

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 # 758658

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") proposing to discontinuing her benefits under the Qualified Medicare Beneficiary Program effective ██████████ 2016, due to failure to redetermine eligibility for Medical Assistance.

On ██████████ 2016, the Appellant 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 ██████████ 2016.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice rescheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice rescheduling the administrative hearing by telephone for ██████████ 2016.

On [REDACTED] 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 and participated by telephone:

[REDACTED], Appellant
 [REDACTED] Appellant's Daughter
 Timika Sanders, Department's Representative
 Shelley Starr, Hearing Officer

The hearing record held open for the submission of additional evidence from the Department. On [REDACTED] 2016, the hearing record closed.

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; Exhibit 1: Notice of Action dated [REDACTED] 2016)
2. The Appellant resides at [REDACTED]. (Appellant's Testimony)
3. In [REDACTED] 2016, 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] 2016. (Exhibit 1: Notice of Discontinuance dated [REDACTED] 2016)
4. On [REDACTED] 2016, the Department sent the Appellant a Notice of Discontinuance. The notice stated medical benefits would end on [REDACTED] [REDACTED] 2016, because the Appellant did not complete the review process. (Exhibit 1: Notice of Discontinuance; dated [REDACTED] 2016)
5. The Department discontinued the Appellant's medical assistance effective [REDACTED] 2016 for failure to complete the redetermination process. (Department's Testimony; Exhibit 1: Notice of Discontinuance dated [REDACTED] 2016)

6. The Department did not receive a redetermination form. (Hearing Record)
7. The Appellant moved several months ago and did not report her change of address to the Department. (Appellant's Testimony; Hearing Record)
8. The Department mailed all notices pertaining to the redetermination for the QMB program to the address on record, which was the Appellant's previous address. (Department's Testimony; Exhibit 1: Notices dated [REDACTED] 2016 and [REDACTED] 2016)
9. As of the hearing date of [REDACTED] 2016, the Department does not have a completed redetermination form from the Appellant. (Hearing Record; Department's Testimony)

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 § 1010.05 provides the assistance unit must supply the Department, in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits.
4. UPM § 1010.05 (B) provides the assistance unit must report to the Department, in an accurate and timely manner as defined by the Department, any changes which may affect the units eligibility or amount of benefits.
5. The Appellant did not report to the Department her change of address.

6. 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.
7. UPM § 1545.05(A)(1) provides that eligibility is redetermined regularly on a scheduled basis.
8. UPM § 1545.15(A)(1) provides that the Department is required to provide assistance units with timely notification of the scheduled redetermination.
9. 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.
10. The Department correctly notified the Appellant that a redetermination was due by ██████████ 2016 to continue her QMB benefits.
11. UPM § 1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.
12. 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.
13. 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.
14. The Department correctly discontinued the Appellant's QMB assistance effective ██████████ 2016, the last day of the redetermination month as eligibility was not reestablished through the redetermination process.

DISCUSSION

Based on the testimony and evidence, the Department correctly discontinued the Appellant's QMB benefits effective ██████████ 2016, for failure to complete the redetermination process.

The Department properly issued notification and the requirements of the QMB redetermination. The Appellant testified that she had moved and did not report her change of address to the Department or submit a completed redetermination document.

QMB benefits are approved for a certain period, and unless renewed, the benefits terminate at the end of the certification period. At the time of the hearing,

the Appellant had not provided the Department with the complete redetermination document.

DECISION

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



Shelley Starr
Hearing Officer

cc: Rachel Anderson, Operations Manger, DSS R.O.#32 Stamford

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.