

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE,  
HARTFORD, CT 06105

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

CL ID # ██████████  
Hearing Request # 773250

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2016, the Department of Social Services (the “Department”) sent a Notice of Action advising ██████████ (the “Appellant”) that her application for Medicare Savings Program benefits, also known as the Qualified Medicare Beneficiaries program (“QMB”), was granted effective ██████████ 2016.

On ██████████ 2016, the Appellant requested an administrative hearing because she disagreed with the Department’s decision to grant QMB effective ██████████ 2016.

On, ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, accordance with sections 17b-60, 17b-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  
Guerlaine Dominique, for the Department  
Maureen Foley-Roy, Hearing Officer

**STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department’s decision to grant QMB effective ██████████ 2016 was correct.

### FINDINGS OF FACT

1. The Appellant retired at the end of [REDACTED] 2016 and became eligible for Medicare in [REDACTED] of 2016. (Appellant's testimony)
2. On Thursday, [REDACTED] 2016, the Appellant completed an application for the Medicare Savings Plan Qualified Medicare Beneficiaries and asked her United Health Care representative to review the form. (Appellant's testimony)
3. On Friday, [REDACTED] 2016, the United Health Care representative told the Appellant that the application looked good. The Appellant went to the post office around 4:30 or 5:00 pm and mailed the application. (Appellant's testimony)
4. The Appellant left on a trip after she mailed the application. (Appellant's testimony)
5. On [REDACTED] 2016, the Department received the Appellant's application in the CONNECT scanning system. (Exhibit A: Case Narrative)
6. In late [REDACTED] the Appellant became ill and was hospitalized. (Appellant's testimony)
7. On [REDACTED] 2016, the Department sent the Appellant a notice advising that it had denied QMB benefits for the month of [REDACTED] 2016 and approved QMB benefits for a period beginning in [REDACTED] of 2016 and ending in [REDACTED] of 2017. (Exhibit B: Notice of [REDACTED] 2016)

### CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department to be the state agency for the administration of 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 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 § 2540.94 B 1 and 2 provides that an individual who qualifies for this coverage group may receive payment for Medicare Part A and B premiums and payment for coinsurance and deductible amounts for services covered under Medicare.
4. UPM § 2540.94 C provides for the duration of eligibility and states in part that an individual qualifies for benefits under this coverage group **starting the first day of**

**the calendar month following the month in which an individual is determined eligible.** (Emphasis added)

5. The Department was correct when it granted QMB effective ██████ 2016 because it had received her application and determined that she was eligible in ██████ of 2016.

### **DISCUSSION**

Per the Appellant's own testimony, she brought her application for the QMB benefits to the post office late in the day on Friday, ██████ 2016. The Department received the application on Monday, ██████ 2016. The policy is clear that the effective date for the QMB program is the first day of the month following the month that the individual was determined eligible. The Appellant submitted her application and was determined eligible for benefits in ██████ of 2016. Due to most unfortunate timing, the Appellant became ill and incurred medical expenses in late ██████. However, per the regulations, there was no eligibility prior to ██████ 2016.

### **DECISION**

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

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

CC: Musa Mohumad, Judy Williams, Social Service Operations Managers, R.O. #10, Hartford  
Tricia Morelli, Social Service Program Manager, Hartford  
Guerlaine Dominique, Fair Hearing Liaison, 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 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.