

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

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

Client ID # ██████████  
Request # 728817

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") advising her that her application for Medical Assistance from the Qualified Medicare Beneficiaries Program was approved effective ██████████ 2015, and was denied for ██████████ 2015.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the effective date of her benefits.

On ██████████ 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2015.

On ██████████ 2015, 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  
Al Grande, Department's Representative  
James Hinckley, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue is the correct effective date of the Appellant's benefits from the Qualified Medicare Beneficiaries Program.

## **FINDINGS OF FACT**

1. On [REDACTED] 2014, the Appellant applied for, and was granted, benefits from the Supplemental Nutrition Assistance Program ("SNAP"). (Ex. 2: [REDACTED] 2014 application form, Testimony)
2. The Appellant's [REDACTED] 2014 application form requested help from the SNAP program only. (Ex. 2)
3. On [REDACTED] 2015, the Appellant applied for medical assistance, specifically, for help from a Medicare Savings Program. (Record)
4. On [REDACTED] 2015, the Department found the Appellant eligible for the Qualified Medicare Beneficiary ("QMB") program, one of the Medicare Savings Programs ("MSP"s). (Summary)
5. On [REDACTED] 2015, the Department sent the Appellant a NOA advising her that she was approved for QMB coverage effective [REDACTED] 2015, and that she was denied coverage for [REDACTED] 2015. (Ex. 1: [REDACTED] 2015 NOA)
6. The Appellant's income was below the QMB income limit prior to her [REDACTED] 2015 date of eligibility for the program. (Appellant testimony).

## **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes ("C.G.S.") authorizes the Commissioner to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual ("UPM") § 2540.94 provides for the eligibility requirements for the Qualified Medicare Beneficiaries program

UPM § 2540.94(C) provides that for the QMB coverage group, an individual qualifies starting the first day of the calendar month following the month in which an individual is determined eligible

UPM § 1560.10(D) provides that for the Qualified Medicare Beneficiary program, the beginning date of assistance is the first of the calendar month following the month in which an individual is determined eligible. The month of eligibility

determination is considered to be the month that the Department receives all information and verification necessary to reach a decision regarding eligibility.

**The Department correctly determined that the Appellant is eligible for QMB coverage beginning [REDACTED] 2015.**

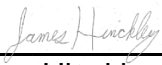
**The Appellant applied for the QMB program on [REDACTED] 2015, and provided the Department with the necessary information and verification to determine her eligibility at that time. The soonest possible effective date of her eligibility for the program is [REDACTED] 2015, the first day of the calendar month following the month in which she was determined eligible.**

### **DISCUSSION**

The first time the Appellant applied to the Department for QMB was [REDACTED] 2015; on her prior application, she requested help from SNAP only. Unfortunately, even if the Appellant could have qualified for QMB earlier if not for being unaware of the program, the effective date of her coverage was the earliest possible date the Department was permitted by law to find her eligible.

### **DECISION**

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

  
\_\_\_\_\_  
James Hinckley  
Hearing Officer

cc: Judy Williams, SSOM, Waterbury  
Karen Main, SSOM, Waterbury

### **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, 25 Sigourney Street, Hartford, CT 06106-5033.

### **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, 25 Sigourney Street, Hartford, CT 06106. 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.