

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

██████████ 2021
Signature Confirmation

Case ID ██████████
Client ID ██████████
169381

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ ██████████ 2020, the Department of Social Services (the “Department”) sent ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) closing his medical coverage under the Husky C – Medically Needy Aged, Blind, Disabled – Spenddown (“Husky C – Spenddown”) program effective ██████████ ██████████ 2020.

On ██████████ ██████████ 2020, the Appellant requested an administrative hearing to contest the Department’s decision to close such benefits.

On ██████████ ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ ██████████ 2021.

On ██████████ ██████████ 2021, the Appellant requested a continuance which OLCRAH granted.

On ██████████ ██████████ 2021, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ ██████████ 2021.

On ██████████ ██████████ 2021, the Appellant requested a continuance which OLCRAH granted.

On ██████████ ██████████ 2021, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ ██████████ 2021.

On [REDACTED] [REDACTED] 2021, the Appellant requested a continuance which OLCRAH granted.

On [REDACTED] [REDACTED] 2021, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] [REDACTED] 2021.

On [REDACTED] [REDACTED] 2021, the Appellant requested a continuance which OLCRAH granted.

On [REDACTED] [REDACTED] 2021, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] [REDACTED] 2021. This notice informed the Appellant, no further requests for reschedule would be granted by OLCRAH.

On [REDACTED] [REDACTED] 2021, the Appellant requested a continuance which OLCRAH denied.

On [REDACTED] [REDACTED] 2021, 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 phoned in for the administrative hearing:

[REDACTED], Appellant
[REDACTED], Probate Appointed Attorney for the Appellant
[REDACTED], Witness for the Appellant
Garfield White, Department Representative
Lisa Nyren, Fair Hearing Officer

The Appellant appointed [REDACTED] to represent him at the administrative hearing then terminated his participation in the administrative hearing. The Witness for the Appellant terminated her participation in the administrative hearing at the same time as the Appellant.

On [REDACTED] [REDACTED] 2021, the Appellant requested a continuance which OLCRAH denied.

On [REDACTED] [REDACTED] 2021, the OLCRAH issued the Appellant a notice denying the Appellant's [REDACTED] [REDACTED] 2021 request for a continuance.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's [REDACTED] [REDACTED] 2020 decision to close the Appellant's medical coverage under the Husky C – Spenddown program effective [REDACTED] [REDACTED] 2020 was correct.

FINDINGS OF FACT

1. The Appellant received medical coverage under the Husky C – Spenddown program which terminated on [REDACTED] 2020. (Exhibit 6: Notice of Action and Department Representative’s Testimony)
2. On [REDACTED] 2020, the Department issued a Notice of Action to the Appellant informing him his medical coverage under the Husky C – Spenddown program will close effective [REDACTED] 2020 for the following reasons: “You have not provided proof that you had enough medical expenses to meet your spend-down during either of the last two 6-month periods. You may re-apply for medical coverage at any time. No household members are eligible for this program [and] does not meet program requirements.” (Exhibit 3: Notice of Action)
3. On [REDACTED] 2020, the Appellant requested an administrative hearing to contest the Department’s decision to close his medical coverage under the Husky C – Spenddown program effective [REDACTED] 2020. (Request for Administrative Hearing)
4. On [REDACTED] 2021, the Department issued a renewal document to the Appellant’s Conservator which the Conservator completed on behalf of the Appellant returning the renewal document to the Department the same day. (Department Representative’s Testimony)
5. On [REDACTED] 2021, the Department granted medical benefits under the Husky C – Spenddown program for a six month period beginning [REDACTED] 2020 and ending on [REDACTED] 2021, with no loss of medical coverage under the Husky C - Spenddown program. (Exhibit 1: Notice of Action and Department Representative’s Testimony)
6. On [REDACTED] 2021, the Department issued a Notice of Action to the Appellant. The notice listed the Appellant’s medical coverage as Husky C – Spenddown beginning [REDACTED] 2020 and ending on [REDACTED] 2021, listing the spenddown amount as \$1,892.72. (Exhibit 1: Notice of Action)
7. The issue 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. However, the hearing which was originally scheduled for [REDACTED] 2021 was rescheduled four additional times at the requests of the Appellant causing a 90-day delay. Because this 90-day delay resulted from the Appellant’s requests for reschedule, this decision is not due until [REDACTED] 2021 and therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes states that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
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 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 Department's policies and regulations. The Fair Hearing decision is intended to resolve the dispute.

UPM § 1570.25(F)(2)(a) provides for Matters Considered at the Fair Hearing. The Department must consider several types of issues at an administrative hearing, including the following: eligibility for benefits in both initial and subsequent determinations.

On [REDACTED] [REDACTED] 2021, the Department issued the Appellant's Conservator a renewal document which was completed and returned by the Appellant's Conservator. On [REDACTED] [REDACTED] 2021, the Department approved medical coverage under the Husky C – Spenddown program effective [REDACTED] [REDACTED] 2020 through [REDACTED] [REDACTED] 2021, thus the Appellant has not experienced any loss of medical coverage under the Husky C – Spenddown program.

The Appellant's hearing issue, the closure of medical coverage under the Husky C – Spenddown program effective [REDACTED] [REDACTED] 2020, has been resolved; therefore, there is no issue on which to rule. "When 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

The Appellant requested an administrative hearing after being notified his medical coverage under the Husky C – Spenddown program would expire on [REDACTED] 2020. The Department issues renewal notices and documents to recipients of benefits administered by the Department to complete and return when a redetermination of eligibility for benefits is to be conducted by the Department. Based on the hearing record, the Department did not make a request for redetermination nor issue renewal documents to the Appellant or his Conservator. Instead, the Department closed the Appellant’s medical benefits. Under Department Medicaid policy, the Department may authorize benefits for a specific period of time and inform the recipient in writing at the time of authorization that benefits would automatically terminate when the time period ends. The hearing record is void of any record of an initial notice of Husky C – Spenddown eligibility. However, the issue regarding the closure of medical benefits under the Husky C – Spenddown program effective [REDACTED] 2020 was voided by the Department upon the Department’s [REDACTED] 2021 action to issue a renewal document to the Appellant’s Conservator and the Department’s [REDACTED] 2021 action to grant medical coverage under the Husky C – Spenddown program effective [REDACTED] 2020, with no loss of medical coverage. The Appellant continues medical coverage under the Husky C – Spenddown program with no loss of medical coverage under such program.

DECISION

The Appellant’s appeal is dismissed as moot.



Lisa A. Nyren
Fair Hearing Officer

CC: [REDACTED]
[REDACTED]
[REDACTED]

Musa Mohamud, DSS RO #10
Judy Williams, DSS RO #10
Jessica Carroll, DSS RO #10
Jay Bartolomei, DSS RO #10
Garfield White, DSS RO #10

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.

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 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.