

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

██████████ 2018
SIGNATURE CONFIRMATION

REQUEST #120484
APPLICATION ID ██████████

CLIENT ID ██████████
CASE ID ██████████

NOTICE OF DECISION

PARTY

██████████
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PROCEDURAL BACKGROUND

On ██████████ 2018, the Health Insurance Exchange, Access Health CT (“AHCT”) sent a Notice of Action (“Notice”) to ██████████, (the “Appellant”) discontinuing his healthcare coverage under the Husky D Program, effective ██████████ 2018, because the Appellant turned 65 years of age.

On ██████████ 2018, the Appellant requested a hearing to contest the discontinuance of his healthcare coverage under the Husky D Program.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2018.

On ██████████ 2018, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, Title 45 Code of Federal Regulations (“CFR”) 155.505(b) and 155.510 and/or 42 CFR § 457.113, OLCRAH held an administrative hearing.

The following individuals participated in the hearing by telephone:

██████████ Appellant
Sabrina Solis, Representative for AHCT
Hernold C. Linton, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant is ineligible for healthcare coverage under the Medicaid/Husky D program, due to his age.

FINDINGS OF FACT

1. On ██████████ 2018 the Appellant turned sixty-five (65) years of age (DOB: ██████████53). (Appellant's testimony; Hearing Summary)
2. On ██████████ 2018, AHCT, the Health Insurance Exchange, received the Appellant's Change Reporting application. (Hearing Summary; Dept.'s Exhibit #6: Application Information)
3. The Appellant's household consists of one member. (Appellant's testimony; Hearing Summary)
4. AHCT determined that as the Appellant is over 64 years of age, he no longer qualifies for healthcare coverage under the Husky D program. (Hearing Summary)
5. On ██████████ 2018, AHCT discontinued the Appellant's healthcare coverage under the Medicaid/Husky D program, effective ██████████ 2018, because he turned 65 years of age. (Appellant's testimony, Hearing Summary; Dept.'s Exhibit #3: ██████████18 Eligibility and Enrollment Notice)
6. Effective ██████████ 2018, the Appellant's became eligible for Medicare coverage through the Social Security Administration ("SSA"). (Appellant's testimony)

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statute provides that 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. State statute provides that 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. [Conn. Gen. Stats. § 17b-264]

3. 45 CFR § 155.110(a) 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: (1) An entity: (i) Incorporated under, and subject to the laws of, one or more States;(ii) That has demonstrated experience on a State or regional basis in the individual and small group health insurance markets and in benefits coverage; and (iii) Is not a health insurance issuer or treated as a health insurance issuer under subsection (a) or (b) of section 52 of the Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer; or (2) The State Medicaid agency, or any other State agency that meets the qualifications of paragraph (a)(1) of this section.
4. 45 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) or this section that is designated by the Exchange, if the Exchange establishes an appeals process in accordance with the requirements of this subpart.
5. 45 CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
6. State statute provides that Husky D or Medicaid Coverage for the Lowest Income Populations program means Medicaid provided to non-pregnant low-income adults who are age 18 to sixty-four, as authorized pursuant to section 17b-8. [Conn. Gen. Stats. § 17b-290(16)]
7. AHCT correctly determined Husky D Medicaid as the appropriate medical coverage group for the Appellant.
8. The Federal Register /Vol. 83, No. 12, issued January 18, 2018 provides the Poverty Guidelines for 2018, effective ██████████ 2018.
9. 42 CFR § 435.119 provides for coverage for individual age 19 or older and under age 65 at or below 133 percent of the Federal Poverty Level ("FPL"). It provides in part:
 - a. Basis. This section implements section 1902(a)(10)(A)(i)(VIII) of the Act.
 - b. Eligibility. Effective ██████████ 2014, the agency must provide Medicaid to individuals who:
 - (1) Are age 19 or older and under age 65;
 - (2) Are not pregnant;

- (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act;
- (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and
- (5) Have household income that is at or below 133 percent FPL for the applicable family size.

10. AHCT correctly determined the Appellant is a household consisting of one (1) member.

11. AHCT correctly determined the Appellant's date of birth as [REDACTED] 1953.

12. AHCT correctly determined that the Appellant is not under 65 years of age.

13. AHCT correctly determined that the Appellant no longer meets the age requirements for the Husky D program.

14. AHCT correctly discontinued the Appellant's healthcare coverage, effective [REDACTED] 2018, as he no longer meets the age requirements for the Husky D program.

DECISION

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



Hernold C. Linton
Hearing Officer

Pc: **Becky Brown**, @conduent.com

Mike Towers @ Conduent.com

Sabrina Solis, @ Conduent.com

Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (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 APTC or CSR.

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.

There is no right to request reconsideration for denials or reductions of APTC or 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.