

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 # 764454

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA) discontinuing her Qualified Medicare Benefits ("QMB") benefits through Medicare Savings ("MSP") program effective ██████████ 2016.

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, 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 via telephone conference. The following individuals participated in the hearing:

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

The hearing record was held open for the submission of additional evidence and to give the Appellant an opportunity to review and comment on the hearing

summary. No further evidence and no comments were received and on [REDACTED] 2016, the hearing record closed.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue Qualified Medicare Benefits ("QMB") benefits through Medicare Savings Program ("MSP") was correct.

### **FINDINGS OF FACT**

1. On [REDACTED] 2016, 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 [REDACTED] 2016. (Exhibit 1: Mail In Redetermination Notice dated [REDACTED] 2016)
2. On [REDACTED] 2016, 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 [REDACTED] 2016 and that if the form was not received by [REDACTED] 2016, her benefits would be discontinued effective [REDACTED] 2016. (Exhibit 2: Notice of Discontinuance dated [REDACTED] 2016)
3. On [REDACTED] 2016, the Department issued a notice advising the Appellant that her medical assistance through the Qualified Medicare Beneficiaries program would be discontinued effective [REDACTED] 2016 because she did not complete the review process. (Exhibit 3: Notice of Discontinuance dated [REDACTED] 2016)
4. The Appellant has been in and out of the hospital. Her daughter was responsible for picking up her mail and some of the mail has gone missing. Her daughter told the Appellant that she had not received any forms from the Department. (Appellant's testimony)
5. The address that the Department has on file of [REDACTED] [REDACTED] in [REDACTED] is the Appellant's correct address. (Appellant's testimony)
6. The Department did not receive the completed redetermination form. (Department representative's testimony)

### **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 A 1 a and b provides for coverage group description of the Qualified Medicare Beneficiaries and states that this group includes individuals who are entitled to hospital insurance benefits under part A of the Title XVIII of the Social Security Act and have income and assets equal to or less than the limits.
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] 2016.
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] 2016.
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 QMB benefits on [REDACTED] 2016 because it had not received the Appellant’s redetermination form.

### **DISCUSSION**

The Appellant testified that she had been in and out of the hospital and her daughter was in charge of retrieving the Appellant’s mail. The Appellant questioned her daughter but neither of them recollects receiving the redetermination form. During this time period, other pieces of the Appellant’s mail also went missing. The Department sent the Appellant a redetermination notice and form and also a reminder notice. When the completed form was not

returned, the Department had no choice but to discontinue the Appellant's QMB benefits.

**DECISION**

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

*Maureen Foley-Roy*  
Maureen Foley-Roy  
Hearing Officer

CC: Rachel Anderson, Operations Manager, DSS R. O. #32, Stamford  
Timika Sanders, Fair Hearing Liaison, DSS, 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 06105-3725.

### **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.