

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
25 SIGOURNEY STREET  
HARTFORD, CT 06106-5033

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

Client ID # ██████████  
Request # 772776

**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 Beneficiaries (“QMB”) assistance through the Medicare Savings Program (“MSP”), 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 an 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. The following individuals were present at the hearing:

████████████████████ Appellant  
████████████████████ Appellant’s Witness  
Guerline Dominique, Department’s Representative  
Pamela J. Gonzalez, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue is whether the Department correctly discontinued the Appellant's QMB assistance through the MSP because she failed to complete the review process.

## **FINDINGS OF FACT**

1. On [REDACTED] 2016, the Department mailed a redetermination notice, renewal form, and return envelope to the Appellant. The notice advised that the form must be completed and returned by [REDACTED] 2016. (Mail In redetermination Notice dated [REDACTED] 2016 – Department's exhibit B)
2. On [REDACTED] 2016, the Department sent a Notice of Discontinued to the Appellant advising her that its 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, benefits would be discontinued effective [REDACTED] 2016. (Notice of Discontinuance dated [REDACTED] 2016 – Department's exhibit C)
3. On [REDACTED] 2016, the Department issued a notice advising the Appellant that her QMB medical assistance would be discontinued effective [REDACTED] 2016 because she did not complete the review process. (Notice of Discontinuance dated [REDACTED] 2016 – Department's exhibit C)
4. The address that the Department has on file of [REDACTED] [REDACTED] is the Appellant's correct address. (Appellant's testimony)
5. The Department did not receive the completed renewal form. (Department's representative's testimony, ConneCT system print out – Department's exhibit D)

## **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(A)(1)(a) and (b) provides the 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)(1) 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 could not establish a new period of eligibility without having received the Appellant's renewal form.
10. The Department was correct when it discontinued the Appellant's QMB benefits effective [REDACTED] 2016.

### **DISCUSSION**

I find no error with the Department's discontinuance of the Appellant's QMB assistance. The Department properly notified the Appellant that a review of eligibility became due and that renewal information was necessary for continued program eligibility.

Despite the Appellant's testimony that she sent in the renewal form, the Department did not receive it. She explained that because she was away, she did not receive the reminder and discontinuance notices until after the Department had discontinued benefits.

The Department correctly discontinued the Appellant's QMB assistance because it did not receive renewal information and a new period of eligibility had not been established.

The Appellant may wish to reapply for benefits if she has not already done so.

**DECISION**

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

*Pamela J. Gonzalez*  
Pamela J. Gonzalez  
Hearing Officer

Copy: Musa Mohamud, SSOM, RO. #10, Hartford  
Judy Williams, SSOM, RO. #10, Hartford  
Tricia Morelli, SSPM, RO. #10, Hartford  
Guerline Dominique, ESW, R.O. #10, Hartford

### **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 Legal Counsel, Regulations, and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106.

### **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 his 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.