

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

██████████, 2023
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2023, the Department of Social Services (the “Department”) sent ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) informing him that his HUSKY C Working Disabled (“S05”) Medicaid coverage had closed due to non-payment of premiums.

On ██████████, 2023, the Appellant requested an administrative hearing to contest the Department’s closure of his S05 coverage.

On ██████████, 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2023.

On ██████████, 2023, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, Appellant
Kristen Evans, Department’s Representative
Joseph Davey, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to close the Appellant's S05 coverage was correct.

FINDINGS OF FACT

1. In [REDACTED], the Department issued the Appellant a renewal form for his S05 coverage. (Department's testimony)
2. On [REDACTED], 2023, the Department processed the Appellant's completed renewal form submitted by the Appellant and issued a W-1348 Request for Proofs form ("W-1348") requesting that the Appellant provide proof of gross earnings. The W-1348 stated: "Please provide current wage stubs from the [REDACTED] and [REDACTED]. If you're no longer working for one or both of these employers, please provide proof of last date worked". (Exhibit 9: Case notes dated [REDACTED] - [REDACTED], Exhibit 10: W-1348 dated [REDACTED], Department's testimony)
3. On [REDACTED], 2023, the Appellant was employed with the [REDACTED], as well as the [REDACTED] (aka [REDACTED], aka [REDACTED]). (Appellant's testimony)
4. The [REDACTED], 2023, W1348 contains a typographical error. The Department inadvertently requested wages from the [REDACTED] rather than the [REDACTED]. (Exhibit 9, Department's testimony)
5. On [REDACTED], 2023, the Department issued the Appellant a NOA stating that he was approved for S05 coverage from [REDACTED], 2023, through [REDACTED], 2024. The NOA listed the Appellant's S05 premium amount as \$0.00. (Exhibit 11: NOA dated [REDACTED])
6. On [REDACTED], 2023, the Department issued the Appellant a NOA stating that he was approved for S05 coverage from [REDACTED], 2023, through [REDACTED], 2024. The NOA listed the Appellant's S05 premium amount as \$69.36 for [REDACTED] 2023 and \$69.36 for [REDACTED] 2023 through [REDACTED] 2024. (Exhibit 12: NOA dated [REDACTED])
7. On [REDACTED], 2023, the Appellant submitted wage stubs from the [REDACTED] and [REDACTED]. (Department's testimony, Exhibit 17: Wage stubs from [REDACTED], Exhibit 18: Wage stubs from [REDACTED])
8. On [REDACTED], 2023, the Department issued the Appellant a W-1348M Worker Generated Request for Proofs form ("W-1348M") stating the following: "You notified the agency of income change please have employer write detailed letter regarding circumstance." (Exhibit 13: W-1348M dated [REDACTED])

9. On [REDACTED], 2023, the Department issued the Appellant a W-3002 MED-Connect Premium Invoice (“W-3002”) which stated in relevant part: “Your full monthly premium is due by the 20th day of each coverage month...If we do not receive your full payment for a coverage month by the last day of that month, your premium for that month will be overdue. If your premium payment is not received by the last day of the month following a coverage month, your MED-Connect coverage will end.” (Exhibit 4: W-3002 dated [REDACTED])
10. On [REDACTED], 2023, the Department issued the Appellant a NOA stating that he was approved for S05 coverage from [REDACTED], 2023, through [REDACTED], 2024. The NOA listed the Appellant’s S05 premium amount as \$84.65 for [REDACTED] 2023, \$64.41 for [REDACTED] 2023, and \$64.41 for [REDACTED] 2023 through [REDACTED] 2024. (Exhibit 14: NOA dated [REDACTED])
11. On [REDACTED], 2023, the Department received verification of the Appellant’s resignation from his job at [REDACTED]. The letter was signed on [REDACTED], 2023. (Exhibit 16: [REDACTED] resignation letter signed [REDACTED])
12. On [REDACTED], 2023, the Department issued the Appellant a NOA stating that he was approved for S05 coverage from [REDACTED], 2023, through [REDACTED], 2024. The NOA listed the Appellant’s S05 premium amount as \$0.00 for [REDACTED] 2023, \$0.00 for [REDACTED] 2023, and \$0.00 for [REDACTED] 2023 through [REDACTED] 2024. (Exhibit 15: NOA dated [REDACTED])
13. On [REDACTED], 2023, the Department issued the Appellant a NOA stating that his S05 coverage had closed effective [REDACTED], 2023, due to “Premiums not paid in full by the due date.” (Exhibit 3: NOA dated [REDACTED])
14. On [REDACTED], 2023, the Appellant contacted the Department via phone to clarify his outstanding premium amount. The Appellant was advised that “he owes \$84.65 for [REDACTED] (2023) and currently has no premium due for [REDACTED] (2023) and ongoing due to lower income.” (Exhibit 9)
15. On [REDACTED], 2023, the Appellant requested an administrative hearing to contest the Department’s closure of his S05 coverage. (Hearing Record)
16. On [REDACTED], 2023, the Department issued the Appellant a W-3002 which stated in relevant part: “Your MED-Connect coverage ended on [REDACTED] because you did not pay your premiums. To regain your coverage, you need to pay the entire past-due amount of \$84.65 upon receipt of this notice and complete a new application.” (Exhibit 5: W-3002 dated [REDACTED])
17. On [REDACTED], 2023, the Department received a premium payment of \$69.36 from the Appellant. (Exhibit 6: S05 Balance Summary)

18. On [REDACTED], 2023, the Appellant again contacted the Department regarding clarification of his premium amount. The Appellant explained that he had submitted the premium payment for [REDACTED] 2023 (\$69.36) and wished to proceed with the administrative hearing. (Exhibit 6, Exhibit 9)
19. On [REDACTED], 2023, the Department received a premium payment of \$84.65 from the Appellant. (Exhibit 6)
20. On [REDACTED], 2023, the Department conducted a review of the Appellant's S05 case and determined that the Appellant had erroneously been asked to complete a renewal in [REDACTED] 2023. The Department's review concluded that the Appellant had correctly completed a renewal in [REDACTED] 2023 and had a \$0.00 premium amount for the certification cycle of [REDACTED], 2023, through [REDACTED], 2024. The Department further determined that the Appellant's S05 case had incorrectly closed on [REDACTED], 2023, and he should receive a refund of the two premium payments he provided in [REDACTED] 2023 ($\$69.36 + \$84.65 = \$154.01$). (Exhibit 9, Department's testimony, Hearing Record)
21. On [REDACTED], 2023, the Department reinstated the Appellant's S05 coverage effective [REDACTED], 2023, with the correct premium of \$0.00 and the correct certification cycle of [REDACTED], 2023, through [REDACTED], 2024. (Exhibit 7: W-3011 dated [REDACTED], Exhibit 8: NOA dated [REDACTED], Department's testimony, Hearing Record)
22. On [REDACTED], 2023, the Department issued the Appellant a NOA stating that he was approved for S05 coverage through [REDACTED], 2024. The NOA listed the Appellant's S05 premium amount as \$0.00 through [REDACTED], 2024. (Exhibit 8)
23. On [REDACTED], 2023, the Department issued the Appellant a W-3011 MED-Connect Refund Notice which stated in relevant part: "Upon review of your refund request, we agree that you paid DSS more than you needed to pay for the MED-Connect Program. Your refund check made payable to [REDACTED] in the amount of \$154.01 will be mailed separately." (Exhibit 7)
24. The Appellant has received the refund check of \$154.01 and does not dispute the amount of the refund. (Appellant's testimony)
25. The Appellant's medical coverage has been correctly reinstated. (Exhibit 8, Department's testimony, Appellant's testimony)
26. The issuance of this decision is timely under Connecticut General Statutes ("Conn. Gen. Stat.") §17b-61(a), which requires that a decision be issued within [REDACTED] days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2023. The decision is, therefore, due no later than [REDACTED], 2023. (Hearing Record)

CONCLUSIONS OF LAW

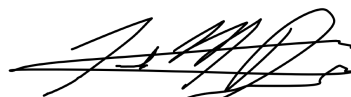
1. Sections 17b-2 & 17b-262 of the Connecticut General Statutes designates that the Department is the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and may make such regulations as are necessary to administer the medical assistance program.
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.
4. UPM § 1570.25(F)(2)(a) 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 correctly reinstated the Appellant’s S05 coverage and issued a full refund of the \$154.01 in premiums the Appellant was erroneously instructed to pay. The Appellant’s coverage has been restored without any lapse in coverage periods, and the Appellant has received a full refund from the Department.

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 coverage that the Appellant had requested has been approved and his money refunded to him; there is no practical relief that can be afforded through an administrative hearing.

DECISION

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



Joseph Davey
Administrative Hearing Officer

CC: Kristen Evans, Department's Representative, New Haven Regional Office
Tim Latifi, SSOM, DSS, New Haven Regional Office
Sarah Chmielecki, SSOM, DSS, New Haven Regional Office
Ralph Filek, SSOM, New Haven 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 §4-1181a (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.

