

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

REQUEST #782733

CLIENT ID # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department"), issued a Notice of Approval to ██████████ (the "Appellant") stating that his request for medical assistance under the Qualified Medicare Beneficiary ("QMB") program (aka the Medicare Savings Program-"MSP") had been denied for the month of ██████████ 2016, but was granted, effective ██████████ ██████████, 2016.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the effective date of his assistance under the MSP-QMB program as determined by the Department.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling a hearing for ██████████ 2016 @ 9:00 AM.

On ██████████ 2016, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184 of the Connecticut General Statutes ("Conn. Gen. Stat."), inclusive, OLCRAH held an administrative hearing to address the effective date of the Appellant's assistance under the MSP-QMB program as determined by the Department.

The following individuals were present at the hearing:

██████████ Appellant
Young June Lee, Representative for the Department
Hernold C. Linton, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the effective date of the Appellant's assistance under the MSP-QMB program as determined by the Department is correct.

FINDINGS OF FACT

1. On ██████ 2016, the Department received the Appellant's application for medical assistance under the MSP-QMB program. (Hearing Summary; Dept.'s Exhibit #2: Case Narrative)
2. The Appellant has reported total monthly unearned income of \$2,052.00 in Social Security ("SSA") benefits. (Appellant's testimony; Dept.'s Exhibit #1: W-1QMB)
3. The Appellant receives Medicare Part A and Part B. (Appellant's testimony; Dept.'s Exhibit #1)
4. The Department denied the Appellant's request for medical assistance under the MSP-QMB program for the month of ██████ 2016. (Hearing Summary; Dept.'s Exhibit #2)
5. The Department granted the Appellant's request for medical assistance under the MSP-QMB program, effective ██████ ██████ 2016. (Hearing Summary; Dept.'s Exhibit #2)
6. An individual is eligible for benefits under the MSP-QMB program, starting the first day of the calendar month following the month in which an individual is determined eligible for benefits. (Hearing Record)
7. The Appellant was determined eligible for benefits under the MSP-QMB program in the month of ██████ 2016. (Dept.'s Exhibit #2)
8. The first day of the calendar month following the month in which the Appellant was determined eligible for benefits under the MSP-QMB program is ██████ ██████, 2016. (Dept.'s Exhibit #2)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes (CGS) authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.

2. Section 17b-260 of the Connecticut General Statutes authorizes the commissioner of social services to take advantage of the medical assistance programs provided in Title XIX, entitled "grants to States for Medical Assistance Programs," contained in the Social Security Amendments of 1965.
3. Uniform Policy Manual ("UPM"), Section 2540.94(A)(1) provides that this group includes individuals who:
 - a. are entitled to hospital insurance benefits under part A of Title XVIII of the Social Security Act; and
 - b. have income and assets equal to or less than the limits described in paragraph C and D.
4. UPM § 2540.94(A)(2) provides that a Qualified Medicare Beneficiary (QMB) may be eligible for full Medicaid benefits under another coverage group during the same period he or she is also eligible under the QMB coverage group.
5. UPM § 2540.94(B) provides that an individual who qualifies for this coverage group may receive payment for:
 1. Medicare Part A and B premiums; and
 2. payment for coinsurance and deductible amounts for services covered under Medicare.
6. UPM § 2540.94(C) provides 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 and continuing for every month thereafter in which the individual meets the criteria described in paragraph A.
7. ■■■■ 2016 is the calendar month in which the Appellant was determine eligible for benefits under the MSP-QMB program. Therefore, ■■■■ ■■■■, 2016 is the first day of the calendar month following the month in which the Appellant was determine eligible.
8. UPM § 2540.94(D)(1) provides that the Department uses AABD income criteria (Cross Reference: 5000), including deeming methodology, to determine eligibility for this coverage group except for the following:
 - a. the annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;

- b. for eligibility to exist income must be equal to or less than 100% percent of the Federal Poverty Level for the appropriate needs group size.
9. UPM § 2540.94(D)(2) provides that the income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (cross reference: 5045). This is true whether the individual lives in an LTCF or in the community.
10. UPM § 2540.94(E) provides that the asset limit for this coverage group is twice the SSI asset limit (Cross Reference: 4005.10).
11. The Appellant qualifies for benefits under the MSP-QMB program, effective [REDACTED] [REDACTED] 2016, as that is the first day of the month following the month in which the Appellant was determined eligible.
12. The Department correctly determined the effective date of benefits for the Appellant under the MSP-QMB program as [REDACTED] [REDACTED], 2016, as that is the first day of the month following the month in which the Appellant was determined eligible.

DECISION

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



Hernold C. Linton
Hearing Officer

Pc: **Tonya Cook-Beckford**, Social Services Operations Manager,
DSS, R.O. # 42, Willimantic

Fair Hearing Liaisons, DSS, R.O. # 42, Willimantic

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.