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

[REDACTED] 2016
Signature Confirmation

Request # 756105
Client ID # [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2016, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") discontinuing his Medicaid for the Employed Disabled benefits because he did not make his required premium payments.

On [REDACTED] 2016, the Appellant requested an administrative hearing to appeal the Department's decision to discontinue his Medicaid benefits.

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

On [REDACTED] 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:

[REDACTED], Appellant
Eleana Toletti, Department's Representative
James Hinckley, Hearing Officer

After testimony and evidence was presented, the hearing was adjourned for the Department to do additional research and provide additional evidence, and on [REDACTED] 2016 the hearing reconvened with all parties present.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's Medicaid for the Employed Disabled benefits for nonpayment of delinquent premiums, was correct.

FINDINGS OF FACT

1. On [redacted] 2014, the Appellant was granted benefits from the Medicaid for the Employed Disabled program effective [redacted] 2014. (Ex. 12: Case Narrative screens, Department testimony)

2. The Appellant was assessed an $80.90 premium for his Medicaid benefits for [redacted] 2014, and a $135.46 premium for his Medicaid benefits for [redacted] 2014. (Ex. 6: Medicaid for Employed Disabled Premiums screen)

3. The Appellant did not make any payments toward his premiums for [redacted] 2014 or [redacted] 2014. (Appellant testimony)

4. On [redacted] 2014, the Appellant requested that his benefits from the Medicaid for the Employed Disabled program be discontinued because he could not afford the premiums, which resulted in the benefits being discontinued effective [redacted] 2014. (Ex. 12, Appellant testimony, Department testimony)

5. Research by the Department shows that the Department paid medical claims for the Appellant for the dates of [redacted] 2014, [redacted] 2014, [redacted] 2014, [redacted] 2014 and [redacted] 2014. (Department testimony)

6. The Appellant recalls using his Medicaid coverage in [redacted] 2014 and [redacted] 2014. (Appellant testimony)

7. On [redacted] 2015, the Appellant was granted Medicaid for the Employed Disabled benefits, but was later found ineligible for the benefits by a hearing decision because he did not meet the employment requirement of the program when his case was granted. (Ex. 11: Fair Hearing Decision issued [redacted] 2015)

8. On [redacted] 2016, the Appellant was granted benefits from the Medicaid for the Employed Disabled program effective [redacted] 2016. (Ex. 1: NOA dated [redacted] 2016)

9. The Appellant was assessed a premium of $76.18 for his medical benefits for [redacted] 2016. (Ex. 1)

10. On [redacted] 2016, the Department sent the Appellant a NOA advising him that the premium for his medical benefits would be $169.48 effective [redacted] 2016. (Ex. 3: NOA dated [redacted] 2016)

11. The Appellant made a premium payment to the Department of $169.48 to pay his [redacted] 2016 premium. (Appellant testimony)

12. During the time the Appellant received benefits from the program from [redacted] 2014 to [redacted] 2014, from [redacted] 2015 to [redacted] 2015, and from [redacted] 2016 to [redacted] 2016, he made a total of $169.48 in premium payments. (Ex. 6)

13. The Appellant still owes delinquent premiums of $292.54, which is equal to the [redacted] 2014 premium of $80.90, plus the [redacted] 2014 premium of $135.46, plus the [redacted] 2016 premium of $76.18. (Ex. 6)

14. On [redacted] 2016, the Department sent the Appellant a NOA advising him that his medical assistance would be discontinued effective [redacted] 2016 because he did not make his premium payment by the due date, and that he would be ineligible until any past due amount is paid in full. (Ex. 4: NOA dated [redacted] 2016)

15. The Appellant does not want Medicaid coverage for [redacted] 2016. (Appellant testimony)

16. When Medicaid for the Employed Disabled benefits are initially granted, individuals may opt out of coverage for any retroactive month they do not want coverage for, thus reducing their total premium obligation. (Department testimony, Ex. 15: Medicaid for Employees with Disabilities Worker Handbook)

17. If the Appellant does not want coverage for [redacted] 2016, the Department can void the coverage for that month and remove the charge for the $76.18 premium, so long as no medical claims were paid for [redacted] 2016. (Department testimony)

<u>CONCLUSIONS OF LAW</u>

1. Section 17b-2 and § 17b-260 of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.

2. Uniform Policy Manual ("UPM") § 2540.85 provides for the eligibility requirements for Medicaid for Working Individuals with Disabilities

UPM § 2540.85(A)(4) provides in part that individuals who qualify for Medicaid as working individuals with disabilities may be required to pay the Department a monthly premium for medical coverage if the gross monthly counted income of the individual and spouse (minus Impairment-Related Work Expenses described at UPM 5035.10 C) exceeds 200% of the federal poverty level (FPL) for the appropriate family size, including dependent children living in the home.

The Appellant received coverage from, and had medical claims paid by, the Medicaid for the Employed Disabled program for ████ 2014 and ████ 2014, and was assessed premiums of $80.90 for May 2014, and $135.46 for ████ 2014, that he has not paid.

The Department was correct to discontinue the Appellant's benefits from the Medicaid for the Employed Disabled program effective ██████████ 2016 because the Appellant failed to pay the monthly premiums he is required to pay for the medical coverage.

DISCUSSION

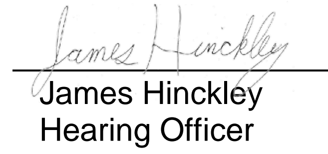
A previous Fair Hearing decision was entered into evidence for this hearing because of the Appellant's claim that the findings of the decision were essential to his present appeal. The Appellant claimed that a previous hearing decision found that he was never eligible for benefits from the program in the first place, and that it was incorrect now for the Department to still be trying to collect premiums for coverage he was not eligible for.

In fact, the decision found that the Appellant *was* eligible for benefits in ███ and ███ of 2014, but was not eligible when the Department incorrectly regranted his case in 2015, because he was not working at that time. The decision did *not* find that the Appellant did not owe the 2014 premiums, but only that payment of the delinquent 2014 premiums was no longer the issue preventing him from qualifying for coverage in 2015

In order to qualify again for the Medicaid for the Employed Disabled program (if he meets all of the other requirements), the Appellant must pay, at minimum, his delinquent premiums of $80.90 for ███ 2014 and $135.46 for ███ 2014. If the Appellant does not want coverage for ██████ 2016, the Department can void his coverage and remove the $76.18 premium charge, but only if no medical claims were paid for that month. The Department cannot relieve the Appellant of the premiums he still owes for ███ and ███ of 2014 because the Appellant used his coverage to pay medical claims for those months.

DECISION

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



James Hinckley
Hearing Officer

cc: Tyler Nardine, SSOM, Middletown

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, law, and 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 Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

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, if 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 his 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.