

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

██████████ 2024  
Signature Confirmation

██████████  
██████████  
Request # 233908

NOTICE OF DECISION

PARTY

██████████  
██████████  
████████████████████

PROCEDURAL BACKGROUND

On ██████████ 2024, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Applicant”) that advised the Qualified Medicare Beneficiaries (“QMB”) also known as Q01 benefits under the Medicare Savings Program (“MSP”) were discontinued effective ██████████ 2024, for failure to complete a redetermination.

On ██████████, 2024, the Appellant requested an administrative hearing to contest the discontinuance of QMB under the MSP.

On ██████████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the Administrative Hearing for ██████████  
██████ 2024.

On ██████████ 2024, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing telephonically.

The following individuals participated in the hearing by telephone:

██████████ the Applicant  
██████████ the Applicant's Spouse / (the "Appellant")  
Bradley Wheeler, Department's Representative  
Jessica Gulianello, Hearing Officer

The Applicant's primary language is ██████████; however, he declined the assistance of a ██████████ Interpreter. At the Applicant's request, his Spouse acted as the Appellant and provided the primary testimony during the hearing proceedings.

The hearing record remained open until the close of business on ██████████ 2024, awaiting receipt of additional information from the Department. On ██████████ 2024, the Department reported a technical error and requested an extension. Additional documents were subsequently received from the Department on ██████████ 2024. On ██████████ 2024, the OLCRAH issued the Applicant a notice to advise that the hearing record was extended for one (1) additional day to allow receipt of the documentation as provided by the Department into the hearing record. The hearing record closed on ██████████ 2024.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly discontinued the Applicant's QMB benefits under the MSP.

### **FINDINGS OF FACT**

1. The Department determined the Applicant to be eligible for the QMB benefits under the MSP for a certification cycle beginning ██████████ 2023, ending ██████████ 2023. (*Exhibit 1: Notice of Renewal of Eligibility dated ██████████ 2023, Department's Testimony*)
2. The Applicant is married. (*Appellant's Testimony*)
3. The Applicant is a recipient of Medicare Part A and Part B. (*Appellant's Testimony*)
4. The Applicant and the Appellant each receive retirement benefits from the Social Security Administration. (*Appellant's Testimony*)
5. The Applicant and the Appellant have no other sources of income. (*Appellant's Testimony*)
6. On ██████████ 2023, the Department issued the Applicant a Notice of Renewal of Eligibility ("W-1ERL") notice with a Renewal Form ("W-1ER") enclosed to the address of record: ██████████. The W-1ERL included but was not limited to the following statements:

“Do I Need to Complete the Renewal Form or Online Renewal?”

“Yes – you must complete a renewal to continue benefits.”

“We must get the complete and signed electronic or paper renewal form. If we do not get the signed form by ██████ 2023, the renewal process may be delayed. You must submit the renewal by ██████ 2023 to receive uninterrupted benefits. You must complete your form and submit all required proofs by ██████ 2023 or your benefits may stop.” (*Exhibit 1: Renewal Packet (W-1ERL & W-1ER forms) dated ██████/2023, Hearing Summary, Department’s Testimony*)

7. On ██████ 2023, the Department issued the Applicant a Warning Notice (“W-0006N”) to the same address of record. The notice stated, “To keep getting your benefits without interruption, you must return the form to us by ██████ 2023. If you do not return the form, complete an interview if required and send in all proofs, we will discontinue your benefits effective ██████ 2023 because you did not complete your renewal on time.” (*Exhibit 2: Warning Notice W-0006N dated ██████ 2023, Hearing Summary, Department’s Testimony*)
8. On ██████ 2024, the Department issued the Applicant a NOA, (“W-0001N”) that informed the Applicant the QMB under the MSP closed effective ██████ 2024, and cited the following reasons, “No household members are eligible for this program”, “Renewal process not completed”, “Renewal form was not submitted”, and “Does not meet program requirements”. (*Exhibit 3: NOA: W-0001N dated ██████ 2024*)
9. The Department does not have a record of returned mail; the notices are presumed to have been received by the Applicant. (*Exhibit 4: Document Searches, Department’s Testimony*)
10. The Applicant has limited English proficiency. The Applicant did not request an accommodation and/or assistance from the Department with this paperwork. The Appellant historically assisted the Applicant with his paperwork; however, she had been out of state during the above-noted redetermination period. (*Appellant’s Testimony*)
11. 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 ██████ 2024. This decision was due no later than ██████ 2024, and is, therefore, timely. (*Hearing Record*)

### **CONCLUSIONS OF LAW**

1. Section 17b-2(6) of the Connecticut General Statutes (“Conn. Gen. Stats.) provides as follows:

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.

**The Department has the authority to administer the MSP.**

2. "The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat., § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712(1990))
3. UPM § 1545.05(A)(1)(a) provides that eligibility for Medical Assistance is redetermined regularly on a scheduled basis.
4. UPM § 1545.10(A)(1)(c) provides that the assistance unit becomes due for redetermination in the final month of the redetermination period.

**The Department had previously approved the Applicant for the QMB benefits under the MSP beginning [REDACTED] 2023, and ending [REDACTED] 2023.**

5. UPM § 1545.05 (A) (3) provides in general, eligibility is redetermined through the same methods by which eligibility is initially determined at the time of application.
6. UPM § 1545.05(B)(1) provides that the purpose of the redetermination is to review all circumstances relating to:
  - (a) need;
  - (b) eligibility;
  - (c) benefit level.
7. UPM § 1545.05(D) provides that assistance units are timely notified of all actions taken by the Department, including:
  - (1) notification that a redetermination is to be conducted;
  - (2) notification of adverse action where appropriate; (Cross Reference: 1570)
  - (3) notification of the result of the redetermination;
8. UPM § 1545.25 provides that:
  - A. Assistance units are required to complete a redetermination form at each redetermination.
  - B. The redetermination form may be:
    1. The same form used at the time of application; or
    2. A form designed specifically for the redetermination process.
  - C. The Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination
  - D. Assistance units that do not complete the redetermination form within the time 4 limits specified in this chapter may be subject to discontinuance or an interruption in benefits.

E. The redetermination form must be signed by someone qualified to complete the redetermination on behalf of the assistance unit.

**The Department correctly notified the Applicant of the required redetermination via issuance of the renewal packet on [REDACTED] 2023, followed by issuance of the warning notice on [REDACTED] 2023.**

9. UPM § 1545.05(B)(4) provides that assistance is discontinued if eligibility is not reestablished.
10. UPM § 1545.40(A)(2) provides that unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.
11. UPM § 1570.10(A)(1) provides that Notice Requirements: Except in situations described below, the Department mails or gives adequate notice at least ten days prior to the date of the intended action if the Department intends to: discontinue, terminate, suspend or reduce benefits;
12. UPM § 1570.10(B)(4) provides that in the Medicaid program, the Department sends adequate notice no later than the date of the action, under the following situations, as well as under those described in paragraph 1: (c) the Department authorizes the assistance unit to receive assistance for a specific period of time and informs the unit in writing at the time of authorization that assistance automatically terminates when the specific period ends.

**The Department correctly discontinued the Applicant's QMB benefits under the MSP effective [REDACTED] 2024, as the redetermination process required to establish a new certification cycle had not been completed timely. However, it should be noted that there was a Departmental delay in the issuance of the corresponding NOA as the evidence confirms that the notice was not generated until [REDACTED] 2024.**

#### DECISION

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

*Jessica Gulianello*

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Jessica Gulianello  
Hearing Officer

CC: Bradley Wheeler, ESW – FH Liaison  
Matthew Kalarickal, SSOM DO [REDACTED]

### **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.