

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATION AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CONNECTICUT 06105-3730

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

CL ID # ██████████
REQUEST ID #780690

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

REASON FOR HEARING

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing medical benefits under the Specified Low Income Medicare Beneficiaries Program ("SLMB") program.

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.

The following individuals were present at the hearing:

██████████ the Appellant
Timika Sanders, Department Representative
Thomas Monahan, Hearing Officer

STATEMENT OF ISSUE

The issue to be decided is whether the Department's decision to discontinue benefits under the Specified Low Income Medicare Savings Program was correct.

FINDING OF FACTS

1. The Department sent the Appellant a notice that he must complete and return a redetermination form by ██████████ 2016, in order for the Department to conduct a review of his eligibility for the SLMB. (Hearing record)
2. On ██████████ 2016, the Department sent a NOA to the Appellant advising him that the Department had not received the redetermination form that was due to be returned by ██████████ 2016, and that unless the Appellant returned the completed form by ██████████ 2016, the Appellant's benefits would be discontinued effective ██████████ 2016. (Exhibit 2: Notice of Discontinuance, ██████████/16)
3. On ██████████ 2016, the Department sent the Appellant a notice advising him that his SLMB medical assistance was discontinued effective ██████████ 2016 because he did not complete the review process. (Exhibit. 1: Notice of Discontinuance, ██████████/16)
4. The Appellant changed his P.O. Box address and did not receive the redetermination form. (Appellant's testimony)
5. The Appellant did receive the ██████████ 2016, discontinuance notice at his new P.O. Box, but not until ██████████ 2016. (Appellant's testimony)
6. The Appellant did not notify the Department of his new P.O. box prior to the discontinuance of his SLMB benefits. (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. Uniform Policy Manual ("UPM") § 2540.94 provides the criteria to qualify for Medical Assistance under the Specified Low Income Medicare Beneficiaries program.
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.

4. 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.
5. UPM § 1545.10(A)(1)(c) provides that the assistance unit becomes due for redetermination in the final month of the redetermination period.
6. 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.
7. 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.
8. UPM § 1555.15(A)(B) provides in part that assistance units are required to report timely all changes which may affect eligibility or benefit level including changes in address.
9. The Department correctly discontinued the Appellant's SLMB Medical Assistance because he did not return the redetermination form or report his new P.O. Box.

DECISION

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

Thomas Monahan
Thomas Monahan
Hearing Officer

C: Rachel Anderson, Operations Manager, Stamford Regional Office
Timika Sanders, Hearing Liaison, Stamford Regional Office

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.