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

2017
Signature Confirmation

Client ID #
Hearing Request # 819084

NOTICE OF DECISION

PARTY

PROCEDURAL BACKGROUND

On 2017, the Health Insurance Exchange, Access Health CT ("Access Health") issued (the "Appellant") a Notice of Action ("NOA") denying medical benefits for him under the Husky A Family Medicaid program.

On 2017, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits because he did not apply within the special enrollment period.

On 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for 2017.

On 2017, 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:

the Appellant
Stephanie Arroyo, Access Health Appeals Coordinator, Department's representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health's determination that the Appellant does not qualify for HUSKY A Medicaid program was correct.

FINDINGS OF FACT

1. The Appellant had healthcare coverage through his employer from [REDACTED] 2010, through [REDACTED] 2016. (Exhibit 1: Application information dated [REDACTED]/2017)

2. On [REDACTED] 2016, lost his healthcare coverage through his employer. (Exhibit 1 and Appellant's testimony)

3. On [REDACTED] 2017, the Appellant applied for HUSKY A medical assistance for himself. (Exhibit 1: Application for assistance dated [REDACTED]/2017 and Hearing summary)

4. The Appellant lives with his 19 year old daughter, [REDACTED] (Exhibit 1 and Hearing summary)

5. The Appellant self-declared earnings of $60,000.00 per year, or $5,000.00 per month. (Exhibit 1 and Hearing summary)

6. On [REDACTED] 2017, Access Health sent the Appellant a Notice of Action informing him that he qualifies for premium tax credits of $69.00 per month, but does not qualify for Husky A Medicaid assistance because his household has income of $5,000.00 per month. (Exhibit 4: Eligibility decision notice dated [REDACTED]/2017 and Hearing summary)

CONCLUSIONS OF LAW

1. Section 17b-190 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.

2. Sec. 17b-260 (Formerly 17-134a) provides for acceptance of federal grants for medical assistance. The commissioner of the Department 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. 45 CFR § 155.410(a)(1)(2) provides for general requirements and that the Exchange must provide an initial open enrollment period and annual open enrollment periods consistent with this section, during which qualified individuals may enroll in a QHP and enrollees may change QHPs. The Exchange may only permit a qualified individual to enroll in a QHP or an enrollee to change QHPs during the initial open enrollment period specified in paragraph (b) of this section, the annual open enrolment period specified in paragraph (e) of this section, or a special enrollment period described in §155.420 of this subpart for which the qualified individual has been determined eligible.

7. 45 CFR § 155.420(d) provides, in part, that the Exchange must allow a qualified individual or enrollee, and when specified below, his or her dependent, to enroll in or change from one QHP to another if one of the following triggering events occurs.

   (1) The qualified individual or his or her dependents either: (i) lose minimum essential coverage. The date of the loss of coverage is the last day the consumer would have coverage under his or her previous plan or coverage. (ii) Is enrolled in any non- calendar year health insurance policy that will expire in 2014 as described in § 147.104 (b). (iii) Loses pregnancy-related coverage described under section 1902(a)(10)(A)(i)(IV) and (a)(10)(A)(ii)(IX) of the Act (42 U.S.C. 396a(a)(10)(A)(i)(IV), (a)(10)(A)(ii)(IX)). The date of the loss of coverage is the last day the consumer would have pregnancy-related coverage; or (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year. The date of the loss of coverage is the last day the consumer would have medically needy coverage.

8. 45 CFR § 155.420(c)(3) provides that in the case of a qualified individual or enrollee who is eligible for a special enrollment period as described in paragraphs (d)(4), (5), or (9) of this section, the Exchange may define the length of the special enrollment period as appropriate based on the circumstances of the special enrollment period, but in no event may the length of the special enrollment period exceed 60 days.

9. 45 CFR § 155.420(c)(1) provides that unless specifically stated otherwise herein, a qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP.

10. Access Health correctly determined that the Appellant did not enroll in a QHP within 60 days from losing his medical coverage through his employer.

11. Uniform Policy Manual ("UPM") § 2540.01 provides for the various Medicaid coverage groups and states that in order to qualify for MA, an individual must meet the conditions of at least one coverage group.

12. UPM § 2540.24 provides for HUSKY A, Medicaid for families and states that this group includes children, their parents, certain non-parent caretaker relatives, and pregnant women as described below.

    1. Degree of Relationship

        a. A child must reside with a parent or other caretaker who is related to him or her to the degree listed in any of the following categories:

            (1) grandparent — step parents
            sibling — half-sibling
            aunt or uncle — nephew or niece
            great grandparent — great great grandparent
            great aunt or uncle — great great aunt or uncle
            step siblings — immediate first cousin
            half siblings of either parents (equivalent of aunt or uncle)

13. Access Health correctly determined that the Appellant has a household of two people.

14. Public Act 15-5 June Sp. Session 370 (a) provides in part Except as provided in section 17b-277, as amended by this act, and section 17b-292, as amended by public act 15-69 and this act, the medical assistance program shall provide coverage to persons under the age of nineteen with household income up to one hundred ninety–six percent of the federal poverty level without an asset limit and to persons under the age of nineteen, who qualify for coverage under Section 1931 of the Social Security Act, with household income not exceeding one hundred ninety-six percent of the federal poverty level without an asset limit, and their parents and needy caretaker relatives, who qualify for coverage under Section 1931 of the Social Security Act, with household income not exceeding one hundred fifty-five percent of the federal poverty level without an asset limit.

13. Access Health correctly determined that the Appellant's household income of $5,000.00 per month exceeds 155% of the monthly Federal Poverty Level ("FPL") for a family size of two, which is $2,097.15 (Effective March 1, 2017)

14. On [redacted] 2017, Access Health correctly determined that the Appellant's gross earned income was in excess of the income limit for HUSKY A, Medicaid for families for a needs group of two people.

DECISION

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

Roberta Gould
Roberta Gould
Hearing Officer

Pc: Judith Boucher, Health Insurance Exchange Access CT
Stephanie Arroyo, Health Insurance Exchange Access CT

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.