

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

[REDACTED] 2018  
Signature Confirmation

Application ID # [REDACTED]  
[REDACTED]

**NOTICE OF DECISION**

**PARTY**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] CT [REDACTED]

**PROCEDURAL BACKGROUND**

On [REDACTED], 2017, the Health Insurance Exchange Access Health Connecticut (“AHCT”), Connecticut’s Health Insurance Exchange, issued [REDACTED] [REDACTED] (the “Appellant”) a notice of action discontinuing her HUSKY D/Medicaid application/renewal.

On [REDACTED] 2018, the Appellant filed a request with the Office of Legal Counsel, Regulations and Administrative Hearings (“OLCRAH”) requesting a hearing to contest the discontinuance of her Husky D Medicaid.

On [REDACTED], 2018, the OLCRAH issued a notice to the Appellant, scheduling the administrative hearing for [REDACTED] 2018.

On [REDACTED], 2018, the Appellant requested a continuance which OLCRAH granted.

On [REDACTED], 2018, the OLCRAH issued a notice to the Appellant, scheduling the administrative hearing for [REDACTED], 2018.

On [REDACTED], 2018, the Appellant requested a continuance which OLCRAH granted.

On [REDACTED], 2018, the OLCRAH issued a notice to the Appellant, scheduling the administrative hearing for [REDACTED] 2018.

On [REDACTED], 2018, in accordance with sections 17b-60, 17b-264 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 by telephone.

The following individuals participated in the administrative hearing:

[REDACTED], Appellant  
Krystal Sherman-Davis, AHCT Representative  
Thomas Monahan, Hearing Officer

### **STATEMENT OF ISSUE**

The issue to be decided is whether ACHT correctly determined that the Appellant was ineligible to participate in HUSKY D/Medicaid, based on her non-citizen status.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] of age (DOB [REDACTED]), and files her taxes as a single household. This a household size of one. (Exhibit 1: Application form)
2. The Appellant resides in [REDACTED], Connecticut. (Ex. 1: Application form)
3. The Appellant was born in [REDACTED]. (Appellant’s testimony)
4. The Appellant entered the United States in [REDACTED]. (Appellant’s testimony)
4. Prior to [REDACTED], the Appellant received Husky D Medicaid. (Hearing record)
5. On [REDACTED] 2017, the Appellant submitted a renewal for Husky D for [REDACTED]. (Hearing record)
6. The Appellant has a valid Social Security number and has an employment authorization card [I-766}. (Ex. 1: application form)
7. The Appellant s not a United States Citizen. (Hearing record)
8. The Appellant does not have permanent residence status. (Hearing record)

9. AHCT verified that the Appellant has Deferred Action for Childhood Arrivals status. (Hearing record)
10. On [REDACTED], 2017, AHCT sent the Appellant a Notice stating that she no longer qualified for Husky Health coverage or a AHCT health insurance plan because she is not a U.S. citizen and does not have qualifying immigrations status.

### **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. 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. 42 C.F.R. § 435.406 (a)(2)(i) provides that except as specified in 8 U.S.C. 1612(b)(1) (permitting States an option with respect to coverage of certain qualified non-citizens), qualified non-citizens as described in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1641) (including qualified non-citizens subject to the 5-year bar) who have provided satisfactory documentary evidence of Qualified Non-Citizen status, which status has been verified with the Department of Homeland Security (DHS) under a declaration required by section 1137(d) of the Act that the applicant or beneficiary is a non-citizen in a satisfactory immigration status.
7. Title 8 of the United States Code (“U.S.C.”) § 1641(b) provides for the purposes of this chapter, the term “qualified alien” means an alien who, at the time the alien applies for, receives, or attempts to receive a Federal public benefit, is-
  1. An alien who is lawfully admitted for permanent residence under the Immigration and nationality Act [8 U.S.C. 1101 et seq.],
  2. An alien who is granted asylum under section 208 of such Act [8 U.S.C. 1158],
  3. A refugee who is admitted to the United States under section 207 of such Act [8 U.S.C. 1157],
  4. An alien who is paroled into the United States under section 212(d)(5) of such Act [8 U.S.C. 1182(d)(5)] for a period of at least 1 year,
  5. An alien who deportation is being withheld under section 243(h) of such Act [8 U.S.C. 1253] 9as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of such Act [8U.S.C. 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208),
  6. An alien who is granted conditional entry pursuant to section 203(a)(7) of such Act [8 U.S.C. 1153(a)(7) as in effect prior to April 1, 1980, or
  7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
8. The agency must verify the declaration of citizenship or satisfactory immigration status under paragraph (a)(1) or (2) of this section in accordance with § 435.956. 42 C.F.R. § 435.406 (c).
9. Regulation provides for Verification of other non-financial information.  
*Citizenship and immigration status.* (1)(i) The agency must—(A) Verify citizenship status through the electronic service established in accordance with §435.949 or alternative mechanism authorized in accordance with §435.945(k), if available; and (B) Promptly attempt to resolve any inconsistencies, including typographical or other clerical errors, between information provided by the individual and information from an electronic data source, and resubmit corrected information through such electronic service or alternative mechanism. 42 C.F.R. § 435.956.
10. AHCT has the authority to verify the Appellant’s citizenship status for the purpose of determining eligibility for Medicaid.

11. AHCT correctly determined the Appellant is not a citizen of the United States.
12. AHCT correctly determined that the Appellant is not a not a permanent resident, asylee, refugee, parolee or other qualified alien.
13. AHCT correctly denied the Appellant's HUSKY D/Medicaid renewal application.

**DECISION**

The Appellant's appeal is DENIED.

*Thomas Monahan*  
Thomas Monahan  
Fair Hearings Officer

C: Amanda Maloney, Health Insurance Exchange Access CT

**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.

