

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

██████████, 2021
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT ID # ██████████
REQUEST# ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2021, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") discontinuing his Husky C-Aged, Blind, Disabled medical coverage effective ██████████/21.

On ██████████ 2021, the Appellant requested an administrative hearing to appeal the Department's discontinuance of Husky C medical coverage.

On ██████████, 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the Administrative Hearing for ██████████, 2021.

On ██████████, 2021, 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 hearing was held telephonically due to the COVID-19 pandemic with no objection from any party. The following individuals participated in the hearing:

██████████, Appellant
Javier Rivera, Department's Representative

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the appellant's Husky C-Aged, Blind, Disabled medical coverage.

FINDINGS OF FACT

1. On [REDACTED], 2021 the Appellant submitted a W-1E Application for Benefits requesting assistance unrelated to medical coverage (Department's Exhibit 1: W-1E Application).
2. On [REDACTED], 2021 the Department reviewed the application which prompted inquiry into the Appellant's assets (Department Exhibit 2: AVS Portal Account Information).
3. On [REDACTED] 2021 the Department issued a NOA to the Appellant informing him that his Husky C medical coverage would be discontinued effective [REDACTED] 2021 due to the value of his countable assets exceeding the Husky C asset limit (Hearing Record, Department's Exhibit 4: NOA dated [REDACTED], 2021).
4. On [REDACTED], 2021 the Department reinstated the Appellant's Husky C medical coverage effective [REDACTED] 2021. As a result of the Department's action to rescind the [REDACTED] 2021 discontinuance and approve Husky C medical coverage effective [REDACTED], 2021, the appellant did not experience a lapse in coverage (Hearing Record).
5. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within [REDACTED] days of the request for an Administrative Hearing. The hearing request was received on [REDACTED], 2021. The decision must be issued on or before [REDACTED] 2021.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes designates 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 ("UPM") "is the equivalent of the state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A. 2d 712 (1990)).

3. 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 criteria in this chapter, to resolve the dispute.
4. “Matters Considered as the Fair Hearing. The Department considers the following issues: decisions by the Department regarding eligibility for benefits in both initial and subsequent determinations.” UPM § 1570.25(F)(2)(a)

The Department has approved Husky C medical coverage with a begin date of [REDACTED] 2021, thus the Appellant has not experienced a loss of any 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.” McDonald 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 has originally 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.

Joseph Alexander

**Joseph Alexander
Administrative Hearing Officer**

CC: Tricia Morelli
Javier Rivera

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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 with 45 days of the mailing of this decision, or 45 days after the agency denies 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 06105-3725. 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 her 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.

