

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

██████████ 2019
Signature Confirmation

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

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NOTICE OF DISMISSAL

On ██████████ 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action advising that his Husky C Working Disabled Medical coverage is discontinued effective ██████████ 2019 as your premiums are not paid in full by the due date and no household members are eligible for this program.

On ██████████ 2019, the Appellant, requested an administrative hearing to contest the Department's action.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, 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:

██████████, Appellant
Jacqueline Taft, Department Representative
Erika Beebe, Department Representative
Shelley Starr, Hearing Officer

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 for failure to pay the Med-Connect premium amount.

FINDINGS OF FACT

1. The Appellant is [REDACTED] years old DOB ([REDACTED]) and is recipient of the Husky C-Medicaid for the Working Disabled ("S05") program. (Appellant's Testimony; Hearing Record)
2. The Appellant is employed at [REDACTED] approximately fifteen hours per week. (Appellant's Testimony; Department's Testimony; Hearing Record)
3. The Appellant has been regularly paying his designated Med-Connect monthly premium that he is obligated to pay. (Appellant's Testimony; Hearing Record; Department's Testimony)
4. On [REDACTED] 2019, the Department sent the Appellant a Notice of Action discontinuing the Appellant's Husky C- Working Disabled S05 medical coverage effective [REDACTED], 2019, because his premiums were not paid in full by the due date. (Exhibit 2: Notice of Action, dated [REDACTED] 2019)
5. On [REDACTED] 2019, the Appellant requested an administrative hearing. The Appellant indicated on his hearing request by checking the box, "I want DSS to keep my benefits the way they were before DSS's decision and until the Hearing Officer decides my case, if that is possible. If the hearing decision is not in my favor, I may need to pay DSS back for these benefits." (Appellant's Exhibit 1: Fair Hearing Request; Fair Hearing Officer's Exhibit 1: Email Correspondence with Fair Hearing Request; Hearing Record)
6. On [REDACTED] 2019, the Department determined that the Appellant is correctly paying his premiums by the designated due date and incorrect notices are being generated. (Department's Testimony; Exhibit 5: Notice of Action dated [REDACTED] 2019)
7. On [REDACTED], 2019, the Department reinstated the Appellant's Husky C- Working Disabled S05 medical coverage effective [REDACTED] 2019. (Department's Testimony; Exhibit 5 Notice of Action dated [REDACTED] 2019)
8. On [REDACTED], 2019, the Department sent the Appellant a Notice of Action approving the Husky C-Working Disabled S05 program for [REDACTED] 2019 and ongoing months. (Department's Testimony; Exhibit 5: Notice of Action dated [REDACTED] 2019)

9. The Appellant has not experienced a loss of the Husky C-Working Disabled S05 medical coverage. (Hearing Record; Department's Testimony)
10. 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] 2019. Therefore, this decision is due not later than [REDACTED] 2019. (Hearing Record)

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") § 1570.20 (A)(1) provides for maintaining benefits pending hearing decision and provides that except in situations described below, the Department does not terminate or reduce the assistance units benefits until the Fair Hearing decision is reached if the unit requests a Fair Hearing within the 10-day notice period, as described in this chapter.

On [REDACTED] 2019, the Department received the Appellant's fair hearing request, based on the [REDACTED] [REDACTED] 2019, Notice of Discontinuance of S05 benefits for failure to pay premium amount.

On [REDACTED], 2019, the Department reinstated the Appellant's Husky C- Working Disabled benefits prior to the scheduled fair hearing.

3. 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:

- c. discontinuance, termination, or reduction of benefits.

The Department determined that the Appellant is correctly paying his premiums by the designated due date.

T [REDACTED] ment reinstated the Appellant's S05 coverage effective [REDACTED] 2019.


The Department has authorized Medicaid benefits effective [REDACTED] 2019, 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 requested the hearing has been resolved; there is no practical relief that can be afforded through an administrative hearing.

DECISION

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


Shelley Starr
Hearing Officer

Pc: Rachel Anderson, DSS, New Haven
Cheryl Stuart, DSS, New Haven
Lisa Wells, DSS, New Haven
Jacqueline Taft, DSS, New Haven

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