

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

██████████, 2023  
SIGNATURE CONFIRMATION

CASE # ██████████  
CLIENT # ██████████  
REQUEST # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2023, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”), a Notice of Action (“NOA”) indicating the amount of her income that she must contribute to the cost of her state funded home care would be \$0.00 for the months of ██████████ 2023, ██████████ 2023, and ongoing.

On ██████████ ██████████ 2023, ██████████ ██████████, the Appellant’s daughter, requested an administrative hearing to contest the Department’s calculation of the Appellant’s patient liability amount (“PLA”).

On ██████████ 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing to be conducted on ██████████, 2023.

On ██████████, 2023, the Appellant’s daughter requested the hearing be rescheduled due to a conflict.

On ██████████, 2023, the OLCRAH issued a notice scheduling the hearing for ██████████  
██████████ 2023.

On [REDACTED] 2023, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive of the Connecticut General Statutes, OLCRAH held an in-person administrative hearing via the Norwich regional office with a representative of the Department's Community Options division located in Hartford CT participating via telephone. The following individuals were present and participated:

[REDACTED] Appellant's Daughter  
Jessica Conrod, Community Options Division Representative  
Joseph Alexander, Administrative Hearing Officer

The Appellant did not participate in the hearing as she is bed-ridden, and her interests were represented through her daughter.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly calculated the amount of applied income.

### **FINDINGS OF FACT**

1. The Appellant is a Medicaid recipient and has been receiving state funded home care services ("M03") since [REDACTED] 2022. (Hearing Record)
2. Effective [REDACTED] 2023, the Appellant's monthly medical expenses consist of a Medicare Part D premium totaling \$164.90, a United Healthcare premium totaling \$307.50 and the cost of an Attendant/Health Aid totaling \$2,175.80. (Exhibit 8: Notice of Action dated [REDACTED], 2023, Department Representative Testimony)
3. On [REDACTED] 2023, the Department issued a NOA informing the Appellant her PLA, which is the amount of income she is required to contribute toward the cost of her state funded home care services was \$0.00 for the months of [REDACTED] 2023, [REDACTED] 2023, [REDACTED] 2023, and ongoing. The same notice displays an amount of \$538.50 associated with the PLA the Appellant must pay for unpaid medical expenses for the months of [REDACTED] 2023, [REDACTED] 2023, [REDACTED] 2023, and ongoing. The Department's representative testified that although this amount is displayed, the Appellant does not have any actual expense, rather the notice is misleading in the way it is worded. (Exhibit 3: Notice of Action dated [REDACTED], 2023, Department Representative Testimony)
4. On [REDACTED], 2023, the Appellant's daughter requested an administrative hearing to dispute the Appellant's PLA. (Hearing Record)

5. On [REDACTED] 2023, the Department issued a NOA displaying a PLA of \$0.00 for the months of [REDACTED] 2023, [REDACTED] 2023, [REDACTED] 2023, an ongoing as well as a PLA of \$538.50 for unpaid medical expenses for the same months (per Department testimony Appellant is not liable for this amount). (Exhibit 8: NOA issued [REDACTED] 2023)
6. The issuance of this decision is timely under the Connecticut General Statutes § 17b-61(a), which requires that a hearing be held, and a decision issued within [REDACTED] days of the request for an administrative hearing. The hearing was requested on [REDACTED] 2023, which would make this decision due by [REDACTED], 2023. However, due the rescheduling of this hearing, an additional seventeen days were added to the decision due date. Therefore, this decision is due no later than [REDACTED], 2023.

### CONCLUSIONS OF LAW

1. Section 17b-262 of the Connecticut General Statutes (“Conn. Gen. Stat.”) provides that the Department is the designated state agency for the administration of the Medicaid program pursuant to the Title XIX of the Social Security Act and may make such regulations as are necessary to administer the medical assistance program.
2. The Department’s Uniform Policy Manual (“UPM”) “is the equivalent of a state regulation and, as such, carries the force of law.” *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A. 2d 712(1990)).
3. Uniform Policy Manual (“UPM”) § 1570.25(C)(2)(k) provides for the Administrative Duties of Fair Hearing Official. The Fair Hearing official renders a Fair Hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute.
4. “Matters Considered at the Fair Hearing. The Department considers the following issues: decisions by the Department regarding eligibility for benefits in both initial and subsequent determinations.” UPM § 1570.25(F)(2)(a)

**The Appellant’s PLA for the cost of her home care services has been \$0.00 since at least [REDACTED] 2023.**

**Despite the NOAs displaying a PLA of \$538.50 for unpaid medical expenses, the Appellant has not incurred any actual costs.**

**As the Appellant has no PLA for either the cost of her home care services or for unpaid medical expenses, she has not experienced any loss of benefits or services, nor has she experienced any evident financial hardship. Therefore, there is no practical relief that can be afforded through an administrative hearing.**

### **Discussion**

Based on the Appellant's daughter's testimony, it appears her dispute is not actually with the amount of the Appellant's PLA for the cost of home care and/or unpaid medical expenses. Rather she is taking issue with the Department's calculation of the Appellant's HUSKY C Spend-down, the Department's discretion when it comes to applying deductions (such as Medicare or private health insurance premiums) and the way deductions are displayed on the Notices of Action she has received. The undersigned hearing officer made it clear to the daughter during the hearing that the Appellant's Spend-down would not be addressed as that was not the issue for which the hearing had been requested. Subsequently, any testimony and/or evidence pertaining to the Appellant's Spend-down would not be considered when rendering a decision. While the undersigned hearing officer recognizes the daughter has a clear dispute with the Department pertaining to the Appellant's Spend-down, said dispute has no bearing with regards to the issue for which an administrative hearing was requested on [REDACTED], 2023. Therefore, the undersigned hearing officer has determined the issue of the administrative hearing held on [REDACTED] 2023, to be moot.

**DECISION**

The Appellant's appeal is dismissed as **MOOT**.

*Joseph Alexander*  
**Joseph Alexander**  
**Administrative Hearing Officer**

CC: Jessica Carroll, Operations Manager, DSS, Norwich Regional Office  
Jessica Conrod, Community Options Division, DSS, Central Office

### **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, what new evidence has been discovered or what 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.

### **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, 165 Capitol Avenue, 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 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.