

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

Client ID # ██████████  
Hearing Request # 824538

NOTICE OF DECISION

PARTY

████████████████████  
████████████████████  
████████████████████

PROCEDURAL BACKGROUND

On ██████████ 2017, the Health Insurance Exchange Access Health CT (“AHCT”) approved ██████████ (“The Appellant”) application for HUSKY B/CHIP (“Children’s Health Insurance Plan”) healthcare coverage for her children, ██████████ and ██████████ with an effective date of ██████████ 2017.

On ██████████ 2017, the Appellant requested a hearing to contest the effective date of CHIP/Husky B benefits.

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, 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  
Cathy DAvis, Appeals Coordinator, Access Health CT Representative  
Roberta Gould, Hearing Officer

At the request of the Department the hearing record remained open for the submission of additional evidence. The hearing record closed on ██████████ 2017.

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly determined the effective date of the Husky B/CHIP healthcare insurance for the Appellant's two children.

## **FINDINGS OF FACT**

1. On [REDACTED] 2017, AHCT mailed the Appellant a renewal reminder notice for HUSKY A medical assistance. (AHCT's testimony)
2. On [REDACTED] 2017, AHCT mailed the Appellant a renewal decision notice regarding her family's HUSKY A medical assistance. (AHCT's testimony)
3. The Appellant's children, [REDACTED] and [REDACTED] received HUSKY A medical assistance through [REDACTED] 2017. (Appellant's testimony)
4. On [REDACTED] 2017, the Appellant filed an online application with AHCT. (Exhibit 1: Application # [REDACTED] and Appellant's testimony).
5. The Appellant's household consists of herself, her spouse and two minor children. (Exhibit 1 and Hearing summary)
6. On [REDACTED] 2017, the Appellant requested medical coverage for her two children, [REDACTED] and [REDACTED] who are eight and three years old. (Exhibit 3: Eligibility determination document)
7. On [REDACTED] 2017, the Appellant reported income of \$72,000 per year, or \$6,000.00 per month. (Exhibit 1 and Hearing summary)
8. The Appellant's family falls within the HUSKY B/CHIP band 2 guidelines. (Exhibit 1 and Exhibit 2: Enrollment details)
9. On [REDACTED] 2017, AHCT granted HUSKY B/CHIP band 2 medical assistance for [REDACTED] and [REDACTED] effective [REDACTED] 2017. (Exhibit 4: Eligibility Determination notice dated [REDACTED]/2017, Exhibit 2 and Hearing summary)
10. The Appellant is seeking medical coverage for [REDACTED] and [REDACTED] for the month of [REDACTED] 2017. (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. 42 CFR 457.340 (f) provides for Effective date of eligibility. A State must specify a method for determining the effective date of eligibility for CHIP, which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between CHIP and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage.
8. The Department failed to specify a method for determining the effective date of eligibility for the Appellant’s HUSKY B CHIP Band 1.

## DISCUSSION

On [REDACTED] 2017, the Appellant applied online for benefits for her two children, [REDACTED] and [REDACTED]. On [REDACTED] 2017, AHCT determined that [REDACTED] and [REDACTED] are eligible for HUSKY B/CHIP Band 2 effective [REDACTED] 2017. The Appellant testified that she is seeking medical coverage for the month of [REDACTED] 2017. AHCT as an agent of the Department of Social Services testified during the administrative hearing that the HUSKY B/CHIP rules prevented retroactive coverage but failed to provide evidence of those regulations therefore, the appeal is granted.

## DECISION

The Appellant's appeal is GRANTED.

## ORDER

1. The Department will grant the HUSKY B/CHIP Band 2 for the Appellant's Children, [REDACTED] and [REDACTED] for the retroactive month of [REDACTED] 2017 pending all other factors of eligibility exist.
2. Compliance with this order will be forwarded to the undersigned no later than 10 days of this decision, [REDACTED] 2017.

  
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Roberta Gould  
Fair Hearings Officer

Pc: Judy Boucher, Health Insurance Exchange Access Health CT

## APTC/CSR

### Right to Appeal

For APTC or CSR eligibility determinations, the Appellant has the right to appeal to the United States Department of Health and Human Services (HHS) within 30 days of the date of this decision. To obtain an Appeal Request Form, go to <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/> or call 1-800-318-2596 (TTY: 1-855-889-4325). HHS will let the Appellant know what it decides within 90 days of the appeal request. There is no right to judicial review of the decision by HHS.

There is no right to request reconsideration for denials or reductions of Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (CSR).

## MEDICAID AND 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.

There is no right to request reconsideration for denials or reductions of Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (CSR).

### 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 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.

