

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

██████████ 2016
Signature Confirmation

Client ID # ██████████
Request # 769500

NOTICE OF DECISION

PARTY

██████████
For ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") proposing to discontinue her Medical benefits effective ██████████ 2016, due to failure to redetermine eligibility for Medical Assistance under Long Term Care program.

On ██████████, 2016, ██████████, Appellant's Authorized Representative ("AREP") 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 June 22, 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.

The following individuals were present at the hearing:

██████████ Appellant's daughter
Kenneth Smiley, Department's Representative
Ann Panteleakos, Representative from Orchard Grove Specialty Center
Swati Sehgal, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's Medical benefits benefit under Long Term Care was correct.

FINDINGS OF FACT

1. The Appellant received Medicaid benefits for herself. (Hearing Record; Exhibit 1: Notice Content dated [REDACTED]/16)
2. The Appellant is resident of Orchard Grove Specialty center, [REDACTED] CT 06382. (Exhibit 5: Renewal form)
3. On [REDACTED] 2016, the Department sent the Appellant's AREP a notice of Mail-In Redetermination for Medical program. The notice included a redetermination document to be completed and returned to the Department before [REDACTED] 2016. (Department's summary and Exhibit 1: Notice Content dated [REDACTED] 16)
4. On [REDACTED] 2016, the Department sent the Appellant's AREP a Notice of Discontinuance. The notice stated medical benefits would end on [REDACTED] [REDACTED] 2016, because the Appellant did not complete the review process. (Department's summary and Exhibit 2: Notice Content dated [REDACTED] 16)
5. The Department discontinued the Appellant's medical assistance effective [REDACTED] [REDACTED], 2016 for failure to complete the redetermination process. (Department's Summary)
6. On [REDACTED] 2016, the Appellant's AREP requested for administrative hearing. (Department's summary)
7. On [REDACTED] 2016, the Department received a redetermination form. (Exhibit 5: Renewal form)
8. On [REDACTED] 2016, the Department reinstated Medical coverage and sent a *verification we need form* to the Appellant's AREP requesting additional information with a due date of [REDACTED] 2016.(Exhibit 6: Verification we need form dated [REDACTED] 16)
9. On [REDACTED], 2016, the Department sent another *verification we need form* to the Appellant's AREP with a due date of [REDACTED]/16, after receiving some information listed on *verification we need form* sent on [REDACTED]/16. (Exhibit 11: Verification we need form dated [REDACTED]/16)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. UPM § 1545 provides that the Department periodically redetermines the eligibility of an assistance unit. During the redetermination, all factors relating to eligibility and benefit level are subject to review.
3. UPM § 1545.05(A)(1) provides that eligibility is redetermined regularly on a scheduled basis.
4. UPM § 1545.15(A)(1) provides that the Department is required to provide assistance units with timely notification of the scheduled redetermination.
5. UPM § 1545.15(B)(1)(b) provides that a notice of redetermination must be issued no earlier than the first day or later than the last day of the month preceding the redetermination month.
6. The Department correctly notified the Appellant that a redetermination was due by ██████████ 2016 to continue her Medical benefits.
7. UPM § 1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.
8. UPM § 1545.25(D) provides that assistance units that do not complete the redetermination form within the time limits specified in this chapter may be subject to discontinuance or an interruption in benefits.
9. UPM § 1545.40(A)(2) provides that unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.
10. The Department correctly discontinued the Appellant's Medical assistance effective ██████████ 2016, the last day of the redetermination month as eligibility was not reestablished through the redetermination process.
11. The Department correctly reinstated the Appellant's Medical assistance effective ██████████ 2016 after receiving redetermination form.

DISCUSSION

Based on the testimony and evidence, I find that the Department correctly discontinued the Appellant's medical benefits effective [REDACTED] 2016, for failure to complete the redetermination process, and correctly reinstating such benefits effective [REDACTED] 2016 after receiving the renewal form.

The Appellant's AREP and Orchard Grove Specialty Center are in process of providing remaining of requested information to the Department for it to complete the redetermination process.

After reviewing the evidence and testimony presented at this hearing, I have determined that no decision is needed as the Appellant's Medical benefits are currently active.

DECISION

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

Swati Sehgal

Swati Sehgal
Hearing Officer

cc: Cheryl D. Parson, Operations Manager, DSS Norwich Office
Kenneth Smiley, Fair Hearing Liaison

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.