

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

██████████ 2022  
Signature Confirmation

Case # ██████████  
Client ID # ██████████  
Request # 196399

NOTICE OF DECISION  
PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2022, the Department of Social Services (the “Department”) sent ██████████ ██████████ (the “Applicant”) a Notice of Action (“NOA”) stating that effective ██████████ 2022, she must pay \$404.50 each month in Patient Liability Amount (“PLA”), also known as Applied Income (“AI”) towards the cost of her home care expenses.

On ██████████ 2022, the Applicant’s ██████████, and Authorized Representative (“AREP”), ██████████ ██████████ (“Appellant”) requested an Administrative Hearing to contest the Department’s calculation of the AI amount.

On ██████████ 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the Administrative Hearing for ██████████ 2022.

On ██████████ 2022, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an Administrative Hearing by phone.

The ██████████ was not present at the hearing.

The following individuals participated telephonically:

██████████ Appellant  
Jessica Conrod, Department's Representative  
Amanda Guillemette, Department's Host / Witness  
Jessica Gulianello, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly calculated the AI amount that the Appellant is responsible to pay towards the cost of her home care services.

### **FINDINGS OF FACT**

1. The Applicant was a recipient of the Home and Community-Based Services Waiver Program also known as a ("W01"). (Hearing Summary, Department's Testimony)
2. On ██████████ 2022, the Department received a Long-term Care/Waiver Application ("W-1LTC") signed and dated ██████████ 2022 by both the Applicant and the Appellant requesting home care. (Exhibit 7: W-1LTC, ██████████/2022, Department's Testimony)
3. On ██████████ 2022, the Department determined the Applicant was over the income limit for the W01 and discontinued the program effective ██████████ 2022. (Department's Testimony)
4. The Department evaluated the Applicant's eligibility for the State-funded Connecticut Home Care Program for the Elderly ("CHCP") also known as an ("M03"). (Hearing Summary, Department's Testimony)
5. The Applicant is ███ years old (D.O.B: ██████████). (Exhibit 7: W-1LTC, Appellant's Testimony)
6. The Applicant is ██████████, and ██████████ is deceased. (Appellant's Testimony)
7. The Applicant is a recipient of a ██████████n for the ██████████ in the amount of \$728.50 per month. (Exhibit 6: NOA, ██████████/2022, Exhibit 7: W-1LTC, Appellant's Testimony)

8. The Applicant is a recipient of [REDACTED] benefits from the [REDACTED] [REDACTED] in the amount of \$2,089.50 per month. (Exhibit 6: NOA, [REDACTED]/2022, Exhibit 7: W-1LTC, Appellant's Testimony)
9. On [REDACTED] 2022, the Department issued the Applicant a NOA advising that she was determined eligible for CHCP effective [REDACTED] 2022, but she must pay a PLA (AI) amount \$404.50 per month towards the cost of her care or home health services. (Exhibit 6: NOA, [REDACTED]/2022)
10. On [REDACTED] 2022, the Department added the Applicant's out-of-pocket medical expense of \$2,175.80 per month to account for [REDACTED]. (Exhibit 5: NOA, [REDACTED]2022, Hearing Summary, Department's Testimony)
11. On [REDACTED] 2022, the Department issued the Appellant an updated NOA advising that she remained eligible for the CHCP; however, the amount of the PLA (AI) that she must contribute towards the cost of her care or home health services each month was \$0 effective [REDACTED] 2022. (Exhibit 5: NOA, [REDACTED]/2022, Department's Testimony)
12. The [REDACTED] resides with the [REDACTED]. [REDACTED] monthly rent recently increased from \$1,200 to \$1,400 per month. They split the rent and utility expenses. (Appellant's Testimony)
13. Shelter expenses are not applicable to the Applicant's PLA (AI) amount. (Department's Testimony)
14. The Applicant's PLA (AI) was calculated as follows:

Gross Income	\$2,818  (\$2,089.50 [REDACTED] + \$728.50 [REDACTED])
Minus Personal Needs Allowance (PNA)	\$2,265  (Standard waiver deduction)
Minus Monthly Out-of-Pocket Medical Expenses	\$2,324.30 (\$148.50 [REDACTED] + \$2,175.80 [REDACTED])
<b>Equals PLA (AI)</b>	<b>\$0</b>

(Exhibit 5: NOA, [REDACTED]/2022, Department's Testimony)

15. The Applicant pays \$269 per month out-of-pocket to [REDACTED] for her [REDACTED] premium. (Appellant's Testimony, Exhibit B: Bank Statement)

16. On or about [REDACTED] 2022, the Department updated the Applicant's [REDACTED] Premium. (Exhibit 8: Email from Jessica Conrod, [REDACTED]/2022)
17. 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 [REDACTED] 2022. This decision, therefore, was due no later than [REDACTED] 2022. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 & 17b-262 of the Connecticut General Statutes designates that the Department is the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and may make such regulations as are necessary to administer the medical assistance program.
2. 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.
3. UPM § 1570.25(F)(1) provides that the Department must consider several types of issues at an administrative hearing, including the following:
  - a. eligibility for benefits in both initial and subsequent determinations

**On [REDACTED] 2022, after the Appellant's request for a hearing the Department updated the Applicant's out-of-pocket medical expenses reducing the PLA (AI) amount from \$404.50 to \$0 per month effective [REDACTED] 2022 and ongoing. Thus, the Applicant has not experienced any loss of benefits.**

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). The service which the Appellant had originally requested has been approved; there is no practical relief that can be afforded through an administrative hearing.

**DECISION**

The Appellant's appeal is **DISMISSED AS MOOT.**

*Jessica Gulianello*

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Jessica Gulianello  
Hearing Officer

CC: Jessica Carroll, SSOM RO 40  
Jessica Conrod, Community Options  
[Hearings.commops@ct.gov](mailto:Hearings.commops@ct.gov)

### **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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 with 45 days of the mailing of this decision, or 45 days after the agency denies 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 06105-3725. 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 her 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.