

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

██████████ 2019
Signature confirmation

Case: ██████████
Client ██████████
Request: ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") issued ██████████ (the "Appellant") *Notice of Action* terminating the Appellant's medical coverage through the HUSKY-C/Working Disabled program.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received the Appellant's hearing request.

On ██████████ 2019, the OLCRAH issued a notice, scheduling the administrative hearing for ██████████ 2019. The OLCRAH granted the Appellant's request for a postponement.

On ██████████ 2019, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated:

██████████, Appellant
Eleana Toletti, Department's representative
Eva Tar, Hearing Officer

At the Appellant's request, the hearing officer extended the close of the hearing record for evidence through ██████████ 2019 and allowed the Department to submit written comment. On ██████████ 2019, the hearing record closed.

STATEMENT OF ISSUE

The issue is whether the Department correctly terminated the Appellant's HUSKY-C/Working Disabled coverage for non-payment in full of her monthly premiums.

FINDINGS OF FACT

1. In 2018, the Appellant received HUSKY-C/Working Disabled coverage. (Appellant's testimony)(Department's Exhibit G)
2. In ██████████ 2018, the Appellant's gross monthly income from wages and Social Security benefits equaled \$2,442.48. (Department's representative's testimony) (Department's Exhibit F)
3. As of ██████████ 2018, the Appellant had an outstanding premium balance of \$29.86 carried over from a prior month with respect to her HUSKY-C/Working Disabled coverage. (Department's Exhibit N)
4. On ██████████ 2018, the Appellant purchased a \$50.00 money order; no payee is identified on this money order. (Appellant's Exhibit C)
5. The Department did not receive the Appellant's ██████████ 2018 \$50.00 money order. (Department's Exhibit N)
6. On ██████████, 2018, the Appellant purchased a \$30.00 money order; the payee is identified as "Premium." (Department's Exhibit O)
7. On ██████████ 2018, the Department applied the \$30.00 payment to the Appellant's outstanding premium balance of \$29.86, resulting in a \$0.14 credit. (Department's Exhibit N)
8. After the application of a \$0.14 credit, the Department charged the Appellant \$51.14 for her ██████████ 2018 premium. (Department's Exhibit H)
9. On ██████████ 2018, the Department notified the Appellant that in order to get and remain eligible for HUSKY-C/Working Disabled coverage, she would have to pay her monthly premiums. (Department's Exhibit G)
10. On ██████████ 2019, the Department notified the Appellant that she continued to owe \$51.14 for her ██████████ 2018 premium and \$41.84 for her ██████████ 2019 premium. (Department's Exhibit H)
11. The Appellant did not pay her ██████████ 2019 premium. (Appellant's testimony)
12. With respect to the HUSKY-C/Working Disabled program, premiums are due by the last day of the month of coverage. (Department's representative testimony)
13. Connecticut General Statutes § 17b-61 (a) provides that a final decision be issued within 90 days of a request for an administrative hearing. The OLCRAH received the Appellant's hearing request on ██████████ 2019; this final decision would have been due by ██████████ 2019. As the Appellant had requested the 16-day postponement to the hearing date and an additional the 15-day delay to the close of the hearing record for evidence and comment, the timeliness of this final decision was extended an additional 31 days. This final decision was not due until ██████████ 2019. This decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes provides in part that the Department of Social Services is the designated state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. “The Department of Social Services shall 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. Stat. § 17b-597 (a).
3. “The department’s uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law.” *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).
4. Section 17b-597 (b)(7) of the Connecticut General Statutes provides:

The Commissioner of Social Services shall amend the Medicaid state plan to allow persons specified in subsection (a) of this section to qualify for medical assistance. The amendment shall include the following requirements: ... (7) a contribution of any countable income of the person or the person's spouse which exceeds two hundred per cent of the federal poverty level, as adjusted for the appropriate family size, equal to ten per cent of the excess minus any premiums paid from income for health insurance by any family member, but which does not exceed the maximum contribution allowable under Section 201(a)(3) of Public Law 106-170, as amended from time to time.
5. “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.” Uniform Policy Manual (“UPM”) § 2540.85 (A)(4).

“An individual owing the Department a monthly Medicaid premium must pay the premium by the end of the month for which coverage is requested.” UPM § 3545.15 (A)(5).

“The individual is not eligible for Medicaid coverage if he or she fails to pay the Medicaid premium by the date due.” UPM § 3545.15 (B)(1).

The Department correctly terminated the Appellant’s HUSKY-C/Working Disabled coverage for non-payment in full of her monthly premiums.

DISCUSSION

The Appellant acknowledges that she did not pay her \$41.84 [REDACTED] 2019 premium. The Department correctly terminated the Appellant’s eligibility to participate in the HUSKY-C/Working Disabled program for that reason.

However, the Appellant disputes that she failed to pay her \$51.14 [REDACTED] 2018 premium. At the [REDACTED] 2019 administrative hearing, the Appellant submitted a [REDACTED] [REDACTED] 2018 \$50.00 money order receipt that was left blank on the payee line.

The Department's records establish that the agency received only one premium payment from the Appellant in [REDACTED] 2018; that payment was a [REDACTED] 2018 \$30.00 money order that the Department had applied to a then-outstanding balance of \$29.86 carried over from a prior service month.

The Department may wish to review the Appellant's [REDACTED], 2018 money order receipt and assess whether the agency may apply a \$50.00 credit toward the Appellant's unpaid balance.

DECISION

The Appellant's appeal is DENIED.

Eva Tar - electronic signature
Eva Tar
Hearing Officer

cc: Eleana Toletti, DSS-Middletown
Brian Sexton, DSS-Middletown

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 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, 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 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.