

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

CL ID ██████████  
HEARING ID #128107

NOTICE OF DECISION

PARTY

██████████

REASON FOR HEARING

On ██████████ 2018, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA) granting her medical benefits under the Medicare Savings Program ("MSP") program effective for ██████████, 2018.

On ██████████, 2018, the Appellant requested an administrative hearing to contest the Department's decision of the effective date.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████, 2018.

On ██████████, 2018, 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's Authorize Representative ("AREP")

Sandra Olivo, Department's representative via telephone

Miklos Mencseli, Hearing Officer

The Appellant was not present.

## **STATEMENT OF ISSUE**

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

## **FINDING OF FACTS**

1. The Appellant was previously active under the MSP program. (Summary, Department's Testimony, AREP's Testimony)
2. On [REDACTED], 2016, the Department sent a NOA to the Appellant advising that her Medicare Savings Program ("MSP") benefits will be discontinued effective for [REDACTED], 2016 for not completing the review process. (Exhibit 3A: NOA dated [REDACTED]-16)
3. On [REDACTED] 2016, the Department sent a NOA to the Appellant advising that her Medicare Savings Program ("MSP") benefits are discontinued effective for [REDACTED], 2016 for not completing the review process. (Exhibit 3B: NOA dated [REDACTED]-16)
4. On [REDACTED], 2018, the Appellant submitted a W-1QMB application form to the Department for the MSP program. (Summary, Exhibit 1: W-1QMB dated and signed [REDACTED]-18)
5. The Department processed the Appellant's MSP application and granted her MSP benefits effective for [REDACTED], 2018. (Summary, Exhibit 2: NOA dated [REDACTED]-18)
6. On [REDACTED], 2018, the Department received a W-1E application from the Appellant signed and dated [REDACTED]-18 by the Appellant's AREP. (Exhibit 4: W-1E dated [REDACTED]-18)
7. The Appellant applied for Cash and Medical benefits. (Exhibit 4)
8. The Appellant is disabled and had her AREP complete the application form. (Exhibit 4)
8. The Appellant reported she receives monthly income from the Social Security Administration. (Exhibit 4)
9. The Appellant reported she is a recipient of Medicare Part A & B on the application form. (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 [REDACTED]-18 application. (Department's Testimony)
12. The Appellant did not request a hearing based on the Department's determination of eligibility for the [REDACTED]-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 [REDACTED], 2018. Therefore, this decision is due not later than [REDACTED] 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 [REDACTED], 2018, dated [REDACTED], 2018 as that is the first month following the month eligibility was determined ([REDACTED] 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 [REDACTED], 2018 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 [REDACTED], 2018.

### **DISCUSSION**

The Department correctly determined the Appellant's effective date as [REDACTED], 2018. The undersigned has no jurisdiction in regards to the [REDACTED], 2018 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 [REDACTED], 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 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.