

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

██████████ 2017  
Signature Confirmation

Client ID # ██████████  
Request # ██████████

**NOTICE OF DISMISSAL**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

The Department of Social Services (the "Department") notified ██████████ ("the Appellant") that his Husky C Medicaid for the Aged, Blind and Disabled was discontinued.

On ██████████, 2017, the Appellant requested an administrative hearing to contest the Department's decision to discontinue Husky C, Medicaid.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, 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. The following individuals were present at the hearing:

██████████, Appellant  
Suzanne Brockett, Department Representative  
Almelinda McLeod, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the Husky C, Medicaid for the Aged, Blind and Disabled was correct in accordance with state and federal law.

### **FINDINGS OF FACT**

1. The Appellant received State Medicaid for a period of two years until the Medicaid was discontinued for a period of one month. (Appellant testimony)
2. On [REDACTED], 2017, the Appellant requested an administrative hearing stating he had no medical insurance. (Exhibit A, Hearing request)
3. Sometime between [REDACTED], 2017 and [REDACTED], 2017, (the date of this hearing, the Department re-instated the Appellant's Medicaid. (Appellant and Department testimony)
4. On [REDACTED] 2017, the date of this administrative hearing, the Appellant's medical assistance had been re-instated. (Appellant's testimony)

### **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.

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 re-instated the Appellant's request for medical assistance. 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 Appellant's service, which was discontinued, has been re-instated; there is no practical relief that can be afforded through an administrative hearing.

### **DECISION**

The Appellant's appeal is Dismissed as moot.

  
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Hearing Officer

cc: Tanya Cook, SSOM , Willimantic Regional Office  
Suzanne Brockett, fair Hearing Liaison, Willimantic Regional 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, 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.