

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3730

██████████ 2016  
Signature Confirmation

Client ID # ██████████  
Hearing Request # 765192

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

The Health Insurance Exchange Access Health CT (“AHCT”) denied ██████████ (“The Appellant”), Medicaid/Husky A healthcare coverage for the month of ██████████ 2015.

On ██████████ 2016, The Appellant requested a hearing to contest the denial of Medicaid/Husky A benefits for ██████████ 2015.

On ██████████ 2016, the Office of legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, 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 were present at the hearing:

██████████ Appellant  
Jacqueline Taft, Department’s Representative  
Miklos Mencseli, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly denied the Medicaid/Husky A for Parents and Caretakers healthcare insurance for ██████████ 2015.

## **FINDINGS OF FACT**

1. On ██████████ 2016, the Appellant applied for medical insurance for herself, her spouse ██████████ and one minor child, ██████████. (Summary)
2. The Appellant requested retroactive Medicaid coverage for the period of ██████████ 2015 through ██████████ 2015. (Summary, Testimony)
3. The Appellant was granted HUSKY A Medicaid for Parents and Caretakers.
4. Access Health granted retroactive Medicaid coverage through the HUSKY A program for the months of ██████████ 2016, ██████████ 2015, and ██████████ 2015. (Testimony)
5. The Appellant was denied for the month of ██████████ 2015. (Summary, Testimony)
6. The Appellant was on a QHP (qualified health plan) for ██████████ 2015. (Summary, Exhibit 4: Health Exchange letter dated ██████████ 2016)

## **CONCLUSIONS OF LAW**

1. Sec. 17b-260. (Formerly Sec. 17-134a). Acceptance of federal grants for medical assistance. The Commissioner of Social Services is authorized to take advantage of the medical assistance programs provided in Title XIX, entitled "Grants to States for Medical Assistance Programs", contained in the Social Security Amendments of 1965 and may administer the same in accordance with the requirements provided therein, including the waiving, with respect to the amount paid for medical care, of provisions concerning recovery from beneficiaries or their estates, charges and recoveries against legally liable relatives, and liens against property of beneficiaries.
2. Sec. 17b-260. (Formerly Sec. 17-134a). Acceptance of federal grants for medical assistance. The Commissioner of Social Services is authorized to take advantage of the medical assistance programs provided in Title XIX, entitled "Grants to States for Medical Assistance Programs", contained in the Social Security Amendments of 1965 and may administer the same in accordance with the requirements provided therein, including the waiving, with respect to the

amount paid for medical care, of provisions concerning recovery from beneficiaries or their estates, charges and recoveries against legally liable relatives, and liens against property of beneficiaries.

3. 45 Code of Federal Regulations (“CFR”) § 155.505(c)(1) provides that Exchange eligibility appeals may be conducted by a State Exchange appeals entity or an eligible entity described in paragraph (d) of this section that is designated by the Exchange, if the Exchange establishes an appeals process in accordance with the requirements of this subpart.
4. 45 CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
5. 45 CFR § 155.110(a)(2) provides that the State may elect to authorize an Exchange established by the State to enter into an agreement with an eligible entity to carry out one or more responsibilities of the Exchange. Eligible entities are: the State Medicaid agency, or any other State agency that meets the qualification of paragraph (a)(1) of this section.
6. 42 CFR § 435.915(a)(1)(2)(b) provides that the agency must make eligibility for Medicaid effective no later than the third month before the month of application if the individual (1) Received Medicaid services, at any time during that period, of a type covered under the plan; and (2) Would have been eligible for Medicaid at the time he received the services if he had applied (or someone had applied for him), regardless of whether the individual is alive when application for Medicaid is made.(b) The agency may make eligibility for Medicaid effective on the first day of a month if an individual was eligible at any time during that month
7. Uniform Policy Manual (UPM) § 1560.10 (A)(B) provides The beginning date of assistance for Medicaid may be one of the following: A. the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month; or B. the first day of the month of application when all non-procedural eligibility requirements are met during that month;
8. Access Health CT correctly determined the application date of ██████████ 2016 for the HUSKY A Medicaid program.
9. Access Health CT correctly determined the beginning date of assistance for the HUSKY A Medicaid program as ██████████ 2016.

10. Access Health CT correctly determined the first, second and third month immediately preceding the month of application as [REDACTED] 2016, [REDACTED] 2015 and [REDACTED] 2015.
11. Access Health CT correctly denied the month of [REDACTED] 2015.

**DECISION**

The Appellant's appeal is **DENIED**.



---

Miklos J. Mencseli  
Fair Hearings Officer

C: Brian Sexton, Operations Manager – New Haven RO#20

### **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, 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.