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

[REDACTED] 2021
SIGNATURE CONFIRMATION

CASE # [REDACTED]
CLIENT# [REDACTED]
REQUEST# [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKROUND

On [REDACTED] 2021, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant"), a Notice of Action ("NOA") denying the Appellant's application for the Medicare Savings Plan ("MSP") Qualified Medicare Beneficiaries ("QMB") benefits due to failure to provide requested verifications.

On [REDACTED] 2021, the Appellant requested an administrative hearing to contest the denial of her application for the MSP QMB benefits due to failure to provide requested verifications.

On [REDACTED] 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] 2021.

On [REDACTED] 2021, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic administrative hearing. The following individuals participated in the hearing:

Appellant, [REDACTED]
Department's Representative, Jacqueline Taft
Hearing Officer, Joshua Couillard

The hearing record was held open an additional [redacted] days, until [redacted] 2021, for the Department to submit more information.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's MSP QMB application due to failure to provide information.

FINDINGS OF FACT

1. On [redacted] 2021, the Appellant submitted a W-1E application for MSP QMB benefits. (Exhibit 9: W-1E Application, Department's Testimony)

2. The Appellant is [redacted]-years-old [DOB: [redacted] 1979]. She lives alone. (Exhibit 9, Appellant's Testimony)

3. The Appellant is on Medicare parts A and B. (Exhibit 8: SOLQ-I Results Details Page)

4. The Appellant is disabled and receives Social Security Disability Income ("SSDI") in the amount of $853 per month. (Exhibit 8: SOLQ-I Results Details page, Appellant's Testimony)

5. The Appellant is employed on a per diem basis with [redacted] [redacted]Exhibit 5: Wage Stub, Appellant's Testimony)

6. On [redacted] 2021, the Department issued the Appellant a W-1348 Proofs We Need form requesting verification of income. These proofs were due by [redacted] 2021. (Exhibit 7: W-1348 Proofs We Need Form, Department's Testimony)

7. The Appellant did not submit verification of her income with [redacted] [redacted]. by the due date of [redacted] 2021. (Exhibit 6: ImpaCT Document Search Results, Department's Testimony)

8. On [redacted] 2021, the Department denied the Appellant's application for MSP QMB benefits because the Appellant failed to provide verification of income from [redacted] [redacted] (Exhibit 4: NOA, Department's Testimony)

9. 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 hearing request was received on [redacted] 2021. An additional [redacted] days were added to allow for the Department to submit further information; therefore, this decision is due no later than [redacted].

CONCLUSIONS OF LAW

1. "*Programs administered by the Department of Social Services.* The Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act." Connecticut General Statutes ("Conn. Gen. Stat.") § 17b-2

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. 175 178 (194) (citing Conn. Gen. Stat. § 17b-10; Richard V. Commissioner of Income Maintenance, 214 Conn. 601, 573 A.2d712 (1990)).

3. "*Qualified Medicare Beneficiaries Coverage Group Description*. 1. This group includes individuals who: a. are entitled to hospital insurance benefits under part A of Title XVIII of the Social Security Act; and b. have income and assets equal to or less than the limits described in paragraph C and D. 2. A Qualified Medicare Beneficiary (QMB) may be eligible for full Medicaid benefits under another coverage group during the same period he or she is also eligible under the QMB coverage group." UPM § 2540.94 (A)

   The Department correctly determined that the Appellant is a recipient of Medicare parts A and B.

4. "*Processing Applications.* Prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits." UPM § 1505.40 (A)

5. "*When Verification is Required*. The Department requires verification of information when specifically required by federal or State law or regulations; and when the Department considers it necessary to corroborate an assistance unit's statements pertaining to an essential factor of eligibility." UPM § 1540.05 (C)

6. "*General Information*. The Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit's rights and responsibilities." UPM § 1015.10 (A)

7. "*Providing Information to the Assistance Unit*. 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. UPM § 1015.05 (C)

   The Department correctly issued the Appellant a W-1348 Proofs We Need form on [REDACTED] 2021 requesting verification of income. This verification was due back by [REDACTED] 2021.

8. "*Supplying Information*. 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)." UPM § 1010.05 (A)(1)

9. "*Consequences for Failure to Provide Verifications*. The penalty for failure to provide required verification depends upon the nature of the factor or circumstance for which verification is required. If the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to income amounts." UPM § 1540.05 (D)(1)

10. "The applicant's failure to provide required verification by the processing date causes one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility." UPM § 1505.40 (B)(1)(c)(1)

    The Department correctly denied the Appellant's application for MSP QMB benefits as the Appellant failed to provide proof of her income to the Department by the due date of ██████ 2021.

11. "*Applicant Failure (All Programs).* Verification received after the date that an incomplete application is processed: (1) is used only with respect to future case actions; and (2) is not used to retroactively determine a corrective payment." UPM § 1505.40 (B)(1)(d)

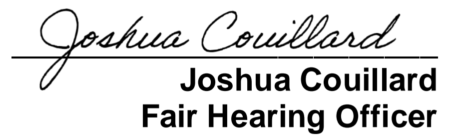
    The Appellant testified during the hearing that she submitted proof of her income. However, the ImpaCT Document Search Results (Exhibit 6) show that the Appellant did not submit verification of her income until ██████ 2021. The Department was correct in not using this information retroactively.

12. "*Incomplete Applications.* If assistance cannot be granted: (1) AFDC, AABD and MA cases are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application." UPM § 1505.40 (B)(1)(b)(1)

    The Department correctly denied the Appellant's application for MSP QMB benefits on the thirtieth day, ██████ 2021.

<u>**DECISION**</u>

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



Joshua Couillard
Fair Hearing Officer

CC: Rachel Anderson, New Haven Regional Office Operational Manager
Matthew Kalarickal, New Haven Regional Office Operational Manager
Lisa Wells, New Haven Regional Office Operational Manager
Jacqueline Taft, Fair Hearing Liaison

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, 165 Capitol Avenue, 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.