

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

██████████ 2017
Signature Confirmation

Client ID # ██████████
Hearing Request # 807156

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the “Department”) sent ██████████ (the Appellant”), a Notice of Discontinuance for Husky C Medicaid for Employed Disabled program (“S05”).

On ██████████ 2017, the Appellant requested an administrative hearing because she disagrees with the discontinuance of her Medicaid for Employed Disabled assistance.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, 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
Guerline Dominique, Eligibility Services Worker, Department’s Representative
Roberta Gould, Hearing Officer

At the Department’s request, the hearing record remained open for the submission of additional evidence. On ██████████ 2017, the record closed.

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to discontinue the Appellant's Husky C Medicaid for Employed Disabled assistance due to a delinquent premium amount is correct.

FINDINGS OF FACT

1. The Appellant was a recipient of the Husky C Medicaid for the Employed Disabled ("S05") program and is required to pay the Department a premium for Medicaid coverage. (Hearing record)
2. The Appellant is disabled. (Hearing record)
3. On [REDACTED] 2016, the Department completed a redetermination for the Appellant's Medicaid for the Employed Disabled. (Appellant's testimony)
4. On [REDACTED] 2016, the Department sent the Appellant a letter indicating that her premium for her Medicaid for the Employed Disabled assistance would be \$46.21 effective [REDACTED] 2016. (Exhibit 6: Email dated [REDACTED]/16)
5. On [REDACTED] 2016, the Appellant contacted the Department via email regarding the fact that she had not received an invoice for her Medicaid for Employed Disabled premium payment due on [REDACTED] 2016. (Exhibit 6 and Appellant's testimony)
6. The Appellant owed a Medicaid premium of \$43.07 for the month of [REDACTED] 2016. (Exhibit 5: EMS Medicaid for the employed disabled premiums screen)
7. The Appellant owed a Medicaid premium of \$46.21 for the month of [REDACTED] 2016. (Exhibit 5)
8. On [REDACTED] 2016, the Appellant contacted the Department via email to inquire about Medicaid premiums due for [REDACTED] and [REDACTED] of 2016. She received premium notices from the Department indicating what her premium amounts were, but did not receive invoices for the monthly premium amounts due. (Exhibit 6: Email dated [REDACTED]/16)
9. The Appellant did not pay her Husky C Medicaid for the Employed Disabled program premiums for November and [REDACTED] of 2016. (Appellant's testimony and Hearing summary)
10. On [REDACTED] 2016, the Department sent the Appellant a Notice of Discontinuance for Husky C S05 Medicaid for the Employed Disabled, discontinuing her Medicaid assistance effective [REDACTED] 2016, for failing to pay her premiums due. (Exhibit 4: Notice of discontinuance dated [REDACTED]/2016 and Hearing summary)

11. On ██████████ 2017, the Department contacted the Med Connect Processing Center on behalf of the Appellant to inquire about her premiums for the Medicaid program. (Exhibit 1: Case narratives and Hearing summary)
12. On ██████████ 2017, the Department faxed a copy of the Appellant's premium invoice to her. (Exhibit 3: Premium invoice and Hearing summary)
13. The Appellant does not need an invoice in order to pay her Medicaid for the Employed Disabled premiums. (Exhibit 1 and Department's testimony)
14. The Appellant currently owes S05 Medicaid for the Employed Disabled program premiums of \$87.48 [\$43.07 for ██████████/2016 + \$46.21 for ██████████/2016]. (Exhibit 3 and Exhibit 5)

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.

6. The Department correctly determined that the Appellant is required to pay a premium for coverage under the Husky C Medicaid for the Employed Disabled program.
7. The Department correctly determined the Appellant's S05 premium was \$43.07 for the month of [REDACTED] 2016, and was \$46.21 for the month of [REDACTED] 2016.
8. The Department correctly determined that the Appellant had a total delinquent Premium amount of \$87.48.
9. UPM § 3545.15(B) provides that for payment of Medical/Medicaid Premiums for Working Individuals with Disabilities:
 1. The individual is not eligible for Medicaid coverage if he or she fails to pay the Medicaid premium by the due date.
 2. If a Medicaid recipient fails to pay the Medicaid premium by the due date, his or her benefits are terminated at the end of the following month.
 3. Individuals whose Medicaid benefits are terminated for non-payment of premium remain ineligible under this coverage group until they have paid the Department for all premiums owed.
10. On [REDACTED] 2016, the Department correctly discontinued the Appellant's Husky C Medicaid for the Employed Disabled effective [REDACTED] 2016, for failure to pay premiums due for [REDACTED] and [REDACTED] of 2016.

DECISION

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


Roberta Gould
Hearing Officer

Pc: Judy Williams, Social Services Operations Manager, DSS Hartford
Musa Mohamud, Social Services Operations Manager, DSS Hartford
Tricia Morelli, Social Services Program Manager, DSS Hartford
Jay Bartolomei, Social Services Supervisor, DSS Hartford
Guerline Dominique, Eligibility Services Worker, DSS Hartford

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.