

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

[REDACTED]
Signature Confirmation

Case ID # [REDACTED]
Client ID # [REDACTED]
Request # [REDACTED]

NOTICE OF DECISION
PARTY

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant") a MED-Connect Premium Invoice indicating the Appellant's Medicaid for the Employed Disabled premium past due amount was \$ [REDACTED].

On [REDACTED], the Appellant requested an administrative hearing to appeal the amount of the past due premium.

On [REDACTED], the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for September 8, 2021.

On [REDACTED], in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing through video connection.

The following individuals participated in the hearing:

[REDACTED], Appellant
[REDACTED], Appellant's AREP
Rosalie Bertolini, Department's Representative
Sara Hart, Hearing Officer

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

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly determined the Appellant is obligated to pay a [REDACTED] overdue MED-Connect premium.

FINDINGS OF FACT

1. On [REDACTED], the Department issued a MED-Connect Premium Invoice to the Appellant advising her of a past due premium amount of \$ [REDACTED] with a due date of [REDACTED]. (*Exhibit 4: MED-Connect Premium Invoice [REDACTED]*)
2. The Appellant is [REDACTED] years old (DOB [REDACTED]). She is disabled and receives Social Security Disability Income ("SSDI") in the amount of \$1163.00 per month. (*Appellant's Testimony*)
3. The Appellant's employment terminated in [REDACTED]. She is not presently working and is seeking employment. (*Appellant's Testimony*)
4. The Appellant has no other sources of income, earned or unearned. (*Appellant's Testimony*)
5. The Appellant pays her premium invoices timely, submitting payment via mail on the same day that she receives the invoices. (*Appellant's Exhibit A: Hearing Request Letter, Appellant's Testimony*)
6. The Appellant paid the disputed \$ [REDACTED] overdue premium to avoid disruption to her Medicaid coverage. (*Appellant's Testimony*)
7. On [REDACTED], the Department issued a MED-Connect Refund Notice to the Appellant advising of a MED-Connect refund of \$ [REDACTED]. (*Exhibit 6: MED-Connect Refund Notice [REDACTED]*)
8. The issuance of this decision is timely under section 17b-61(a) of Connecticut General Statutes, 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]. The hearing record closed on [REDACTED], therefor this decision is due no later than [REDACTED].

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes provides 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 ("UPM") is the equivalent of 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. 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, to resolve the dispute.

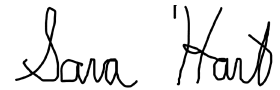
UPM § 1570.25(F)(2)(a) provides that matters considered at the Fair Hearing include decisions by the Department regarding eligibility for benefits in both initial and subsequent determinations.

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 originally requested the hearing 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.



Sara Hart
Hearing Officer

Cc: Rosalie Bertolini, Department's Representative Danbury Regional Office
Carol Sue Shannon, Operations Manager Danbury 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.

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.