

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

██████████ 2025  
Signature Confirmation

Client ID ██████████  
Case ID ██████████  
Request # 266725

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**NOTICE OF DISMISSAL**

On ██████ ██████ 2025, the Department of Social Services (the “Department”) sent ██████ ██████ (the “Appellant”) a Notice of Action (“NOA”) denying his application for Medicaid coverage under the HUSKY C – Aged, Blind, and Disabled (“HUSKY C”) program.

On ██████ ██████ 2025, the Appellant requested an administrative hearing to contest the Department’s decision to deny his application.

On ██████ ██████ 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████ ██████ 2025.

On ██████ ██████ 2025, 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 following individuals were present at the hearing:

██████████, Appellant  
██████████, Appellant Spouse  
██████████, Appellant Son and Witness  
Thomas Keane, Department’s Representative  
Lisa Nyren, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue is whether the Department's [REDACTED] [REDACTED] 2025 action to deny the Appellant's request for Medicaid under the HUSKY C program was correct.

## **FINDINGS OF FACT**

1. On [REDACTED] [REDACTED] 2025, the Appellant submitted an online application to the Department requesting Medicaid under the HUSKY C program. (Exhibit 2: Application)
2. The Appellant is age [REDACTED] born on [REDACTED]. The Appellant is married to [REDACTED] ("Spouse"), age [REDACTED] born on [REDACTED]. The Appellant and the Spouse reside with [REDACTED] ("Son") their son. (Exhibit 2: Application)
3. The Appellant was born in [REDACTED]. The Appellant originally entered the United States ("U.S.") on [REDACTED] [REDACTED] 2011 as a Legal Permanent Resident ("LPR") sponsored by his daughter, [REDACTED] [REDACTED] ("daughter") who currently resides in [REDACTED]. In 2017, the Appellant returned to [REDACTED] and where he remained until 2025. While in [REDACTED] the Appellant's original immigration status as an LPR expired. On [REDACTED] [REDACTED] 2025, the Appellant returned to the U.S. as a LPR sponsored by his Son. (Son Testimony and Exhibit 2: Application)
4. The Spouse was born in [REDACTED]. The Spouse entered the U.S. on [REDACTED] [REDACTED] [REDACTED] as a LPR sponsored by the daughter. Although the Spouse visited [REDACTED] in 2017, she returned to the U.S. before her LPR status expired. The Spouse receives Medicaid for herself, in the absence of her husband (the Appellant) and her sponsor, under the HUSKY C program. (Son Testimony and Exhibit 2: Application)
5. On [REDACTED] [REDACTED] 2025, the Department denied the Appellant's [REDACTED] [REDACTED] 2025 request for medical coverage under the HUSKY C program for the reason he does not meet the requirements to qualify as an eligible non-citizen. Although the Appellant holds qualifying non-citizenship status as an LPR under Medicaid, he is subject to the 5-year waiting period before he may qualify for HUSKY C, a federally funded program under Medicaid. The Department determined his date of entry as [REDACTED] [REDACTED] 2025. (Exhibit 3: Notice of Action and Department Representative Testimony)
6. On [REDACTED] [REDACTED] 2025, the Appellant requested an administrative hearing to contest the Department's action to deny his request for medical coverage under the HUSKY C program. (Hearing Request)

7. On [REDACTED] [REDACTED] 2025, the Department determined their denial of the Appellant's application was incorrect and withdrew their action to deny the Appellant's [REDACTED] [REDACTED] 2025 application for Medicaid under the HUSKY C program for the reason does not meet the requirements to qualify as an eligible non-citizen. The Department reopened the Appellant's [REDACTED] [REDACTED] 2025 application for medical coverage under the HUSKY C program. The Department determined the Appellant's date of entry as [REDACTED] [REDACTED] 2011 rather than [REDACTED] [REDACTED] 2025. With the new date of entry, the Appellant met the 5-year waiting period under Medicaid rules. On [REDACTED] [REDACTED] 2025, the Department issued the Appellant a request for additional verifications needed to determine eligibility under the HUSKY C program. (Exhibit 4: Public Assistance Consultant Email Response, Exhibit 5: Proofs We Need, and Department Representative Testimony)
8. As of the date of the administrative hearing, the Department has not made an eligibility determination as verifications remain outstanding. (Department Representative Testimony)
9. As a result of the Department's [REDACTED] [REDACTED] 2025 action to reopen the Appellant's [REDACTED] [REDACTED] 2025 application for Medicaid under the HUSKY C program, there has been no "action" taken to deny the Appellant's [REDACTED] [REDACTED] 2025 request for medical coverage. (Hearing Record; Exhibit 5: Proofs We Need and Department Representative Testimony)
10. 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] [REDACTED] 2025. Therefore, this decision is due not later than [REDACTED] [REDACTED] 2025.

### **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.

"The Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department" Conn. Gen. Stat. § 17b-261b(a)

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)(2)(a) provides that the Department considers the following issues: decisions by the Department regarding eligibility for benefits in both initial and subsequent determinations.

4. **The Department has reopened the Appellant’s █████ █████ 2025 application for Medicaid under the HUSKY C program and continues to process his eligibility for such benefits. Thus, the Appellant has not experienced any loss of benefits since the denial has been withdrawn by 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 issue for which the Appellant had originally requested the hearing has been rescinded; there is no practical relief that can be afforded through an administrative hearing.

#### DECISION

The Appellant’s appeal is DISMISSED as moot.

*Lisa A. Nyren*

Lisa A. Nyren  
Fair Hearing Officer

CC: Shahar Thadal, SSOM, DSS RO 31  
Thomas Keane, FHL, DSS RO 31  
Rosalie Bertolini, FHL, DSS 31  
Joseph Ambrogio, Supervisor, DSS RO 31

### **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