

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

REQUEST [REDACTED]

[REDACTED]
SIGNATURE CONFIRMATION

CLIENT ID [REDACTED]
AU [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], the Department of Social Services (the "Department"), sent [REDACTED] (the "Appellant") a Notice of Premium Obligation stating that his monthly premium would be \$161.48, effective [REDACTED], for his on-going medical assistance under the HUSKY C ("S05, Employed Disabled") program.

On [REDACTED], the Appellant requested an administrative hearing to contest his monthly premium amount for the month of [REDACTED] as determined by the Department.

On [REDACTED], the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling a hearing for [REDACTED] @ 1:00 PM. OLCRAH granted the Appellant a continuance.

On [REDACTED], 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 to address the amount of the Appellant's monthly insurance premium as determined by the Department.

The following individuals were present at the hearing:

[REDACTED] Appellant
Sara Hart, Representative for the Department
Hernold C. Linton, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant overpaid his insurance premium under the Medicaid, S05 Med-Connect (Employed Disabled) program for the month of [REDACTED].

FINDINGS OF FACT

1. The Appellant was granted medical assistance under the Medicaid Employed Disabled (“S05”) program, effective [REDACTED]. (Hearing Summary, Dept.’s Exhibit #1: Case Narrative)
2. The Department determined that for the period of [REDACTED] through [REDACTED] the Appellant is responsible to pay a monthly insurance premium of \$129.76. (Hearing Summary, Dept.’s Exhibit #6: MAFI Screens)
3. On [REDACTED], the Department sent the Appellant a Renewal Notice granting medical assistance under the Medicaid Employed Disabled (“S05”) program, effective [REDACTED]. (Hearing Summary, Dept.’s Exhibit #1)
4. The Appellant works at [REDACTED], and receives combined monthly earned of \$3,624.80. (Appellant’s testimony; Hearing Summary)
5. The Department determined that the Appellant is responsible to pay a monthly insurance premium of \$161.48, effective [REDACTED]. (Hearing Summary, Dept.’s Exhibit #6)
6. The Appellant testified that he was double billed for insurance premium in [REDACTED] and he made two premium payments for the month of [REDACTED] of \$129.76 each, of which one payment was made in error. (Appellant’s testimony; Dept.’s Exhibit #1)
7. The Appellant is seeking reimbursement of the extra insurance premium payment that he claimed was made in error for the month of [REDACTED]. (Appellant’s testimony)
8. The Appellant’s monthly insurance premium charges and payments for the period of [REDACTED] through [REDACTED] are as follows:

Benefit Month	Premium Due	Payment Date	Payment Amount	Premium Balance
██████████	\$45.00	██████████	\$45.00	(\$0.00) cr.
██████████	\$89.24	██████████	\$89.24	\$0.00
██████████	\$129.76	██████████	\$129.76	\$0.00
██████████		██████████	-\$129.76	\$0.00
██████████	\$161.48	██████████	\$161.48	\$0.00
██████████	\$161.48	██████████	\$161.48	\$0.00
██████████	\$161.48	██████████	\$161.48	\$0.00
		██████████	\$129.76	\$0.00
██████████	\$157.69	██████████	\$157.69	\$0.00
██████████	\$157.69	██████████	\$157.69	\$0.00
██████████	\$157.69	██████████	\$157.69	\$0.00
Total Amount	\$1,221.51		\$1,351.27	\$0.00
Difference				\$129.76

(Dept.'s Exhibit #7: Employed Disabled Premiums Screen; Dept.'s Exhibit #8: Benefit History Receipts Screen)

9. The Appellant provided his cancelled checks for the period of ██████████ through ██████████ detailing his premium payments as follows:

Check Dates	Check Numbers	Payment Amounts
██████████	# ██████████	\$45.00
██████████	# ██████████	\$89.24
██████████	# ██████████	\$161.48
██████████	# ██████████	\$129.76
██████████	# ██████████	\$161.48
██████████	# ██████████	\$161.48
██████████	# ██████████	\$129.76
██████████	# ██████████	\$157.69
██████████	# ██████████	\$157.69
██████████	# ██████████	\$157.69
Total Amount		\$1,351.27
Minus		\$1,221.51
Difference		\$129.76

(Appellant's Exhibit A: List of Cancelled Checks)

10. For the period of ██████████ through ██████████, the Appellant's total S05 premium payment due was \$1,221.51. (Dept.'s Exhibit #7: Medicaid Premium Amount Screen)

11. For the period of ██████████ through ██████████, the Appellant's total S05

insurance premium paid was \$1,351.27. (Appellant's Exhibit A; Dept.'s Exhibit #7; Dept.'s Exhibit #8)

12. Due to changes in his income and premium computation, the Appellant may have overpaid his insurance premium for [REDACTED] by \$129.76. (Appellant's Testimony; See Facts # 1 to 11)

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.
4. 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.
5. 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.
6. Program Information Bulletin No. 03-09 summarizes policy and procedural issues important to the operation of the Medicaid for the Employed Disabled

Coverage Group as follows: (Section 5 applies to premiums)

“Due to changes in income or premium computation, S05 clients occasionally overpay premiums and have a credit balance on their account. At month begin, EMS compares the amount billed for each S05 AU to the amount of client payments. If a client has overpaid and has a credit balance, the client is given the option of having the credit balance applied to the current future premium amount due or requesting a refund...”

7. The Department correctly determined the Appellant is eligible for the Basic Insurance Group as he is engaged in substantial work activities and receives cash remuneration and pay stubs from his employers.
8. The Department correctly determined the Appellant is required to pay the Department a monthly insurance premium based the amount of his earned income.
9. The Department correctly determined that for period of [REDACTED] through [REDACTED], the Appellant's total S05 insurance premium due was \$1,221.51.
10. For the period of [REDACTED] through [REDACTED] the Appellant paid a total of \$1,351.27 in insurance premiums, based on his cancelled checks and Benefit History Receipts screen that were provided as evidence of his payments.
11. For the period of [REDACTED] through [REDACTED], the Appellant may have over paid his insurance premiums by \$129.76. Therefore, the Appellant's appeal is being remanded for Department to review the Appellant's medical insurance premium payments to determine if he is due a refund or a credit balance of \$129.76 (\$1,351.27, premium paid; minus \$1,221.51, premium due) for overpaid insurance premiums.
12. The Department correctly determined that the Appellant has to pay a monthly insurance premium. However, based on the cancelled checks provided by the Appellant for the hearing record, he may have overpaid his insurance premium by \$129.76, and would be entitled to a refund or a credit balance for the overpaid premium. Consequently, the Appellant's appeal is being remanded for Department to determine if the Appellant is due a refund or a credit balance of overpaid insurance premiums for the period of [REDACTED] through [REDACTED]

DECISION

The Appellant's appeal is **REMANDED** to the Department for further proceedings as set forth below.

ORDER

1. The Department shall review the Appellant's premium payments for the period of [REDACTED] through [REDACTED] to determine if he overpaid his insurance premium and is entitled to a refund or a credit balance, based on the findings of this hearing decision.
2. If determined that the Appellant overpaid his insurance premium, the Department is to issue a refund or a credit balance of the overpaid premium to the Appellant, as provided for in the policy.
3. No later than fourteen (14) days from the date of this hearing decision, the Department will submit to the undersigned verification of its compliance with this order.



Hernold C. Linton
Hearing Officer

CC: **Tonya Cook-Beckford**, Social Service Operations Manager,
DSS, R.O. #42, Willimantic

Fair Hearing Liaisons, 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 06105-3725.

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.