

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

██████████, 2018
Signature Confirmation

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

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing his medical benefits under the Medicare Savings Program ("MSP").

On ██████████, 2017, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On ██████████ 2017, 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
Jessica Gulianello, Eligibility Services Worker, Department's representative
Joseph Alexander, Eligibility Services Specialist, Department's representative
Roberta Gould, Hearing Officer

At the Department's request, the hearing record remained open for the submission of additional evidence. On ██████████ 2018, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue benefits under the Medicare Savings Program was correct.

FINDINGS OF FACT

1. The Appellant received medical benefits under the MSP for himself. (Hearing record)
2. The Appellant resides at [REDACTED]. (Appellant's testimony and Hearing record)
3. The Appellant's Qualified Medicare Beneficiary ("QMB") MSP benefits were due to be recertified for the period beginning [REDACTED] 2017. (Exhibit 3: ImpaCT MA notice reason screen)
4. On [REDACTED], 2017, the Department sent a mail-in redetermination form for the Appellant's Qualified Medicare Beneficiary ("QMB") program to his residential address. (Exhibit 1: ImpaCT historical correspondence and Hearing summary)
5. The Appellant's redetermination for his QMB benefits under the MSP was due to be completed by [REDACTED] 2017. (Exhibit 4: Warning notice dated [REDACTED] 2017 and Hearing summary)
6. The Department did not receive the redetermination form for the Appellant's QMB benefits. (Exhibit 2: ImpaCT document search, Department's testimony and Hearing summary)
7. On [REDACTED] 2017, the Department discontinued the Appellant's QMB MSP coverage effective [REDACTED], 2017, for failure to complete the review process. (Exhibit 5: Notice of action dated [REDACTED] 2017 and Hearing summary)
8. On [REDACTED] 2017, the Appellant filed an online recertification form for the MSP. (Appellant's testimony)

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 § 1545.35(B)(1)(b) provides that with regard to the timely filing of the redetermination form all other PA and FS non-monthly reporting assistance units must file by the fifteenth day of the redetermination month.

3. The Department correctly determined that the Appellant did not return his redetermination form by the due date.
4. On [REDACTED], 2017, the Department correctly discontinued the Appellant's QMB coverage effective [REDACTED], 2017, because he did not complete his redetermination form by the due date.

DISCUSSION

After reviewing the evidence and testimony presented at this hearing, I find that although the Appellant did not submit his recertification forms for his QMB MSP in a timely manner, he did submit the forms online on or about [REDACTED], 2017. The Department was correct in its determination that the Appellant's benefits should be discontinued effective [REDACTED], 2017, for failure to recertify his MSP benefits, but should consider this as a new application for MSP assistance and process the forms accordingly.

DECISION

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

Roberta Gould
Hearing Officer

PC: Annie Woodward, DSS Central Office
Mayra Medina, DSS Central Officer
Joseph Alexander, Eligibility Services Specialist, DSS Bridgeport

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.