

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

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

Client ID # ██████████
Request # 786000

NOTICE OF DECISION

PARTY

██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA) discontinuing her medical benefits under the Medicaid for Employees with Disabilities effective ██████████ 2016.

██████████ 2016, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

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

On ██████████ 2016, in accordance with sections 17b-60, 17-61 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
Sara Hart, Department's Representative
Sybil Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to discontinue the Appellant's medical benefits under the Medicaid for Employees with Disabilities was correct.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Appellant's medical benefits under the Medicaid for Employees with Disabilities ("Med-Connect") closed effective [REDACTED] 2016 for failure to pay the past due monthly premium of \$162.42. (Hearing Record, Exhibit 1: Eligibility Management System ["EMS"] Narrative Screens)
2. On [REDACTED] 2016, the Department received a telephone call from the Appellant about her discontinued Med-Connect benefits. The Department verbally explained that the Appellant did not pay the delinquent premium amount. (Exhibit 1)
3. On [REDACTED] 2016, the Department received a new application for Med-Connect benefits from the Appellant. (Exhibit 12: Online Application)
4. The Appellant receives a monthly benefit of \$756.00 from Social Security Disability ("SSD"). (Exhibit 1)
5. The Appellant receives a monthly benefit of \$841.00 from Social Security Survivor's Benefits. (Exhibit 1)
6. On [REDACTED] 2016, the Appellant stopped working because of her medical issues. The Appellant planned to return to work. (Appellant's Testimony, Exhibit 1)
7. On [REDACTED] 2016, the Department, received the [REDACTED] 2015 and [REDACTED] 2015 Med-Connect past due Premium of \$164.42 from the Appellant. (Exhibit 1, Exhibit 9: Benefit History Receipt ["BENR"] Screen)
8. The Appellant is a recipient of Medicaid for Employees with Disabilities ("Med-Connect") program. (Hearing Record)
9. On [REDACTED] 2016, the Department re-granted the Appellant's medical assistance under the Med-Connect and granted retroactive months beginning [REDACTED] 2016. (Exhibit 2: NOA1, [REDACTED]/16 Exhibit 4)
10. On [REDACTED] 2016, the Department issued the Appellant a NOA notifying her that the Department determined changed her monthly premium under the

Med-Connect program to \$0.00 effective [REDACTED] 2016 and ongoing. The NOA also indicated that the Appellant must pay \$192.12 for past due premium amounts. (Exhibit 2, Exhibit 3: Notice of Eligibility and Premium, [REDACTED]/16, Exhibit 4)

11. On [REDACTED] 2016, the Department sent the Appellant a NOA notifying her that her past premium amount was changed to \$29.70 for [REDACTED] 2016 and her total past due amount is \$192.12. (Exhibit 2)
12. On [REDACTED] 2016, the Department sent the Appellant another NOA indicating that she was approved for Medicaid for the Employed Disabled and her past premiums were computed as follows:

Month	Premium
[REDACTED]/2016	\$ 81.21
[REDACTED]/2016	\$ 81.21
[REDACTED]/2016	\$ 29.70
[REDACTED]/2016	\$ 0.00
[REDACTED]/2016	\$ 0.00
[REDACTED]/2016	\$ 0.00
Total	\$192.12

(Exhibit 3, Exhibit 8: Medicaid for Employed Disabled Premiums [“MEOP” Screen])

13. On [REDACTED] 2016, the Department issued a notice of action to the Appellant. The notice instructed the Appellant to mail a check or money order for the past due premium of \$192.12 under the Med-Connect program to the Commissioner of Social Services in the enclosed envelope. Payment is due [REDACTED] 2016. (Exhibit 3)
14. On [REDACTED] 2016, Xerox, the Department’s contractor notified the Appellant verbally that she must pay \$192.12 in past due premiums from [REDACTED] 2016 through [REDACTED] 2016. (Exhibit1)
15. The Department did not receive the past due premiums for the period of [REDACTED] 2016 through [REDACTED] 2016 from the Appellant. (Hearing Record, Exhibit 8, Exhibit 15: History of Premiums)
16. On [REDACTED] 2016, the Department issued a NOA discontinuing the Appellant’s Med-Connect medical assistance effective [REDACTED] 2016, because she failed to pay her past due premium amount by the due date. (Exhibit 5: Notice of Action, [REDACTED]/2016)
17. All Department notices were sent to the Appellant’s address of record. (Hearing Record)

18. As of [REDACTED] 2016, the Appellant has not returned to work. (Appellant's Testimony, Exhibit 1)
19. As of [REDACTED] 2016, the Appellant has not reapplied for Med-Connect or any other medical assistance program. (Appellant's Testimony)

CONCLUSIONS OF LAW

1. Connecticut General Statute § 17b-2(6) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. 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 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. Persons in this third group may be age 65 or older.
3. UPM § 2540.85(A)(4) provides that the individual 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 5035.10C) exceeds 200% of the federal poverty level (FPL) for the appropriate family size, including dependent children living in the home.

UPM § 5045.21(A) provides that an individual eligible for Medicaid under the Working Individuals with Disabilities coverage group may be required to pay a monthly premium for Medicaid coverage if the gross counted income of the individual and his or her spouse, minus Impairment Related Work Expenses (IRWE's), exceeds 200% of the federal poverty level for the appropriate family size. (Cross Reference 2540.85)

4. The Department correctly determined that the Appellant was required to pay a premium for medical coverage.
5. The Department correctly determined that the Appellant did not pay the past due monthly S05 premiums of \$192.12 as billed by the Department.
6. UPM § 1565.05(A)(2) provides that when eligibility has been determined to no longer exist, the last day for which the assistance unit is entitled to the

benefits of the program is: the last day of the month in which a nonfinancial eligibility factor causes ineligibility, provided that eligibility had existed on the first of the month. This includes death of a recipient.

7. The Department correctly discontinued the Appellant's Med-Connect medical program effective [REDACTED] 2016 for non-payment of monthly premium.

DECISION

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


Sybil Hardy
Hearing Officer

CC: Tonya Cook_Beckford, Operations Manager, DSS R.O. # 42, Willimantic
Sara Hart, Fair Hearings Liaison, DSS R.O. # 42, Willimantic

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.

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.