

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

Request # 823443

Client ID # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a notice of action discontinuing his Medicaid for the Employed Disabled ("S05") benefit effective ██████████/17 because he did not make the required premium payments.

On ██████████ 2017, the Appellant requested an administrative hearing to appeal the Department's determination the Appellant had an overdue S05 premium amount.

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

On ██████████ 2017, OLCRAH, at the Appellant's request, rescheduled the administrative hearing for ██████████ 2017.

On ██████████ 2017, OLCRAH, at the Appellant's request, rescheduled 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:

██████████ the Appellant
 Joseph Alexander, Department's Representative
 Jessica Gulianello, Department's Representative
 Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department is correct in its determination the Appellant has an overdue S05 premium.

FINDINGS OF FACT

1. The Appellant is a recipient of Medicaid benefits under the Employed Disabled ("S05") program. (Hearing summary, Testimony)
2. The Appellant's earnings as budgeted by the Department are \$5,973.00 per month. (Exhibit 1: Notice dated █████/17)
3. For the period of █████ 2016 through █████ 2017, the Appellant's S05 premium was \$220.80. (Exhibit 4: Benefit History receipts; Exhibit 5: Medical Premium spreadsheet)
4. For the period of █████ 2017 through █████ 2017, the Appellant's S05 premium was \$217.30. (Exhibit 4; Exhibit 5)
5. On █████ 2017, the Department sent the Appellant a Notice of Discontinuance. The notice indicated, "You did not make your premium payment by the due date. You will be ineligible until any past due amount is paid in full." (Exhibit 1: Notice dated █████/17)
6. The Appellant's monthly premium charges and payments are as follows:

Benefit Month	Premium Amount	Payment Amount	Balance
██████ 2016	\$ 21.38	\$ 42.76	(\$64.57) cr.
██████ 2016	\$220.80		\$156.23
██████ 2016	\$220.80	\$242.18	\$134.85
██████ 2016	\$220.80		\$355.65
██████ 2016	\$220.80	\$199.42	\$377.03
██████ 2016	\$220.80	\$442.00	\$155.83
██████ 2016	\$220.80		\$376.63
██████ 2016	\$220.80		\$597.43
██████ 2016	\$220.80	\$662.40	\$155.83
██████ 2016	\$220.80		\$376.63

██████████ 2016	\$220.80		\$597.43
██████████ 2016	\$220.80	\$220.80	\$597.43
██████████ 2017	\$220.80	\$600.00	\$217.79
██████████ 2017	\$220.80		\$438.09
██████████ 2017	\$217.30	\$217.00	\$438.09
██████████ 2017	\$217.30		\$655.69
██████████ 2017	\$217.30	\$478.76	\$394.23

(Exhibit 4: Benefit History receipts; Exhibit 5: Medical Premium spreadsheet)

7. The Appellant testified he considers the amount of premiums he paid to be correct. (Appellant's testimony)
8. As of ██████████ 2017, the Appellant has an overdue premium amount of \$394.23.

CONCLUSIONS OF LAW

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. Connecticut General Statutes § 17b-597(a) 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.
3. Uniform Policy Manual ("UPM") § 2540.85 provides 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. Persons in this third group may be age 65 or older.

UPM § 2540.85(A) provides for the Basic Insurance Group. An individual in this group, which is authorized under the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), is subject to the conditions described below. 1. An individual in this group must be engaged in a substantial and reasonable work effort to meet the employment criterion. (a) Such effort consists of an activity for which the individual receives cash remuneration and receives pay stubs from his or her employer.

UPM § 2540.85(A)(4) provides 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 5035.10 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 the Appellant is eligible for the Basic Insurance Group as he is working and receives pay stubs from his employer.

The Department correctly determined the Appellant is required to pay the Department a monthly premium due to his earned income.

The Department was correct in its determination the Appellant has an overdue S05 premium of \$394.23 as of [REDACTED] 2017.

DECISION

The Appellant's appeal is denied.


Christopher Turner
Hearing Officer

Cc: Fred Presnick, Operations Manager, Bridgeport DSS
Yecenia Acosta, Social Services Program Manager, Bridgeport DSS
Joseph Alexander, Fair Hearing Liaison, Bridgeport DSS
Jessica Gulianello, Fair Hearing Liaison, Bridgeport DSS

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.