

JOANNE E. HALPERN
438 Lebanon Ave
Apt 2
Colchester, Connecticut 06415-2108



State of Connecticut
Department of Social Services

W-0001N
(Rev. 03/16)

Notice of Action

Case ID: **100377630**
Client ID: **001074721**

01/20/2021

Dear JOANNE HALPERN:

This notice is about your benefits. Please read this entire notice. If you have any questions, call the Benefit Center, Monday-Friday 7:30 am to 4:00 pm, at 1-855-626-6632. The best way to check your benefits is to create a "MyAccount" at www.connect.ct.gov. It is easy to set up and you can access it from any computer or smartphone. You can use your MyAccount to see what programs you are on and your benefit amount.

About Your Case

MEDICAL PROGRAM

Program	Eligibility Determination Group Number (EDG #)	Status	Benefit Period Start Date	Benefit Period End Date
MSP - Qualified Medicare Beneficiaries	53902948	Approved	01/01/2021	01/31/2021
		Approved	02/01/2021	02/28/2021
		Approved	03/01/2021	02/28/2022



More Information About Your Medical Benefits

Based on our review of your renewal information, there will not be any changes to your medical coverage at this time. You will continue to be covered. You are eligible through 02/28/2022.

Your medical coverage was continued based on the latest information we have for you in our computer system as well as information available to us from electronic data sources. We have renewed eligibility for the individual(s) in the medical coverage group listed below:

Who is Eligible	Client ID	Plan	Period of Eligibility
JOANNE E. HALPERN	1074721	MSP - Qualified Medicare Beneficiaries	01/01/2021 to 01/31/2021
JOANNE E. HALPERN	1074721	MSP - Qualified Medicare Beneficiaries	02/01/2021 to 02/28/2021
JOANNE E. HALPERN	1074721	MSP - Qualified Medicare Beneficiaries	03/01/2021 to 02/28/2022

A separate form (W-1ER) will be mailed to you showing the information we used to renew your coverage. Please read the renewal form carefully. The form will tell you if you need to return it or not.

We will send you a medical card in the mail for every eligible individual on your case. Please use this notice as proof of eligibility until you receive the medical card(s).

For information on medical benefits, for help finding a provider or making medical appointments, please call the HUSKY Health program at 1-800-859-9889 or go to the website at www.huskyhealth.com.

For information on dental benefits, for help finding a provider or making dental appointments, please call Connecticut Dental Health Partnership at 1-866-420-2924 or go to the website at www.ctdhp.com.

For information on behavioral health services, for help finding a provider or making behavioral health appointments, please call Connecticut Behavioral Health Partnership (CTBHP) at 1-877-552-8247 or go to the website www.ctbhp.com.

For information about your pharmacy benefits, please call 1-866-409-8430 or go to the pharmacy website at www.ctdssmap.com.

Your eligibility is approved through 02/28/2022. In the month of January 2022, we will send you a notice to renew your eligibility.



Your Reporting Rules

You must report any changes within 10 days that might affect your and your household's medical coverage, for example, if:

- You move;
- Your income changes;
- Your household size changes. For example, you marry or divorce, become pregnant, or have a child;
- Your immigration status changes;
- Your health insurance changes;

To report any changes,

1. Go online to www.connect.ct.gov and log into your MyAccount
2. Mail in proof of changes to the DSS Scan Center or bring the proofs to a local DSS office
3. Contact the Benefit Center at 1-855-626-6632

Income

Income		
Who Has Income?	Type	How Much and When?
JOANNE E. HALPERN	SSI	\$194.00 Monthly
JOANNE E. HALPERN	SSDI	\$620.00 Monthly

Assets

Assets		
Who Has Assets?	Type	How Much?
JOANNE E. HALPERN	Checking Account	\$3.85
JOANNE E. HALPERN	Checking Account	\$285.00
JOANNE E. HALPERN	Savings Account	\$3.14

Expenses

Expenses		
Who Has Expenses?	Type	How Much and When?
JOANNE E. HALPERN	Rent	\$550.00 Monthly
JOANNE E. HALPERN	Heating and cooling	Varies monthly

Sincerely,
Connecticut Department of Social Services

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.



**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES ("DSS")**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of this Notice: September 23, 2013

Q. Does DSS disclose my protected health information to others?

A. DSS may share health information about you before we pay providers for your treatment and services; to see if you are eligible for other services from DSS; and to operate the Medicaid, HUSKY and other DSS programs. This includes looking into possible fraud by or overpayments to providers and defending DSS in lawsuits. For example, we may share your health information with the following:

- professionals we hire to see if your treatment is necessary and if we can pay for it;
- companies we contract with to help run our programs, pay medical bills and find out if you are eligible for any other health benefit programs;
- providers or agencies, if necessary to help you get benefits from DSS;
- medical providers and other individuals and entities to make sure you are getting the most appropriate treatment and benefits; and
- health insurance companies we bill if DSS has paid for services that those companies should have paid for.

We may also share your health information, without your approval, in an emergency, in response to a court order or when the law requires that we share it. For example, the law may require that we share your information with:

- the Labor Commissioner if it is directly related to unemployment compensation or to serve certain people receiving assistance from DSS;
- the Commissioner of Mental Health and Addiction Services when necessary to operate some of its programs;
- the Commissioner of Administrative Services or Emergency Services and Public Protection to collect overpayments or amounts owed to DSS; to investigate fraud; and to locate absent parents of children who are on benefits;
- the Commissioner of Children and Families if there is immediate danger to a child's health or safety or the Department of Public Health to coordinate certain benefits;
- other state agencies, the police, or the federal government.



Q. Does DSS need my approval before it shares my protected health information?

- A.** When you applied for benefits from DSS, you agreed that DSS could share your information for purposes of operating its programs and paying for your benefits. We need your separate approval to share information about you that is NOT related to payment of claims, treatment, or operating the programs that you are on, except if the law requires us to share it. For example, we would usually need you to agree in order for DSS to give out any psychotherapy notes we have about you. If we wanted to use or give out protected health information about you for marketing purposes or if we were to sell your protected health information, we would also need you to agree. Even if you give your approval for us to give out your information, you may change your mind as long as you do so, in writing, before we have given it out.

Q. What are DSS's duties?

- A.** DSS is required by law to keep your protected health information private, to provide you with notice of our legal duties and privacy practices concerning your protected health information and to notify you following a breach of unsecured protected health information. DSS must also follow all of the rules listed in this notice and send or give you a new notice if we make important changes to our privacy rules and practices. DSS reserves the right to change its privacy practices. If the privacy practices change, DSS will send you a new notice. The new privacy practices will apply to the information DSS already has about you.

Q. What are my rights?

- A.** You have the right to:

- have a paper copy of this notice, upon request, even if you got it electronically;
- ask us to limit uses and sharing of your information to carry out treatment, payment or health care operations, although the only time we must follow your wishes is if you ask us not to disclose such information to another health plan about a health care item or service that you paid for yourself;
- an accounting. DSS keeps a list of persons or agencies we have given your protected health information to if you did not ask us to share it or if we shared it for reasons other than payment, treatment or operation of our programs. You may get that list for 6 years back from the date you ask for it;
- ask us to contact you in a special way. For example, you may ask us to contact you at work or by mail only;
- look at and copy, upon written request, the health information we have about you, except if we think it would be harmful to you; if the information was collected for use in a civil or criminal proceeding; or you would learn the names of people who gave us information about you without your knowing it and we agreed not to share those names with you;
- ask us to change information we have about you in your DSS record. You must ask us in writing and state the reason you are asking for the change. We may not agree to change the information in your record.



We may contact you about your appointments, treatment alternatives or health-related benefits and services.

Q. What if I have questions?

- A.** If you have questions about privacy concerning your health information, need this notice provided in an alternative format, or wish to exercise your rights as stated above, you may call the DSS Privacy Officer at the DSS Central Office at 1-888-760-8883 or email PrivacyOfficer.dss@ct.gov.

Q. What if I think DSS shared my information incorrectly?

- A.** You may complain by writing to the DSS Privacy Officer at 55 Farmington Avenue, Hartford, CT 06105 or by emailing to PrivacyOfficer.dss@ct.gov. You may also complain to the Boston office of the federal Office for Civil Rights, U.S. Department of Health and Human Services, J.F. Kennedy Federal Building, Room 1875, Boston, MA 02203, or email OCRComplaint@hhs.gov within 180 days of when the problem happened. Your benefits will not be affected if you make a complaint.





State of Connecticut
Department of Social Services

W-0534FH
(Rev. 03/16)

Fair Hearing

Case ID: **100377630**
Client ID: **001074721**

YOUR RIGHT TO A HEARING

You have the right to ask for a hearing if you do not agree with an action that the Department of Social Services (DSS) plans to take about your case. A hearing is a meeting with you, a DSS worker and a Hearing Officer. The Hearing Officer will listen to the facts of your case and decide if the action DSS plans to take is right or wrong.

At a hearing, you may tell the Hearing Officer why you do not agree with the action DSS plans to take. You may speak for yourself or have someone else, like a friend or relative, speak for you. You may also have a lawyer speak for you. If you want legal help, you may call 1-800-453-3320 for Legal Services in your area.

The best way to ask for a hearing is to use the Hearing Request Form that is enclosed. If you are asking for a hearing about Supplemental Nutrition Assistance Program (SNAP) benefits, you can also ask for a hearing by calling 1-800-462-0134.

For all programs except SNAP, you have 60 days from the date of the DSS notice to ask for a hearing. This date is 03/21/2021. **For SNAP, you have 90 days** from the date of the notice to ask for a hearing. This date is 04/20/2021.

CONTINUATION OF BENEFITS

For HUSKY A, C and D (Medicaid), if you ask for a hearing before the effective date of DSS' action, your benefits will not change until after the Hearing Officer decides your case. If you are in a spend-down, you will not get benefits until the Hearing Officer decides your case.

If the Hearing Officer decides that DSS' action is right, you may have to pay DSS for the medical services that it paid for while you were waiting for the Hearing Officer's decision.

For all other programs, if you ask for a hearing within 10 days of the DSS notice, your benefits will continue as they were until after the Hearing Officer decides your case, unless you check the box on the Hearing Request Form that you do not want your benefits to continue as they were. There are exceptions to this rule. For example, if you are getting Temporary Family Assistance (TFA) and ask for a hearing about a DSS notice telling you that your 21- or 60-month time limit is over, your benefits will end, even if you ask for a hearing within 10 days. Also, if you are on SNAP, your SNAP will not continue if your certification period is over.

If you keep getting benefits as they were before you got the DSS notice and the Hearing Officer decides that DSS' action was right, you may need to pay DSS back or DSS may take money back from your future benefits. If you chose not to have your benefits continue, and the Hearing Officer decides that DSS' action was wrong, DSS will pay you the benefits that it owes you.

If you wait longer than 10 days to ask for a hearing, your benefits will change, as stated in the DSS notice. If the Hearing Officer decides that DSS' action was wrong, DSS will follow the Hearing Officer's order and pay you the benefits that it owes you.

KEEP THIS PAGE FOR YOUR RECORDS



YOU HAVE THE RIGHT TO MAKE A DISCRIMINATION COMPLAINT

You have the right to make a discrimination complaint if you think the Department of Social Services has taken action against you because of your race, color, religion, sex, gender identity or expression, marital status, age, national origin, ancestry, political beliefs, sexual orientation, intellectual disability, mental disability, learning disability or physical disability, including, but not limited to, blindness.

An individual with a disability may request and receive a reasonable accommodation or special help from the Department of Social Services when it is necessary to allow the individual to have an equal and meaningful opportunity to participate in programs administered by the Department.

If you asked for an accommodation or special help and we refused to provide it, you may make a complaint to the Department's Affirmative Action Division Director or any of the agencies listed below:

Commissioner of Social Services

Attention: Affirmative Action Division Director/ADA Coordinator

55 Farmington Avenue

Hartford, CT 06105-3725

Telephone: 1-860-424-5040, Toll Free: 1-800-842-1508, TDD: 1-800-842-4524

Fax: 1-860-424-4948

Connecticut Commission on Human Rights and Opportunities

450 Columbus Blvd

Hartford, CT 06103

Telephone: 1-860-541-3400, Toll Free: 1-800-477-5737, TDD: 1-860-541-3459

Fax: 1-860-246-5265

Web: <http://www.ct.gov/chro/site/default.asp>

US Department of Health and Human Services

Office for Civil Rights

JFK Federal Building, Room 1875

Boston, MA 02203

Telephone: 1-617-565-1340, Toll Free: 1-800-368-1019, TDD: 1-800-537-7697

Fax: 1-617-565-3809

Web: <http://www.hhs.gov/ocr/office/file/index.html>





W-0534FH
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State of Connecticut
Department of Social Services

Date: **01/20/2021**
Case ID: **100377630**
Client ID: **001074721**
Office: **Norwich**

DSS HEARING REQUEST FORM

Use this form ONLY if you want a hearing. Remember: Before you ask for a hearing, you may call the Benefit Center for help at 1-855-626-6632, Monday-Friday, 7:30 am to 4:00 pm.

1. I do not agree with DSS's decision about my : **SNAP Medical Cash Other** _____
(Circle program(s) that apply)

I am asking for a hearing because:

(Please do not leave blank and use the back of this form if you need more room to write.)

2. The best telephone number to reach me, including area code, is: () _____
3. If you were getting **medical benefits** from DSS and you ask for a hearing about DSS's decision about your medical benefits **any time before the date DSS's decision becomes effective**, your medical benefits will stay as they were until the Hearing Officer decides your case. If the hearing decision is not in your favor, you may need to pay DSS back for these benefits.

If you were getting **SNAP, cash or other benefits** from DSS and you ask for a hearing about DSS's decision about those benefits **within 10 days of the date on the notice**, it may be possible for your benefits to stay as they were until the Hearing Officer decides your case.

Please check one of the following:

- ☐ I want DSS to keep my benefits the way they were before DSS's decision and until the Hearing Officer decides my case, if that is possible. If the hearing decision is not in my favor, I may need to pay DSS back for these benefits.
- ☐ I want DSS to make the change to my benefits now. If the hearing decision is in my favor, DSS will give me any benefits that are due to me.

If you do not check a box, your benefits will stay the way they were.

4. _____
Signature (Required) Date

5. Mail or fax this completed request to: Department of Social Services, Office of Legal Counsel, Regulations and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105-3725
Fax Number: (860) 424-5729. For questions about hearings, call 1-800-462-0134.

If you need an interpreter for the hearing, please state which language: _____

If you are deaf or hearing impaired and have a TDD/TTY, call our TDD/TTY hotline at 1-800-842-4524. DSS also has auxiliary aids for the visually impaired. Call 1-855-626-6632 for information.



