

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

██████████ 2017  
Signature Confirmation

Application # ██████████  
Hearing Request # 811335

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Health Insurance Exchange Access Health CT (“AHCT”) approved ██████████ (“The Appellant”) application for his daughter ██████████, (“The Applicant”)’s CHIP (“Children’s Health Insurance Plan”)/Husky B healthcare coverage, with an effective date of ██████████ 2016.

On ██████████ 2017, the Appellant requested a hearing to contest the effective date of CHIP/Husky B benefits after the coverage was discontinued on ██████████ 2016.

On ██████████ 2017, the Office of legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, at the Appellant’s request, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, 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  
Judy Boucher, Health Insurance Exchange Access Health CT Representative  
Swati Sehgal, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly determined the effective date of the CHIP/Husky B healthcare insurance.

## **FINDINGS OF FACT**

1. On [REDACTED] 2016, the Appellant filed an online application with Access Health for medical coverage for his daughter, the Applicant. (Appellant's testimony, Exhibit1: Application [REDACTED])
2. The Appellant's household consists of himself, his spouse and two minor children. ( Exhibit 1)
3. The Appellant only requested medical coverage for the Applicant. (Exhibit 1)
4. The Applicant was born on [REDACTED] 2016. (Appellant's testimony, Exhibit 1)
5. During the application the Appellant reported income of \$70,000 per year, \$5,833.33 per month (Exhibit 1 and Department's summary).
6. The Appellant's family falls within the HUSKY B/CHIP band 2 guidelines. (Exhibit1 and Department's summary)
7. On [REDACTED] 2016, AHCT granted the application for the Applicant for HUSKY B/CHIP band 2 with an effective date of [REDACTED] 2016. (Exhibit 2: Eligibility Determination for Application [REDACTED])
8. On [REDACTED] 2016, AHCT disenrolled the Applicant from Husky B, band 2 and enrolled her in Husky B, band 1 effective [REDACTED] 2016. ( Department's testimony and Appellant's testimony)
9. On [REDACTED] 2017, the Applicant was enrolled under the Appellant's employer sponsored medical coverage. (Appellant's testimony)
10. The Appellant is only seeking coverage for the period from [REDACTED] 2016 through [REDACTED] 2016. (Appellant's testimony)

## CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes (“CGS”) provides for 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. Section 17b-264 of the CGS provides for the extension of other public assistance provisions. All of the provisions of sections 17b-22, 17b-75 to 17b-77, inclusive, 17b-79 to 17b-83, inclusive, 17b-85 to 17b-103, inclusive, and 17b-600 to 17b-604, inclusive, are extended to the medical assistance program except such provisions as are inconsistent with federal law and regulations governing Title XIX of the Social Security Amendments of 1965 and sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285, inclusive, and 17b-357 to 17b-361, inclusive
3. Title 45 of the 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. 45 CFR § 155.3052(d) provides for Eligibility for CHIP. The Exchange must determine an applicant eligible for CHIP if he or she meets the requirements of 42 CFR § 457.310 through § 457.320 and has a household income, as defined in 42 CFR § 435.603(d), at or below the applicable CHIP MAGI-based income standard.
7. Section § 17b-292 (d) of CGS, as amended in the *2016 Supplement to the General Statutes of Connecticut* provides that a newborn child who otherwise meets the eligibility criteria for HUSKY B shall be eligible for benefits retroactive to his or her date of birth, provided an application is filed on behalf of the child not later than thirty days after such date. Any uninsured child born in a hospital in this

state or in a border state hospital shall be enrolled on an expedited basis in HUSKY B, provided (1) the parent or caretaker relative of such child resides in this state, and (2) the parent or caretaker relative of such child authorizes enrollment in the program. The commissioner shall pay any premium cost such household would otherwise incur for the first four months of coverage

8. The Appellant's minor child was not born in the 30 days prior to the filing of the Appellant's [REDACTED] 2016, application.
9. AHCT correctly determined that the Appellant's minor child did not qualify under the CHIP/HUSKY B program for medical coverage retroactive to her date of birth.

### **DISCUSSION**

The Appellant requested this administrative hearing to address the question as to whether his child may receive medical coverage through CHIP/HUSKY B for the dates covering [REDACTED] 2016 through [REDACTED] [REDACTED] 2016. Under the rules of the CHIP/HUSKY B coverage group, as codified in section 17b-292 (d) of the *2016 Supplement to the General Statutes of Connecticut*, the Appellant's child does not qualify for medical benefits for the period prior to the date of the Appellant's application as the application was not filed within 30 days of child's date of birth.

### **DECISION**

The Appellant's appeal is **DENIED**

*Swati Sehgal*  
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Swati Sehgal  
Fair Hearings Officer

**Modified Adjusted Gross Income (MAGI) Medicaid and  
Children's Health Insurance Program (CHIP)  
Right to Request Reconsideration**

For denials or reductions of MAGI Medicaid and CHIP, 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 Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105-3725.

**Right to Appeal**

For denials, terminations or reductions of MAGI Medicaid and CHIP eligibility, 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 his designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extensions 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.

