B) (2) (d) provides that if income is received on other than a weekly or monthly basis, the income is converted to a representative weekly amount by dividing the income by the number of weeks covered; biweekly pay is calculated by adding the last 2 consecutive periods, divide by 2, and then multiply by 2.15 to arrive at monthly gross.
8. On [REDACTED] 2015, the Department correctly calculated the Appellant's total gross monthly earned income as \$1,529.35, on [REDACTED] 2015, as \$1,055.63, and on [REDACTED] 2016, as \$1,095.00.
9. The Department correctly calculated the Appellant's monthly Social Security benefit as \$1,152.00.
10. On [REDACTED] 2015, the Department correctly calculated the Appellant's total gross monthly income as \$2,681.35, on [REDACTED] 2015, as \$2,207.63, and on [REDACTED] 2016, as \$2,247.00.
11. The Federal Poverty Level ("FPL") for one person is \$981.00 effective January 1, 2015.
12. 200% of the FPL for one person is \$1,962.00 (\$981.00 FPL x 200%).
13. On [REDACTED] 2015, the Department correctly determined the Appellant's S05 premium was \$71.93 per month; and on [REDACTED] 2015, was \$24.56 per

month. On [REDACTED] 2016, the Department incorrectly determined that the Appellant's S05 premium was \$26.70 per month.

- 14 The Appellant's correct S05 premium effective [REDACTED] 2016, was \$28.50 (\$2,247.00 gross monthly income - \$1,962.00 FPL for 1 = \$285.00 x 10% = \$28.50).
15. The correct delinquent premium amount the Appellant owes is \$33.90.

DECISION

The Appellant's appeal is **GRANTED**.

ORDER

1. The Department is to recalculate the Appellant's household's delinquent premium amount based on the calculations above and readjust the S05 premium amount billed to her.
2. Compliance of this order is due to the undersigned no later than [REDACTED] 2016.

Roberta Gould

Roberta Gould
Hearing Officer

Pc: Poonam Sharma, Social Services Operations Manager, DSS Bridgeport
Fred Presnick, Social Services Operations Manager, DSS Bridgeport
Yecenia Acosta, Social Services Program Manager, DSS Bridgeport
Cheryl Stuart, Social Services Program Manager, DSS Bridgeport
Joseph Alexander, Eligibility Services Specialist, DSS Bridgeport

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.