

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

██████████, 2018
Signature Confirmation

Client ID # ██████████
Hearing Request # 112198

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NOTICE OF DISMISSAL

On ██████████, 2017, the Department of Social Services (the "Department") sent ██████████ (the Appellant"), a Notice of Action advising that he was ineligible for HUSKY C medical assistance benefits under the working disabled program effective ██████████, 2018.

On ██████████, 2017, ██████████, authorized representative for the Appellant, requested an administrative hearing because he disagrees with the Department's decision to discontinue medical assistance.

On ██████████, 2018 the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2018.

On ██████████, 2018, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, Authorized Representative for the Appellant, (the "Representative")

Elsie Fowler, Department's Representative, via telephone conference call
Maureen Foley-Roy, Hearing Officer

The Fair Hearing liaison from the Department's regional office located in Middletown sat in on the hearing but did not participate.

The hearing record was held open for the submission of additional evidence On [REDACTED] 2018 the record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department was correct when it discontinued the Appellant's HUSKY C medical assistance.

FINDINGS OF FACT

1. The Appellant is 60 years old and is developmentally disabled. He has been a client of MARC Community Resources for approximately fifteen years. (Representative's testimony)
2. When the Appellant became a client of MARC, he was working at a sheltered workshop and worked continuously until he retired in [REDACTED] 2016. (Representative's testimony)
3. In [REDACTED] 2017, MARC submitted a renewal of eligibility form for the Appellant's HUSKY C Working Disabled medical coverage. MARC indicated on the form that the Appellant had retired in [REDACTED] 2016. (Exhibit 2: Eligibility Renewal)
4. On [REDACTED] 2017, in response to the Department's request for proof of gross earnings, the Representative provided a letter that stated that the Appellant had retired from his job at the MARC group supported employment on [REDACTED] [REDACTED] 2016 and had no earned income after that date. (Exhibit 3: Response to Proofs We Need form sent on [REDACTED] 2017)
5. The Appellant receives \$1284 per month from Social Security and has no other income. (Representative's testimony)
6. The Appellant is a client of the Department of Developmental Disabilities ("DDS") and is on the DDS waiver. (Representative's testimony)
7. On [REDACTED], 2017, the Department sent the Appellant a notice advising that he was approved for the Qualified Medicare Beneficiaries program and was ineligible for HUSKY C Working Disabled program beginning [REDACTED] 2018. The notice did not address any other medical programs or coverage groups. (Exhibit 4: Notice of Action dated [REDACTED] 2017)

8. On [REDACTED] 2018, the Department authorized Medicaid benefits effective [REDACTED] 2018 through the waiver program. (Exhibit 9: Eligibility Determination Results)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
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.

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

The Department has authorized Medicaid benefits effective [REDACTED] 2018 thus; the Appellant 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 issue for which the Appellant had originally requested the hearing has been approved; there is no practical relief that can be afforded through an administrative hearing.

DISCUSSION

As the Appellant had retired more than a year ago and was no longer employed, the Department was correct when it discontinued benefits through the Medicaid for the Employed Disabled program. However, the Department failed in its responsibility to determine if the Appellant was eligible for Medicaid through any other programs or coverage groups. The Appellant did in fact qualify for Medicaid through the DDS waiver. Even had that not been the case, the possibility exists that the Department could have granted Medicaid for the Aged, Blind and Disabled in a spenddown status. Ultimately, the Department granted Medicaid benefits through the DDS waiver program effective [REDACTED] 2018, therefore there was no loss of benefits and no issue for a hearing.

The Department forwarded verification of the benefit award to the undersigned. The representative communicated that he had received a notice of action that the benefits had been approved effective [REDACTED], 2018.

The Representative did express his concern that the notice of action listed the Appellant's income incorrectly. The Department should investigate and ensure that the Appellant's income is reflected correctly to avoid problems in the future.

DECISION

The Appellant's appeal is **DISMISSED** as moot.

Maureen Foley-Roy,
Hearing Officer

CC: Tonya Cook-Beckford, Operations Manager, DSS, Willimantic
Christine Moffitt, Elsie Fowler, DSS, Willimantic
Eleana Toletti, DSS Hearing Liaison, Middletown

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 §4-181a (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 06105-3725.

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, 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 the Commissioner's 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