

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

██████████ 2020
Signature Confirmation

████████████████████
Request # 154067

NOTICE OF DISMISSAL

PARTY

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

On ██████████ 2020, the Department of Social Services, (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") approving HUSKY C-Medicaid Assistance for the Aged, Blind, and Disabled ("MAABD") benefits for ██████████ 2019. The Appellant was thereafter approved for a Medicaid spenddown effective ██████████ 2019.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department's action.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████ 2020, 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 participated in the telephonic hearing:

- ████████████████████, Appellant's Authorized Representative
- ████████████████████, Appellant's mother
- Princess O'Reggio, Department's Representative
- Carla Hardy, Hearing Officer

The hearing record remained open for the submission of additional evidence from the Department and the Authorized Representative. Additional evidence was received. The record closed on [REDACTED] 2020.

STATEMENT OF THE ISSUE

The first issue is whether the Appellant's income exceeds the Medically Needy Income Limit ("MNIL") for the MAABD.

The second issue is whether the Appellant must meet a spend-down before becoming eligible for medical assistance.

The issue regarding the amount of the Supplemental Nutrition Assistance Program ("SNAP") will be addressed in a separate hearing decision.

FINDINGS OF FACT

1. On [REDACTED] 2019, the Appellant submitted a copy of his Special Needs Trust ("SNT") to be reviewed by the Department. (Hearing Summary)
2. The trust is funded with \$850.00 monthly. (Authorized Representative's ("Arep's") Testimony)
3. Prior to [REDACTED] 2019, the Appellant was approved for a Medicaid-Spenddown for the period of [REDACTED] 2019 through [REDACTED] 2019. (After Hearing Exhibit 5: Case Notes)
4. In [REDACTED] 2019 and [REDACTED] 2019 the Appellant submitted his renewal form for HUSKY C Medicaid benefits. (Arep's Testimony)
5. On [REDACTED] 2019, the Appellant was approved for HUSKY C-Medicaid for the month of [REDACTED] 2019 only, due to an interface error. (Exhibit 5)
6. The Appellant receives Social Security Disability ("SSD") benefits in the amounts of \$647.00 and \$689.00 monthly. (After Hearing Exhibit 2: Proof of Social Security benefits)
7. The Appellant was granted a Medicaid Spenddown for the period of [REDACTED] 2019 through [REDACTED] 2020. The amount of the Spenddown is \$2,100.06. (Exhibit 5; Department's Testimony)
8. On [REDACTED] 2020, the Department notified the Appellant that he was approved for HUSKY C- Aged, Blind, and Disabled for the month of [REDACTED] 2019 only, (After Hearing Exhibit 1A: NOA, [REDACTED]/20)

9. The Appellant's HUSKY C- Spenddown is not addressed in the [REDACTED] 2020, NOA. (Hearing Record)
10. On [REDACTED] 2020 an administrative hearing was held regarding the amount of the Spenddown. (Hearing Record)
11. On [REDACTED] 2020, the Arep resubmitted the Appellant's SNT for review. (Exhibit A: Special Needs Trust; Hearing Record)
12. On [REDACTED] 2020, the Department's legal department approved the SNT. (After Hearing Exhibit 6: Email from the Department, [REDACTED]/20)
13. On [REDACTED] 2020, the Department granted the HUSKY C, MAABD back to [REDACTED] 2019. (Exhibit 6)
14. 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] 2020. Therefore, this decision is due not later than [REDACTED], 2020.

CONCLUSIONS OF LAW

1. Sections 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. "The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 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 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:

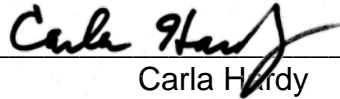
- a. eligibility for benefits in both initial and subsequent determinations

The Department has approved the Appellant's HUSKY C MAABD 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 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.



Carla Hardy
Hearing Officer

Pc: Fred Presnick, Yecenia Acosta, Tim Latifi, Princess O'Reggio, DSS,
Bridgeport 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.