

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 # 733968

NOTICE OF DECISION

PARTY

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██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing her medical benefits through the Qualified Medicare Beneficiaries Program ("QMB") effective ██████████ 2015.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

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

On ██████████ 2015, the Appellant contacted OLCRAH and requested that her hearing be rescheduled as she had a previous appointment on ██████████ 2015.

On ██████████ 2015, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2015.

On ██████████ 2015, 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:

██████████, the Appellant
 Joseph Alexander, Eligibility Specialist and Fair Hearing Liaison, DSS,
 Maureen Foley-Roy, Hearing Officer

The hearing record was held open for the submission of additional evidence. On ██████████ 2016, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue medical benefits through the Qualified Medicare Beneficiaries program was correct.

FINDINGS OF FACT

1. On ██████████ 2015, the Department mailed a redetermination notice and form with a return envelope to the Appellant. The notice advised that the form must be returned by ██████████ 2015. (Exhibit 1: Mail In Redetermination Notice dated ██████████ 2015.)
2. The return envelope contains the address of the DSS scanning center in Manchester. (Exhibit 7: ██████████ 2015 email of Department's representative)
3. On ██████████ 2015, the Department sent a Notice of Discontinuance to the Appellant advising that her that the records showed that the Department had not received the redetermination form that was due on ██████████ 2015 and that if the form was not received by ██████████ 2015, her benefits would be discontinued effective ██████████ 2015. (Exhibit 2: Notice of Discontinuance dated ██████████ 2015)
4. On ██████████ 2015, the Appellant mailed a hearing request form from the post office in ██████████ via certified mail (item number ██████████ to DSS, 55 Farmington Avenue in Hartford, Connecticut. (Appellant's Exhibit A: Post Office Receipts)
5. On ██████████ 2015, certified mail item number ██████████ (the hearing request) was received at 55 Farmington and signed for by PR. (Appellant's Exhibit E: USPS Product Tracking and Reporting form)
6. On ██████████ 2015, the Department issued a notice advising the Appellant that it her medical assistance through the Qualified Medicare Beneficiaries program would be discontinued effective ██████████ 2015 because she did not complete the review process. (Exhibit 3: Notice of Discontinuance dated ██████████ 2015)

7. On [REDACTED] 2015, the Appellant mailed a Periodic Report Form for the SNAP program to the DSS Scanning Center in Manchester, CT and it was received at the scanning center on [REDACTED] 2015. (Exhibit A and Exhibit 6: Case Narrative)
8. The last application and renewal document received by the CONNECT scanning center was received on [REDACTED] 2015. (Exhibit 4: Connect Document Listing)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. Uniform Policy Manual ("UPM") § 2540.94 provides the criteria to qualify for Medical Assistance through the Qualified Medicare Beneficiaries Medicaid Coverage Group.
3. UPM 1545.05 A 1 (a) provides that eligibility is redetermined regularly on a scheduled basis.
4. UPM § 1545.05 D provides that assistance units are timely notified that a redetermination is to be conducted.
5. The Department was correct when it sent the Appellant a form and notice of redetermination on [REDACTED] 2015.
6. The Department was correct when it sent a notice on [REDACTED] 2016 that it had not received the Appellant's redetermination form and advising that her benefits would be discontinued on [REDACTED] 2015.
7. UPM § 1545.35 B 1 b provides that an assistance unit must submit the redetermination form by the fifteenth day of the redetermination month in order to be considered timely filed.
8. 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.
9. The Department was correct when it discontinued the Appellant's medical benefits through the Qualified Medicare Beneficiaries Program on [REDACTED] 2015 because it had not received the Appellant's redetermination form.

DISCUSSION

The Appellant's entire argument was that the medical benefits should not have been discontinued because she had mailed her redetermination form and that DSS had made mistakes in the past. She testified that in the past, she has received discontinuance notices for failed redeterminations and that staff subsequently located her form and continued her benefits. She also provided an email referring to a DSS problem wherein redetermination forms had been received and benefits were incorrectly discontinued. In both of these instances, redetermination forms had been received by the Department but benefits were discontinued anyway, certainly an error on the part of the Department. However, in the Appellant's instance of [REDACTED] of 2015, there is no evidence that the Department ever received the redetermination documents. The Appellant stated that because the problems in the past, she now obtains proof that she has mailed her documents. None of the receipts that she sent could be matched to redetermination forms. The Appellant sent a signature confirmation that her hearing request had been received at the Department's central office; she sent no such documentation regarding redetermination documents being received in Manchester or any other Department location. Both the undersigned and the hearing liaisons searched the CONNECT Document listing and no redetermination documents were found since [REDACTED] of 2015.

It may be that in the past the Department initially claimed that they had not received documents that subsequently turned up. But in this case, there was no evidence that the documents were ever received. The issue of **this** hearing was whether the Department's eligibility staff took the correct action when it discontinued benefits for failing to complete the redetermination form. The bottom line is that the regulations require that eligibility be redetermined periodically. The Department sent notice of redetermination and the form in a timely manner. The Department sent a warning notice prior to discontinuing the benefits. The form was not received by the Department and there is no way the Department could continue benefits without receiving the redetermination documents.

DECISION

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

Maureen Foley-Roy
Maureen Foley-Roy
Hearing Officer

CC: Poonam Sharma, DSS Operations Manager, Bridgeport,
Fred Presnick, Operations Manager
Yecenia Acosta, Social Service Program Manager
Cheryl Stuart, Social Service Program Manager
Joseph Alexander, Fair Hearing Liaison, Bridgeport
Jessica Gulianello, Fair Hearing Liaison, Bridgeport

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.

