

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 # 787464

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing his 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, the Appellant requested to have an administrative hearing by telephone.

On ██████████ ██████████ 2016, OLCRAH issued a notice rescheduling the administrative hearing by telephone 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 by telephone.

The following individuals were present at the hearing:

██████████, Appellant, via telephone

██████████████████████████████████████ via telephone

Sara Hart, Department's Representative

Shelley Starr, Hearing Officer

The hearing record was held open until ██████████ 2016, for the submission of additional information from the Appellant and to allow time for the Department to review and respond. On ██████████ 2016, the hearing record closed. On ██████████ 2016, the hearing record was re-opened to allow additional time for the Department to review information and respond. On ██████████ 2016, the hearing record closed.

STATEMENT OF THE ISSUE

The issue is whether the Department was correct to discontinue the Appellant's Medicaid for the Employed Disabled benefits effective ██████████ 2016 due to outstanding unpaid premiums.

FINDINGS OF FACT

1. The Appellant is a recipient of the Medicaid for Employees with Disabilities ("Med-Connect") since ██████████ of 2015. (Hearing Record; Exhibit 1: Case Narrative)
2. Beginning ██████████ 2016, the Appellant is responsible for a premium payment of \$27.84 per month. (Hearing Record; Exhibit 8: Premium Amount History)
3. For the period between ██████████ 2016 through ██████████ 2016, the Appellant's monthly premium payments were as follows: ██████████ 2016 - \$30.00, ██████████ 2016 - \$30.00, ██████████ 2016 - \$30.00, ██████████ 2016 - \$21.36, ██████████ 2016, \$30.00, ██████████ 2016- \$30.00, ██████████ 2016 - \$0.00. (Hearing Record, Exhibit 14: Payment History from C/O Accounting Department.; Exhibit 13: Xerox Payment History)
4. The Appellant's last two payments of \$30.00 each (check # 1230 and #1231) were issued late and received by Xerox, the Department's contractor, on ██████████ 2016. The Appellant's late payments were applied as his premium payment for the months of ██████████ 2016 and ██████████ 2016. (Exhibit 13: Xerox Payment History; Exhibit 14: Payment History from C/O Accounting Department)

5. For the period of [REDACTED] 2016 through [REDACTED] 2016, the total premiums due from the Appellant is \$194.88 ($\$27.84 \times 7(\text{months}) = \194.88). (Hearing Record; Exhibit 13: Xerox Payment History; Exhibit 14: Payment History from C/O Accounting Department)
6. For the period of [REDACTED] 2016 through [REDACTED] 2016, the Appellant made six premium payments totaling \$171.36. (Exhibit 13: Xerox Payment History; Exhibit 14: Payment History from C/O Accounting Department)
7. There is no evidence in the hearing record that the Appellant has paid his monthly premium for the month of [REDACTED] 2016. (Hearing Record; Exhibit 13: Xerox Payment History; Exhibit 14: Payment History from C/O Accounting Department)
8. The Appellant has not been making his premium payments for the exact premium amount of \$27.84 per month and has a credit of \$4.32. (Hearing Record; Exhibit 13: Xerox Payment History; Exhibit 14: Payment History from C/O Accounting Department)
9. The Department has not received the Appellant's monthly premium for the month of [REDACTED] 2016. The Appellant is delinquent by \$23.52 for the month of [REDACTED] 2016 [$\$27.84$ (monthly premium) - $\$4.32$ (credit) = $\$23.52$] (Hearing Record; Exhibit 13: Xerox Payment History; Exhibit 14: Payment History from C/O Accounting Department)
10. On [REDACTED] 2016, the Department issued the Appellant a Notice of Action discontinuing the Appellant's S05 Employed Disabled Medicaid effective [REDACTED] 2016, because he failed to make his premium payment by the due date. (Exhibit 2: Notice of Action dated [REDACTED] 2016)
11. The Department reinstated the Appellant's S05 Medicaid, pending the outcome of the fair hearing decision.

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 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 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 Department correctly determined that the Appellant did not pay his monthly S05 premium for the month of [REDACTED] 2016.

The Department was correct to discontinue the Appellant's Medicaid for the Employed Disabled benefits effective [REDACTED] 2016 because the Appellant's [REDACTED] and [REDACTED] 2016 payments were received late and his premium payment for the month of [REDACTED] 2016 remained outstanding.

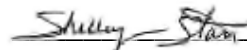
DISCUSSION

After reviewing the evidence and testimony, I find no error in the Department's discontinuance of the Appellant's S05 Medicaid. The Appellant's main argument at the hearing was not regarding the amount of his monthly premium, but that he believes he is not delinquent in his monthly premium payments. The payment history reflects a shortfall. The Appellant made two \$30.00 payments in the month of [REDACTED] 2016, of which the Department applied them as late payments for the premiums due in [REDACTED] and [REDACTED] of 2016. Between the time period of [REDACTED] 2016 through [REDACTED] 2016, the Appellant made a total of six payments in the seven month time period. The Appellant is delinquent in his premium payment for the seventh month or the month [REDACTED] of 2016. Since the Appellant did not always make payments for the exact premium amount of \$27.84, he has incurred a \$4.32 credit that can be applied to his [REDACTED] premium, however he still has a shortfall in his [REDACTED] premium of \$23.52.

Based on the provided evidence, the Department acted correctly with the discontinuance of the Appellant's S05 Medicaid. The notice issued to the Appellant advises that he is ineligible until his past due premium amount is paid in full.

DECISION

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



Shelley Starr
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.