

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

██████████, 2020  
Signature Confirmation

Client ID # ██████████  
Request # 154810

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
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**PROCEDURAL BACKGROUND**

On ██████████, 2020, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) advising him that his Medicare Savings Program (“MSP”) Qualified Medicare Beneficiary (“QMB”) benefits were ending on ██████████ 2020, because his renewal form was not submitted and the renewal process was not completed.

On ██████████ 2020, the Appellant requested an administrative hearing to appeal the discontinuance of his MSP-QMB.

On ██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2020. Due to COVID-19 concerns, the hearing was scheduled to be held telephonically.

On ██████████, 2020, 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. None of the parties objected to a telephonic hearing. The following individuals were present at the hearing:

██████████, the Appellant, via telephone  
Marybeth Mark, Department’s representative, via telephone  
James Hinckley, Hearing Officer

## **STATEMENT OF THE ISSUE**

Whether the Department was correct when it discontinued the Appellant's MSP-QMB for the reason that he failed to renew his benefits.

## **FINDINGS OF FACT**

1. The Appellant has been a client of the Department. (Hearing Record)
2. The Appellant moved approximately three years ago. (Appellant's testimony)
3. The Appellant did not report his new address to the Department after he moved. (Appellant's testimony)
4. The Appellant was previously found eligible for MSP-QMB by the Department. His most recently approved period of eligibility was set to expire on [REDACTED], 2020. (Hearing Record)
5. On [REDACTED], 2020 the Department sent the Appellant a renewal form. It instructed the Appellant that in order to keep his benefits from ending on [REDACTED], 2020, he had to answer all required questions on the form. (Ex. 1: W-1ERL Notice of Renewal of Eligibility form)
6. The W-1ERL form was mailed to the Appellant's old address. (Ex.1, Hearing Record)
7. On [REDACTED], 2020, the Department sent the Appellant a warning notice reminding him that he was required to return his renewal form by [REDACTED], 2020, in order to keep his benefits from ending on [REDACTED], 2020. (Ex. 2: W-0006N Warning Notice)
8. The W-0006N Warning notice was mailed to the Appellant's old address. (Ex. 2, Hearing Record)
9. On [REDACTED], 2020, the Department sent the Appellant a NOA discontinuing his MSP-QMB effective [REDACTED] 2020 for failing to complete his renewal. (Ex. 3: W-0001N Notice of Action)
10. The W-0001N Notice of Action was mailed to the Appellant's old address. (Ex. 3, Hearing Record)
11. On [REDACTED] 2020, the Appellant requested an administrative hearing. He reported his new address at the time he made his hearing request. (Hearing Request)

12. When the Appellant reported on his hearing request that he had a new address, it was the first time that he provided that information to the Department. (Appellant's testimony)
13. The Appellant was due for a non-passive review of his eligibility for benefits. His benefits could not be renewed without a completed form. (Ex. 5: Case Notes)
14. As of the date of the hearing, the Appellant had submitted a new application for benefits to the Department. The application had been received by the Department and was being processed. (Appellant's testimony, Ms. Mark's testimony)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. The Department's Uniform Policy Manual ("UPM") "is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A. 2d 712(1990))
3. UPM § 2540.94 provides for the eligibility requirements for Medical Assistance under the Qualified Medicare Beneficiaries Medicaid Coverage Group.
4. "(1) Eligibility is redetermined: (a) regularly on a scheduled basis...(2) A redetermination constitutes: (a) a complete review of...MA certification...(3) In general, eligibility is redetermined through the same methods by which eligibility is initially determined at the time of application." UPM § 1545.05(A)
5. "Assistance units are required to complete a redetermination form at each redetermination." UPM § 1545.25(A)
6. "The assistance unit becomes due for redetermination in the final month of the redetermination period." UPM § 1545.10(A)(1)(c)
7. "Assistance is discontinued if eligibility is not reestablished." UPM § 1545.05(B)(4)
8. "Unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process." UPM § 1545.40(A)(2)
9. **The Department was correct when it discontinued the Appellant's MSP-QMB benefits effective [REDACTED], 2020, because it never received the renewal form necessary to redetermine the Appellant's eligibility for a new period.**

## **DISCUSSION**

The Appellant did not update his address with the Department. As a result, the Appellant's renewal form was sent to his old address and he never received it. The Post Office did not provide the Department with a forwarding address because of the length of time since the Appellant moved, approximately three years. The Department's regulations require a completed form in order to complete a renewal. The Appellant's benefits properly closed on the final day of his redetermination period because a redetermination was not completed by the due date.

## **DECISION**

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

  
James Hinckley  
Hearing Officer

cc: Cheryl Stuart  
Marybeth Mark

### **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.