

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 # 736173

NOTICE OF DECISION

PARTY

██████████
██████████
████████████████████

PROCEDURAL BACKGROUND

On, ██████████ 2015, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing her benefits under the Qualified Medicare Beneficiary Program 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 ██████████ 2012.

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:

██████████ Appellant
Josh Couillard, Department's Representative
Lisa Nyren, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's Qualified Medicare Beneficiaries ("QMB") benefit was correct.

FINDINGS OF FACT

1. The Appellant received Medicaid benefits under the Qualified Medicare Beneficiary ("QMB") Program for herself. (Hearing Record)
2. On [REDACTED] 2015, the Department sent the Appellant a notice of Mail-In Redetermination for the QMB program. The notice included a redetermination document to be completed by the Appellant and returned to the Department before [REDACTED] 2015. (Exhibit 5: Notice of Redetermination [REDACTED]/15)
3. On [REDACTED] 2015, the Department sent the Appellant a Notice of Discontinuance. The notice stated medical benefits would end on [REDACTED] 2015 because the Appellant did not complete the review process. (Exhibit 1: Notice of Discontinuance [REDACTED]/15)
4. The Department discontinued the Appellant's MAABD effective [REDACTED] [REDACTED] 2015 for failure to complete the redetermination process. (Exhibit 1: Notice of Discontinuance [REDACTED]/15)
5. At the administrative hearing, the Appellant submitted a redetermination document to the Department. (Hearing Record)
6. On [REDACTED] 2015, the Department completed a review of the Appellant's eligibility under the QMB program and reinstated QMB benefits effective [REDACTED] [REDACTED] 2015 with no loss of eligibility. (Exhibit 6: Assistance Status)

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. Uniform Policy Manual ("UPM") § 2540.94(A) provides for the eligibility requirements under the Qualified Medicare Beneficiary ("QMB") program.

1. This group includes individual who:
 - a. Are entitled to hospital insurance benefits under part A of Title XVIII of the Social Security Act; and
 - b. Have income and assets equal to or less than the limits described in paragraph C and D.
2. A Qualified Medicare Beneficiary (QMB) may be eligible for full Medicaid benefits under another coverage group during the same period he or she is also eligible under the QMB coverage group.
3. 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.
4. UPM § 1545.05(A)(1) provides that eligibility is redetermined regularly on a scheduled basis.
5. UPM § 1545.15(A)(1) provides that the Department is required to provide assistance units with timely notification of the scheduled redetermination.
6. 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.
7. UPM § 1545.25(C) provides that the Department provides each assistance unit with a redetermination form at the same time the unit is issued its notice of redetermination.
8. On ██████████ 2015, the Department correctly issued the notice of redetermination and the redetermination document needed to establish continued eligibility.
9. UPM § 1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.
10. On ██████████ ██████████ 2015, the Department received the Appellant's redetermination document and completed the Appellant's redetermination. The Department rescinded its decision to discontinue QMB benefits for the Appellant and reinstated the Appellant's benefits effective ██████████ 2015 with no loss of benefits.
11. The Appellant's issue has been resolved by the Department's action to reinstate her QMB benefits effective ██████████ 2015.

DECISION

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

The Department voided the action that led to the Appellant's request for an administrative hearing, and there is no action to be adjudicated.

Lisa A. Nyren

Lisa A. Nyren
Hearing Officer

CC: Tyler Nardine, Social Services Office Manager
Josh Couillard, Eligibility Services Worker

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.