# STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATION AND ADMINISTRATIVE HEARINGS 55 Farmington Ave HARTFORD, CONNECTICUT 061105-3725

, 2018 Signature Confirmation



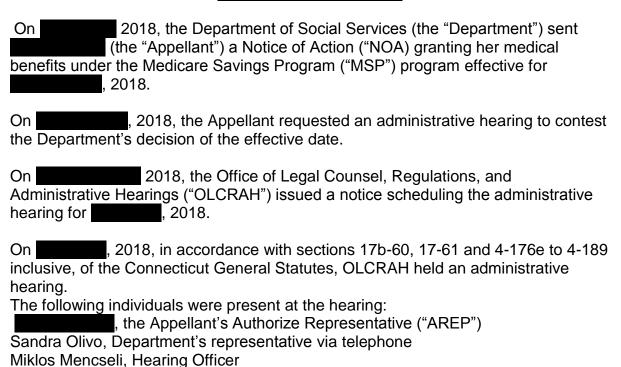
#### **NOTICE OF DECISION**

#### **PARTY**



The Appellant was not present.

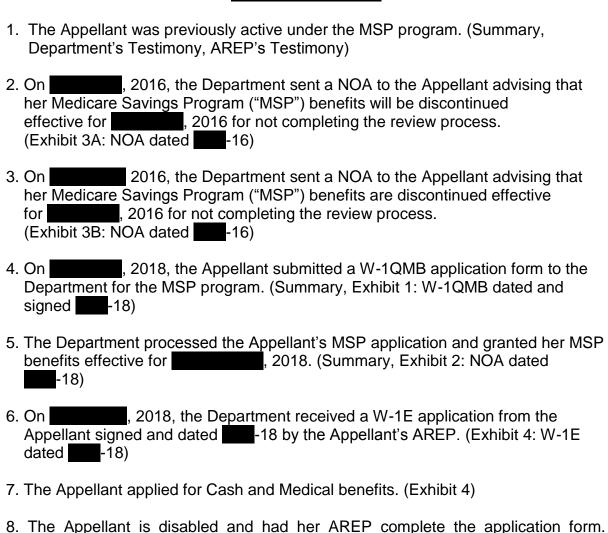
#### REASON FOR HEARING



### STATEMENT OF ISSUE

The issue to be decided is whether the Department's effective date of 2018 under the Medicare Savings Program was correct.

#### FINDING OF FACTS



9. The Appellant reported she is a recipient of Medicare Part A & B on the application form. (Exhibit 4)

8. The Appellant reported she receives monthly income from the Social Security

(Exhibit 4)

Administration. (Exhibit 4)

10. The Department granted the	Appellant Medical (Medicaid) benefits.
(Department's Testimony)	

- 11. The Department did not grant the Appellant MSP benefits based on the application. (Department's Testimony)
- 12. The Appellant did not request a hearing based on the Department's determination of eligibility for the -18 application with regards to MSP benefits not being granted. (AREP Testimony)
- 13. "The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on 2018. Therefore, this decision is due not later than 2018."

### **CONCLUSIONS OF LAW**

- 1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
- 2. UPM (Uniform Policy Manual) § 2540.94 provides the criteria to qualify for Medical Assistance under the Qualified Medicare Beneficiaries Medicaid Coverage Group.
- 3. UPM § 2540.94 provides for Medicaid Beginning Dates of Assistance for Qualified Medicare Beneficiary.
  - D. the first of the calendar month following the month in which an individual is determined eligible when granted assistance as a Qualified Medicare Beneficiary (Cross Reference: 2540.94). The month of eligibility determination is considered to be the month that the Department receives all information and verification necessary to reach a decision regarding eligibility.
- 4. The Department correctly granted the Appellant MSP benefits effective for September 1, 2018 based on the Application received on 2018, dated 2018 as that is the first month following the month eligibility was determined (2018).
- 5. UPM § 1570.05 (H) provides for Time Limits for Requesting a Fair Hearing
  - 1. The request for a Fair Hearing must be made within a specified period of time from the date that the Department mails a notice of action.
    - a. For all programs except Food Stamps, this period is 60 days.
- 6. The Appellant did not request a Fair Hearing based on the application that the Department did not grant her MSP benefits within the 60 day

period.

7. The Department was correct to grant the Appellant's application for the MSP program effective for 2018.

# **DISCUSSION**

The Department correctly determined the Appellant's effective date as 2018. The undersigned has no jurisdiction in regards to the application. However, the Department could on its own merit review the application and make a determination with regards as to whether the Department should have granted MSP benefits effective for 2018.

#### **DECISION**

The Appellant's appeal is DENIED.

Miklos Mencseli Hearing Officer

C: Patricia Ostroski, Operations Manager New Britain DSS R.O. # 52

## **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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.