



The Delaware Code (31 Del. C. §520) provides for judicial review of hearing decisions. In order to have a review of this decision in Court, a notice of appeal must be filed with the clerk (Prothonotary) of the Superior Court within 30 days of the date of the decision. An appeal may result in a reversal of the decision. Readers are directed to notify the DSS Hearing Office, P.O. Box 906, New Castle, DE 19720 of any formal errors in the text so that corrections can be made.

**DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SOCIAL SERVICES**

In re:

DCIS No. Redacted

Redacted

Appearances: Redacted, pro se, Appellant
Redacted, Appellant's Friend

Kevin Taylor, Supervisor, Team 910, Division of Social Services

I.

Redacted ("Appellant") opposes a decision by the Division of Social Services ("DSS") to close her Medical Assistance after she did not to participate in a case review.

The Division of Social Services ("DSS") contends that the Appellant did not submit documentation so the agency could review her case by the deadline date.

II.

On April 19, 2010, DSS sent the Appellant a Notice to Close Your Medical Assistance, effective April 30, 2010. (Exhibit 3)

On May 3, 2010, the Appellant filed a request for a fair hearing. (Exhibit 2) On this request, the Appellant did not indicate that she wanted her assistance to continue, but wrote that she did not have any medical benefits to continue because her case had been closed. According to the fair hearing summary dated May 27, 2010, assistance did not continue. (Exhibit 1)

The Appellant was notified by certified letter dated June 14, 2010, that a fair hearing would be held on June 25, 2010. The hearing was conducted on that date in Dover, Delaware.

This is the decision resulting from that hearing.

III.

At hearing, DSS conceded that the Appellant had timely submitted her medical assistance recertification application. DSS testified that while the Appellant had submitted her review application on April 5, 2010, the Appellant was sent the notice closing her medical assistance because the agency had not processed her application until May 4, 2010. DSS testified that if the agency is unable to process a client's recertification application before the 20th day of the month, the client is automatically sent a notice advising her that her benefits would be ending. DSS testified that after processing the Appellant's application on May 4, 2010, DSS reopened her medical assistance benefits retroactive to May 1, 2010.

The Appellant testified that she was unaware that her medical assistance benefits had been reopened. The Appellant testified that her physician informed her around June 11, 2010 that her medical assistance benefits were not open. The Appellant testified that she incurred out-of-pocket expenses due to this denial. DSS testified that once a case closes and then reopens, DSS must email another agency to inform them to reinstate the client's managed care eligibility. DSS testified that because they had received the Appellant's recertification application before the end of April 2010, the Appellant had continuous medical assistance benefit eligibility.

Pursuant to DSSM 14100.6, when a redetermination is due, the recipient is required to complete and return a new DSS application form. Failure to complete and return a DSS application form will result in termination of eligibility. In this case, I find that the Appellant did timely complete and return a DSS application form even though that form was not processed in a timely manner. Therefore, the agency's actions cannot be upheld.

DSS has not met their burden in their action to close the Appellant's medical assistance benefits.

IV.

For these reasons, the April 19, 2010 decision of the Division of Social Services is REVERSED and REMANDED to DSS for further consideration consistent with this decision. The Division of Social Services is further instructed to make prompt corrective actions concerning the Appellant's out-of-pocket medical expenses incurred during the pendency of this case.

Date: July 27, 2010



MICHAEL L. STEINBERG, J.D.
HEARING OFFICER

THE FOREGOING IS THE FINAL DECISION OF THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

July 27, 2010

POSTED

cc: Redacted
Kevin Taylor, Team 910

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DSS Fair Hearing Summary dated May 27, 2010, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Appellant's request for a fair hearing date-stamped May 3, 2010, consisting of three (3) pages.

EXHIBIT #3 – Copy of the Notice to Close Your Medical Assistance dated April 19, 2010, consisting of four (4) pages.