

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

██████████ 2019
Signature Confirmation

Case # ██████████
Client # ██████████
Request # 137178

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") discontinuing the Qualified Medicare Beneficiaries ("QMB") benefit under the Medicare Savings Program ("MSP") effective ██████████, 2018 due to failure to cooperate with application process.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the Department's determination.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, 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:

██████████, Appellant
Glenn Guerrero, Department's Representative
Swati Sehgal, Hearing Officer

The hearing record remained open for the submission of additional evidence. The record closed on [REDACTED] 2019.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's medical coverage under the MSP due to non-cooperation was correct.

FINDINGS OF FACT

1. On [REDACTED], 2019, the Appellant submitted an application for Medicare Savings Program for himself. (Exhibit 1: Application for Medicare Saving Program, Department's summary)
2. The Appellant and his spouse, [REDACTED] reside at [REDACTED], [REDACTED] CT. (Appellant's Testimony, Department's Testimony, Exhibit 1: Copy of Application for Medicare Saving Program)
3. The Appellant's gross Social Security ("SSA") income is \$837.50 a month. (Exhibit 2: Social Security Statement of New Benefit Amount)
4. On [REDACTED] 2019, the Department granted Medicare Saving Program effective [REDACTED] 2019 and issued a notice to the Appellant stating "you are eligible for Medical Assistance effective [REDACTED] (Exhibit 4: Notice of Action, [REDACTED])"
5. On [REDACTED] 2019, the Appellant called the Department and was informed to provide income verification of his spouse. The Appellant declined to do so. (Exhibit 11: Case Notes)
6. On [REDACTED] 2019, the Department discontinued the Appellant's medical benefits under Medicare Saving Program effective [REDACTED], 2019 due to the Appellant's refusal to supply verification of his spouse's income. (Exhibit 11: Case Notes)
7. On [REDACTED] 2019, the Department issued a notice to the Appellant stating "Your Medical assistance will be discontinued on [REDACTED]/19. We are taking this action for following reason: You refused to cooperate with the application process". (Exhibit 5: Notice of Action, [REDACTED])
8. On [REDACTED] 2019, the Department discontinued the Appellant's medical benefits under Medicare Saving Program effective [REDACTED],

2019 without providing the Appellant with W1348 requesting required verification to establish eligibility. (Exhibit 11: Case Notes)

9. On [REDACTED] 2019, the Appellant provided a letter voicing his concerns regarding the actions taken by the Department. (Exhibit A: letter from the Appellant, [REDACTED])
10. 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] 2019. Therefore, this decision was due not later than [REDACTED] 2019.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorized the Commissioner of the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Title 7 of the Code of Federal Regulations (“CFR”) § 273.2(c)(5) provides that the State agency shall provide each household at the time of application for certification and recertification with a notice that informs the household of the verification requirements the household must meet as part of the application process.
3. UPM § 1010.05 provides that the assistance unit must supply the Department, in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits (cross reference: 1555)
4. UPM § 1015.05(C) provides that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.
5. The Department failed to provide the Appellant a list of required verification and the due date for this information prior to denying his application for QMB.
6. The Department incorrectly denied the Appellant’s request for QMB benefits because it failed to notify him what information was needed to establish eligibility.

DISCUSSION

Based on the State policy and Regulations the Department is required to request verifications which are needed in order to establish eligibility. In this case the Department failed to issue appropriate form requesting required information prior to denying application. The Appellant's letter states that he has cooperated and submitted all information he believed was required.

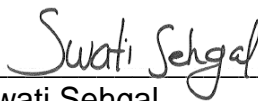
The Appellant's appeal is being remanded back to the Department for further action. The Appellant is advised to request another hearing if he is not satisfied with the outcome of the Department's action.

DECISION

The Appellant's appeal is **Remanded back to the Department.**

ORDER

1. The Department shall rescreen the Appellant's application for QMB back to the Application date.
2. The Department shall issue W1348 "Proofs We Need Form" and request any outstanding verification necessary and proceed with the eligibility determination for medical benefits under Medicare Saving Program.
3. The Department will issue a new Notice of Action with appeal rights based on the eligibility determination above.
4. Compliance with this order should be forwarded to undersigned no later than [REDACTED], 2019.



Swati Sehgal
Hearing Officer

Pc: Alejandro Arbelaez, Operations Manager, R.O. 62, Torrington
Glenn Guerrero, Hearing Liaison, R.O. 62, Torrington

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 06105-3725.

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 06105-3725. 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.