

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#: ██████████
Hearing ID#: 778803

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████
██████████ ("Appellant") a Notice of Action ("NOA") advising her that Medical Assistance
under the Qualified Medicare Beneficiaries ("QMB") program was being discontinued
effective ██████████ 2016 because she did not complete the review process.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the
Department's action.

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, 17b-61 and 4-176e to 4-189
inclusive, of the Connecticut General Statutes, the Department held an administrative
hearing.

The following individuals were present at the hearing:

██████████ Appellant
██████████ Appellant's Fiancé
Ferris Clare, Department's Representative
Pamela J. Gonzalez, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department was correct when it discontinued the Appellant's Medical Savings Program ("MSP") assistance under the QMB Coverage Group effective [REDACTED] 2016, for failure to complete the review process.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Department sent a NOA to the Appellant advising her that she was required to complete and return a redetermination form by [REDACTED] 2016, in order for the Department to review her MSP eligibility. The notice advised that it was necessary that the Appellant complete, sign and return the form for benefits to continue. (Notice dated [REDACTED] 2016 – Department's exhibit 1)
2. The Department did not receive the completed renewal form by [REDACTED] 2016. (Department's representative's testimony)
3. On [REDACTED] 2016, the Department sent a NOA to the Appellant advising her that the Department had not received the redetermination form that was due to be returned by [REDACTED] 2016, and that unless the Appellant returns the completed form by [REDACTED] 2016, benefits would be discontinued effective [REDACTED] 2016. (Notice dated [REDACTED] 2016 – Department's exhibit 2)
4. On [REDACTED] 2016, the Department sent a NOA to the Appellant advising her that Medical Assistance was being discontinued effective [REDACTED] 2016 because she did not complete the review process. (Notice dated [REDACTED] 2016 – Department's exhibit 3)
5. The Appellant does not believe that the redetermination form was completed and returned to the Department. (Appellant testimony)
6. The Department did not receive a completed redetermination document from the Appellant by [REDACTED] 2016 and as of the date of this hearing had not received a completed renewal form. (Department's testimony, Hearing Record)

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. UPM § 2540.94 provides for the eligibility requirements for Medical Assistance under the Qualified Medicare Beneficiaries Medicaid Coverage Group.

3. UPM § 1545.05(A)(1) provides that eligibility for Medical Assistance is redetermined regularly on a scheduled basis.

UPM § 1545.05(B)(1) provides that the purpose of the redetermination is to review all circumstances relating to need, eligibility, and benefit level.

UPM § 1545.05(B)(4) provides that assistance is discontinued if eligibility is not reestablished.

UPM § 1545.05(D) provides that assistance units are timely notified of all actions taken by the Department, including notification that a redetermination is to be conducted, and notification of adverse action where appropriate.

4, UPM § 1545.10(A)(1)(c) provides that the assistance unit becomes due for redetermination in the final month of the redetermination period.

5. UPM § 1545.25 provides that:

A. Assistance units are required to complete a redetermination form at each redetermination

B. The redetermination form may be:

1. The same form used at the time of application; or

2. A form designed specifically for the redetermination process.

C. The Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination

D. 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.

E. The redetermination form must be signed by someone qualified to complete the redetermination on behalf of the assistance unit.

6. 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.

The Department was correct when it discontinued the Appellant's MSP benefits effective [REDACTED] 2016, because it never received the completed review form necessary to establish a new period of eligibility.

DISCUSSION

The Appellant may wish to reapply for assistance if she had not already done so.

DECISION

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

Pamela J. Gonzalez
Pamela J. Gonzalez
Hearing Officer

Copy: Lisa Wells, SSOM, DSS R.O. #20
Cheryl Stuart, SSPM, DSS R.O. #20

Brian Sexton, SSOM, DSS R.O. #20
Ferris Clare, ESW, DSS R.O. #20

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.