

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's LTC benefit for failure to complete the review process was correct.

FINDINGS OF FACT

1. The Appellant is a resident of [REDACTED], a long-term care facility located in [REDACTED] (Record)
2. On [REDACTED] the Department received the Appellant's LTC redetermination form. (Exhibit 2: Case notes; Testimony)
3. On [REDACTED] 2018, the Department sent the Appellant a notice indicating the Appellant's LTC assistance was closed effective [REDACTED] 18 for failure to complete the review process. (Exhibit 1: Notice dated [REDACTED] 18)
4. On [REDACTED] 2018, a Department representative attempted to initiate the Appellant's renewal but was unable due to an Impact system error. (Exhibit 2; Hearing summary)
5. On [REDACTED] 2018, the Department acknowledged an inability to complete a redetermination of eligibility for the Appellant due to an Impact system flaw and referred the Appellant's case to the Department's Help Desk for further review. (Exhibit 2; Department's testimony)
6. As of the hearing date, the Appellant's LTC assistance was active for [REDACTED] 2018 through [REDACTED] 2018 but remains closed effective [REDACTED] 2019 due to an Impact system error. (Exhibit 2; Department's testimony)
7. On [REDACTED] 2019, the Department's representative granted the Appellant LTC coverage effective [REDACTED] 18. (Notice of action dated [REDACTED] 19)
8. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be rendered within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2018. This decision, therefore, was due no later than [REDACTED] 2019. (Hearing Record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 (6) provides that 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.

2. Uniform Policy Manual (“UPM”) § 1010.05 (C) provides the assistance unit must satisfy certain procedural requirements as described in Section 3500, including 6. cooperating with the Department as necessary. Cooperation includes: a. taking steps as required by the Department to complete the eligibility determination, periodic redetermination of eligibility, interim changes in eligibility or benefit level and Quality Control reviews.
3. UPM § 1545 provides the eligibility of an assistance unit is periodically redetermined by the Department. During the redetermination, all factors relating to eligibility and benefit level are subject to review.

UPM § 1545.05 (A) (1) provides eligibility is redetermined: a. regularly on a scheduled basis; and b. as required on an unscheduled basis because of known, questionable or anticipated changes in assistance unit circumstances.

UPM § 1545.05 (A) (2) provides a redetermination constitutes: a. a complete review of AFDC, AABD or MA certification.

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.

UPM § 1545.05 (B) (1) provides the purpose of the redetermination is to review and, for FS assistance units, to recertify all circumstances relating to: a. need; b. eligibility; c. benefit level.

UPM § 1545.05 (B) (4) provides assistance is discontinued if eligibility is not reestablished.

UPM § 1545.05 (C) provides for prompt action. 1. The redetermination process is designed to allow continuous participation without interruption in eligibility or in the issuance of benefits. 2. In order to assure continuous participation the Department takes prompt action on all redeterminations. 3. Prompt action is taken to effect any interim actions necessitated by changes in circumstances that are discovered during the redetermination process. 4. Interim actions are processed in accordance with the interim change rules. (Cross Reference: 1555)

UPM § 1545.25 (D) provides assistance units that do not complete the redetermination form within the time limits specified in this chapter may be subject to discontinuance or an interruption in benefits.

The Appellant’s previous recertification period was [REDACTED]18 through [REDACTED]18. The Department did not complete a recertification of assistance before [REDACTED]18 and the Appellant’s LTC benefit was discontinued.


4. Uniform Policy Manual (“UPM”) § 1570.25 (c)(2)(k) provides that the Fair Hearing Official renders a Fair Hearing decision in the name of the Department, in accordance with the Department’s policies and regulations. The Fair Hearing decision is intended to resolve the dispute.

UPM § 1570.25(F)(2) provides the administrative duties of the Fair Hearing Official include rendering a Fair hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute.

The Appellant’s hearing issue has been resolved; therefore, there is no issue on which to rule. “When the actions of the parties themselves cause a settling of their differences, a case becomes moot.” McDonnell v. Maher, 3 Conn. App. 336 (Conn. App. 1985), citing, Heitmuller v. Stokes, 256 U.S. 359, 362-3, 41 S.Ct. 522, 523-24, 65 L.Ed. 990 (1921).

DECISION

The Appellant’s appeal is dismissed as moot.


Christopher Turner
Hearing Officer

Cc: Alejandro Arbelaez, Operations Manager Torrington
Barbara Brunner, DSS Danbury

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, law, and 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 Legal Counsel, Regulations, and Administrative Hearings, 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, if 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 his 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.