

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

██████████ 2017  
Signature confirmation

Client: ██████████  
Request: 810660

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2017, the Department of Social Services (the "Department") issued ██████████ ██████████ (the "Appellant") a notice discontinuing his medical coverage effective ██████████ 2017.

On ██████████ 2017, the Appellant filed a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") to dispute the Department's action.

On ██████████ 2017 and ██████████ 2017, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals attended the administrative hearing by video or telephone conference:

████████████████████ Appellant  
Joseph Alexander, Department's representative  
Jessica Gulianello, Department's representative  
Eva Tar, Hearing Officer

The hearing record closed on ██████████ 2017.

## **STATEMENT OF ISSUE**

The issue is whether the Department correctly discontinued the Appellant's Medicaid Medicare Savings Program ("MSP")<sup>1</sup> benefits.

## **FINDINGS OF FACT**

1. The Appellant received MSP benefits through [REDACTED] 2017. (Department's Exhibit 4)
2. On [REDACTED] 2016, the Department issued a redetermination form to the Appellant, requesting that he complete and return the form with all required proofs to the agency by [REDACTED] 2016, or his MSP benefits would end effective [REDACTED] 2017. (Department's Exhibit 1)
3. The Appellant did not receive the Department's [REDACTED] [REDACTED] 2016 mailing. (Appellant's testimony)
4. On [REDACTED] 2017, the Department issued a *Notice of Discontinuance* to the Appellant, requesting that he return the redetermination form to the agency by [REDACTED] [REDACTED] 2017 or the agency would discontinue his benefits. (Department's Exhibit 2)
5. The Appellant received the Department's [REDACTED] [REDACTED] 2017 notice. (Hearing request)(Appellant's testimony)
6. On [REDACTED] 2017, the Department issued a *Notice of Discontinuance* to the Appellant, stating that his benefits would be discontinued effective [REDACTED] 2017, as he had not completed the review process. (Department's Exhibit 3)
7. The Appellant received the Department's [REDACTED] 2017 notice. (Appellant's testimony)
8. The Appellant did not complete and return a redetermination form to the Department by [REDACTED] 2017. (Appellant's testimony)

## **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Section 2540.94 of the Uniform Policy Manual ("UPM") addresses the Qualified Medicare Beneficiaries (QMB) Medicaid coverage group.
3. 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

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<sup>1</sup> The Medicare Savings Program (MSP) was formerly named the Qualified Medicare Beneficiary (QMB/Q01) program.

continuing for every month thereafter in which the individual meets the criteria described in paragraph A. UPM § 2540.94 (C).

4. The eligibility of an assistance unit is certified by the Department for a particular period of time. The certification period may be of a specific length, or continuous over an indefinite period depending on the program category. This chapter discusses certification periods and their application to the eligibility process. UPM § 1530.
5. The assistance unit's Medicaid certification continues until such time that the unit is found ineligible through a periodic review or other eligibility evaluation. UPM § 1530.05 (A)(2).
6. The Appellant's MSP benefits were subject to the Medicaid recertification process.
7. Eligibility is redetermined: a. regularly on a scheduled basis; and b. as required on an unscheduled basis because of known, questionable or anticipated changes in assistance unit circumstances. UPM § 1545.05 (A)(1).
8. The Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination. UPM § 1545.25 (C).
9. Assistance units are required to complete a redetermination form at each redetermination. UPM § 1545.25 (A).
10. The Department correctly issued a redetermination form and notice of redetermination to the Appellant.
11. 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. UPM § 1545.25 (D).
12. The Appellant failed to submit a completed redetermination form to the Department by [REDACTED] 2017.
13. The Department correctly discontinued the Appellant's MSP benefits.

### **DECISION**

The Appellant's appeal is DENIED.

*Eva Tar - electronic signature*  
Eva Tar  
Hearing Officer

Cc: Joseph Alexander, DSS-Bridgeport (30)  
Jessica Gulianello, DSS-Bridgeport (30)  
Poonam Sharma, DSS-Bridgeport (30)  
Fred Presnick, DSS-Bridgeport (30)  
Yecenia Acosta, DSS-Bridgeport (30)

### **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, 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 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.