

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2017
Signature Confirmation

Client ID # ██████████
Request # 811290

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") advising her that if she did not return a review form by ██████████ 2017, her medical assistance benefits would be discontinued effective ██████████ 2017.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the Department's action.

On ██████████ 2017, the Department issued a NOA to the Appellant advising her that her Medical Assistance under the Qualified Medicare Beneficiaries ("QMB") program was being discontinued effective ██████████ 2017 because she did not complete the review process.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("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, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████ Appellant

Marc Blake, Department's Representative
James Hinckley, 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] 2017 for failure to complete the review process.

FINDINGS OF FACT

1. The Appellant has been receiving MSP benefits from the Department under the QMB coverage group for a number of years, and the last time her eligibility for the program was reviewed was on [REDACTED] 2016. (Ex. 11: Narrative screens)
2. On the review form used at the time of the Appellant's [REDACTED] 2016 review, the Appellant was the only person who signed the form, and she did not name any other party to act as a representative for her. (Ex. 13: W-1QMB form dated [REDACTED] 2016)
3. Socia Servic Coordinators, [REDACTED] is listed as the Appellant's authorized representative on the "AREP A" and "AREP B" screens of the Department's computer system. (Ex. 10: AREP A and AREP B screens)
4. The Appellant is unfamiliar with any agency called Social Service Coordinators located in Florida, and does not have any dealings with that agency. (Appellant testimony)
5. On [REDACTED] 2016, the Department issued a NOA to "Socia Coordinators for [REDACTED]" explaining that the Appellant was due for a SNAP review. (Ex. 4: NOA dated [REDACTED] 2016)
6. There is no evidence that the [REDACTED] 2016 SNAP renewal form and notice of SNAP review was sent to the Appellant; the only [REDACTED] 2016 NOA that the Department submitted as evidence for the hearing was mailed to the authorized representative in Florida only. (Hearing Record)
7. The [REDACTED] 2016 NOA discusses the SNAP program only, and does not mention that any review is due for the MSP medical program. (Ex. 4)
8. There is no evidence that any notice of the MSP medical review was ever sent, either to the Appellant or to the listed authorized representative; the Department submitted no such notice as evidence for the hearing. (Hearing Record)

9. On [REDACTED] 2017, the Department issued a NOA to the Appellant advising her that her medical assistance benefits would be discontinued effective [REDACTED] 2017 if she did not return a medical redetermination form by [REDACTED] 2017. (Ex. 7: NOA dated [REDACTED] 2017)
10. On [REDACTED] 2017, the Department issued NOAs to Socia Coordinators and to the Appellant, advising that the Appellant's Medical Assistance was being discontinued effective [REDACTED] 2017 because she did not complete the review process. (Exs. 8 & 9: NOAs dated [REDACTED] 2017)

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 § 1545.15(A)(1) provides that the Department is required to provide assistance units with timely notification of the scheduled redetermination.

UPM § 1545.05(D)(1) provides that assistance units are timely notified of all actions taken by the Department, including: notification that a redetermination is to be conducted.

UPM § 1545.25(C) provides that the Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination.

There is no evidence that the Department provided the Appellant with timely notice that a redetermination of her medical assistance was to be conducted, or mailed the Appellant the redetermination form that she needed to complete and return.

The Department was incorrect when it discontinued the Appellant's MSP benefits effective [REDACTED] 2017.

DISCUSSION


The Department was asked to produce all relevant NOAs for the hearing. The only NOA introduced as evidence that related to the redetermination process concerned the *SNAP program only*, and was mailed to an authorized representative in Florida that the Appellant has no dealings with. There is no evidence in the record that the Appellant was properly notified of her QMB redetermination, or mailed the QMB redetermination form.

DECISION

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

ORDER

- 1.) The Department shall regrant QMB benefits for the Appellant effective [REDACTED] 2017.
- 2.) The Department shall send proof that the Appellant's QMB benefits have been regranted to the undersigned no later than [REDACTED] 2017.



James Hinckley
Hearing Officer

cc: Musa Mohamud, SSOM, Hartford
Judy Williams, SSOM, Hartford
Tricia Morelli, SSPM, Hartford
Jay Bartolomei, FH Liaison Supervisor, 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 06105-3725.

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.